

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

Grant Agreement N° 2007118

Interim Report
(01/12/2008 – 31/05/2010)

July 2010

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Annex 1

List of partners

Partner organization	Partnership status	Contact person(s)
Association of European Border Regions (AEBR), Germany.	Co-beneficiary	Martin Guillermo Ramirez, Cordula Pandary
Center for Health Policies and Services (CPSS), Romania	Collaborating partner	Dana Farcasanu/ Ioana Daramus
Cooperation and Working Together (CAWT), Northern-Ireland and the Republic of Ireland	Collaborating partner	Sadie Bergin
Deutsches Institut für Medizinische Dokumentation und Information (DIMDI), Germany	Collaborating partner	Hans- Peter Dauben
ECORYS Netherlands BV, The Netherlands	Co-beneficiary	Wija Oortwijn
Euregio Rhein-Waal (ERW), Germany	Co-beneficiary	Thea Remers
European Hospital and Healthcare Federation (HOPE), Belgium	Co-beneficiary	Pascal Garel, Gloria Lombardi

Gesundheitsmanagement (GM), Austria	Co-beneficiary	Renate Burger, Martin Wieland
HealthClusterNet, Hungary	Collaborating partner	Jonathan Watson
Kreis Heinsberg, Germany	Co-beneficiary	Karl-Heinz Feldhoff, Heidrun Schossler
Landesinstitut für Gesundheit und Arbeit NRW (LIGA.NRW), Germany	Co-beneficiary	Gudula Ward
Maastricht University (UM), The Netherlands	Project leader	Helmut Brand, Kai Michelsen, Chibuzo Opara, Peter Schröder-Bäck, Angela Brand, Tobias Schulte in den Bäumen
Medical University Sofia, Bulgaria	Collaborating partner	Alexander Kancho Tchamov
Regione del Veneto, Italy	Collaborating partner	Luigi Bertinato, Daniela Negri
WHO Regional Office for Europe / Regions for Health Network, Copenhagen, Denmark	Collaborating partner	Shouka Pelaseyed

Annex 2

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

Kick off meeting Minutes/Report

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

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

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

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

Health issues in cross border activities

Background

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

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

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

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

In many border regions the population density as well as the economic activity is low. An adequate health infrastructure is missing or difficult to provide. Here and also in prosperous border regions cross border cooperation can help to strengthen the quality of health services and the effective and efficient utilization of resources.

Health issues have been of interest in cross border activities for a long time now. They are an important field for action and the action taken is of high importance for European integration. The EU Structural Funds offer new opportunities for investments in health, not only, but also for border regions.

EUREGIO, EUREGIO II and EUREGIO III

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

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

Some examples for cross border activities

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

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

Similar challenges were mentioned for activities at the border between Ireland and Northern-Ireland (Bergin). Starting in 1992, the “Co-operation and Working Together” initiative is realizing projects tackling a broad range of issues concerning cross border health and social care. Structural and cultural organizational differences as well as health reforms in both jurisdictions have been mentioned as challenges. Further problems mentioned were demanding reporting

requirements for EU funded projects, the implementation of effective evaluation mechanisms, the recruitment and retaining of right staff as well as the cross border mobility of professionals. The presentation about Veneto Region (Motta) brought the challenges linked with tourism, immigration and long term residents into focus. In some local areas the population numbers of the resident population is much lower than the number of people only staying temporarily, mostly in the season. The fluctuation of population numbers goes hand in hand with the challenges to adapt service capacities. A second aspect mentioned concerned the recruitment of nursing personnel in response to a lack of health professionals. Also taking place are activities to assure a certain standard of training in regions where health professional often come from in the moment are taking place.

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

The work packages

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

The work package will be mainly realised by Renate Burger und Martin Wieland (work package leader), Thea Remers (Euregion Rhein Waal) und Kai Michelsen (Maastricht University). The work package leader recommended some changes of the outline of the work package in the Grant Agreement.

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

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

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

It was discussed if the modification would change the character of the work package (= an amendment of the Grant Agreement would be necessary) or only of the handbook (=no amendment would be necessary). It was agreed that the modification could probably be seen as a modification of the handbook and that the content of the handbook should be based on the analysis of the needs and expectations of the target audiences derived from a questionnaire and expert interviews.

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

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

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

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

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

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

WP 5: Use of generic HTA in cross border regions¹

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

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

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

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

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

WP 2: Dissemination of results

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

WP 7: European conferences and networking

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

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

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

WP 1 and 3: Coordination, evaluation

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

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

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

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

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

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

EAHC perspectives and financial controlling

From the perspective of the EAHC (Dargent) it is important that the deliverables mentioned in the Grant Agreement are delivered and that relevant modifications are laid down in an amendment to the Grant Agreement before the respective action is taken. Further the dissemination of findings and deliverables of the project and the sustainability of impacts should

be assured as best as possible during the course of the project. It was mentioned that changes of the Grant Agreement are possible. They should be communicated with EAHC as early as possible and Amendments to the Grant Agreement might be necessary. The communication between the project group and the EAHC should be done between the project coordinator and the EAHC.

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

List of attendants to Euregio II project partner kick off meeting

Name	Institution
Bergin, Sadie	Cooperation and Working Together (CAWT)
Brand, Helmut	Maastricht University Faculty of Health, Medicine and Life Sciences Department of International Health
Burger, Renate	Gesundheitsmanagement Burger-Wieland
Daramus, Ioana	Center for Health Policies and Services
Dargent, Guy	European Commission, Executive Agency for Health and Consumers EAHC
Feldhoff, Karl Heinz	Gesundheitsamt Kreis Heinsberg
Guillermo-Ramirez, Martin	Association de régions frontalières européennes / Association of European Border Regions (AEBR)
Lombardi, Gloria	European Hospitals and Healthcare Federation n(HOPE)
Michelsen, Kai	Maastricht University Faculty of Health, Medicine and Life Sciences Department of International Health
Motta, Laura	Health and Social Affairs Department Veneto Region – Brussels office
Oortwijn, Wija	ECORYS Research and Consulting, Macro & Sector Policies
Pelaseyed, Shouka	WHO Regional Office for Europe
Remers, Thea	Euregio Rhein-Waal (ERW)
Scheres, Jacques	Euregionaal Coordinator AZM
Schössler, Heidrun	Gesundheitsamt Kreis Heinsberg
Schröder-Bäck, Peter	Maastricht University Faculty of Health, Medicine and Life Sciences Department of International Health
Schulte in den Bäumen, Tobias	Maastricht University Faculty of Health, Medicine and Life Sciences Department of Social Medicine
Tchamov, Kancho	Medical University Sofia, Faculty of Public Health
Ward, Gudula	Landesinstitut für Gesundheit und Arbeit NRW (LIGA.NRW)
Wieland, Martin	Gesundheitsmanagement Burger-Wieland
Zhekov, Alex	Medical University Sofia, Faculty of Public Health

Agenda for the Second Euregio II project partner Meeting

Date: 25th of November 2009 (optionally working groups on the 26th)
 Location: Andel's Hotel Conference Centre (Room „Velour”); ul. Ogrodowa 17; 91-065 Łódź; Poland (<http://www.andelslodz.com/en/home/>)

17:00-17:15	Welcome (Helmut Brand) The agenda for the kick off meeting
17:15-18:15	Actual developments <ul style="list-style-type: none"> • New project members • Cooperation with other projects and institutions • Findings from the internal evaluation (Kai Michelsen) Potential Impacts of the Lisbon Treaty and Directive on the application of patient rights (Gloria Lombardi) Cross border activities and policies (Martin Guillermo-Ramirez)
18:15 – 18:30	<i>Break</i>
	Presentation and discussion of work packages
18:30 – 19:30	WP 4: Making effective use of the structural fund Interreg <ul style="list-style-type: none"> • Short presentation of the current status of WP 4: Comparison timetable – previous results • Discussion of deficits and challenges within the realisation of WP4 as well as of possible approaches • Development of an interview-guideline for the in-depth-interviews (structure and content) (Renate Burger/Martin Wieland, GM)
19:30 – 19:45	<i>Break</i>
19:45 – 20:30	WP 5: Use of generic HTA in cross border cooperation <ul style="list-style-type: none"> • Actual developments, debates, events (Hans-Peter Dauben, DIMDI) • Current and planned activities within WP 5 (Gloria Lombardi, HOPE)
20:30 – 20:45	WP 6: Legal aspects (Kai Michelsen)
20:45-21:00	<i>Break</i>
21:00 – 21:30	WP 2: Dissemination of results (Martin Guillermo-Ramirez, AEBR) WP 7: European conferences and networking (Gudula Ward, LIGA.NRW)
	Project Management Issues
21:30 – 23:00	<ul style="list-style-type: none"> • The budget and financial controlling • Amendment of the Grant Agreement

Minutes of the 2nd EUREGIO II “ Solutions for improving health care cooperation in border regions” meeting in Lodz, Poland, 25th November 2009

1. Introduction

The 2nd EUREGIO II meeting took place at the 25th November 2009 in Lodz, Poland. The meeting was placed in the shadow of the EUPHA conference. This was based on the assumption many project members would join the EUPHA conference and that it would be comfortable for them to organize the EUREGIO II meeting at the same venue. This assumption did not hold. A couple of project partners – especially collaborating partners – did not attend, while most of the associated beneficiaries were present.

On the agenda was the status of the project and of the work packages as well as the next steps to be taken. Some actual political developments and possibilities to link the work of the project with other activities and projects were also discussed (see agenda, annex 1), e.g. by a presentation of Gloria Lombardi (HOPE) addressing “Potential Impacts of the Lisbon Treaty and the Directive on the application of Patient rights”.

At the beginning of the meeting it was decided to discuss the last topic of the agenda (managerial issues) after the topic “actual developments”. Because it was not possible for Martin Guillermo Ramirez (AEBR) to join the meeting, the topics “cross border activities and policies” (from the perspective of Association of European Border Regions) as well as the report about work package 2 “Dissemination of results” had to be taken from the agenda. Beside that the agenda was accepted.

2. Actual Developments

2.1 New project members

From the 20 November 2009 on Chibuzo Opara (Maastricht University) is the new project coordinator of EUREGIO II. He is a researcher with the Maastricht University and has a background in health policy, economics and management.

The former project coordinator Kai Michelsen has a new position within the Department of International Health at Maastricht University, but will stay involved in the project.

The Department of International Health at Maastricht University will hire additional staff to work for the project from January 2010 on (HTA expert, legal expert).

2.2 Cooperation with other projects and institutions

(Kai Michelsen)

At the Department of International Public Health currently a couple of modules are being developed for the Master of European Public Health. The modules address topics like Innovation, Dissemination, Diffusion, Adaptability and Transferability, Capacity Building, Change Management, Quality Management, Monitoring and Evaluation.

Further, beside the project EUREGIO II, the Department of International Health is involved in the project EUREGIO III. Here, beside others, a scientific background paper will be written within the next months. The content of this paper will have strong overlaps with the outline and topics of the modules and might also be of relevance for EUREGIO II.

There have also been some developments in establishing contacts with some other activities and projects in the Euregio Maas- Rijn and some other regions along the Dutch-German border (e.g. EMRIC+: emergency services, disaster control, MRSA project, cooperation between the University Hospitals Aachen and Maastricht, ideas to implement a foundation to support cross border activities). These contacts will be used to establish different forms of cooperation with the Department of International Health and are probably also of high value for EUREGIO II (case studies of Euregios, in depths interviews with experts, looking for partners to test local HTA guideline, see beyond).

Internal Evaluation

(Kai Michelsen)

Findings from the internal evaluation were presented. For work package 4 (Handbook to support cross border activities in border regions) it was mentioned that it is sometimes difficult to find materials (often grey literature) with information about activities and experiences in border regions. The AEBR will be asked for support.

It was also mentioned that the cooperation within the work package is not always good.

Sometimes partners react late on requests and so not deliver materials in time or in an adequate manner. Therefore the work package leader needs more time and has to spend more resources than thought.

Regarding work package 5 it was stated that the time schedule might become challenging (see beyond) if activities would not start as planned with the beginning of the next year as planned now.

Not only for WP 4 but also for other work packages it was strongly recommended that the information flow between work packages should become better. It was suggested to place relevant materials at the protected part of the project's webpage and to send work package related e-mails in "cc" to all project partners. Because many of the project partners are located close to Maastricht, there are also opportunities for small meetings. Telephone conferences, Skype and other communication / conference platforms offer also further opportunities.

The question of a redistribution of resources was addressed. It was recommended to think about possibilities to redistribute person days to the work package 4 leader and maybe also to the HTA expert and the legal expert which should start their work in the beginning of the next year. The progress of the project should be documented on the project's webpage. Work package descriptions should be actualized regularly. The descriptions of the status quo given for the internal evaluation will be integrated. Further, possibilities to make the webpage more interactive will be explored (wiki pages, blogs) as a trial to see the reaction generated from the web 2.0 crowd.

The budget and financial controlling

Financial opportunities to redistribute resources, mainly to the work package 4 leader, but also to the HTA expert and the legal expert, have to be checked.

Also, the second rate for the project has to be applied for.

Therefore, each associated beneficiary is asked to deliver a financial report to the project coordinator by 18th December 2009.

Amendment of the Grant Agreement

For a couple of reasons, an Amendment of the Grant Agreement is necessary. E.g. some persons have changed their positions, new persons started to work for the project.

Each work package leader is asked to check if the work on is work package is in line with the specifications and descriptions in the Grant Agreement or if eventually unforeseen developments have to be addressed in the Amendment.

This includes also an assessment of available resources (person days) and anticipated needs for more or less working days.

3. Work package 4: Handbook "Making effective use of INTERREG-funding in cross –border care"

(Renate Burger, GM)

A literature review concerning health related cross border activities in border regions has been started. AEHR will be asked for help with finding more literature / materials from the different Euregios.

A survey is currently being conducted in cross border regions across the EU. The questionnaires have been distributed to their members by AEHR and HOPE. It includes questions on the experiences, possibilities and problems in cross border activities and in the utilization of the EU structural funds. The effective use the structural funds to support activities which concern development of cross border health services will also be incorporated into the survey. Currently the first questionnaires return. If the rate of return is too low, relevant actors will be asked directly to fill in the questionnaire.

In-depth interviews in 5 key stakeholder/ regions are currently prepared. Guidelines are currently developed by the project partners. The interviews will commence from January on. HOPE and AEBR will provide support for the selection of key stakeholders in the regions. In some cases, it might be necessary to finance professional translators. Possibilities to organize a respective budget have to be checked.

The project partners will conduct the in-depth interviews for their regions and use the information to produce case studies about their region. The case studies will be used to motivate further actors to deliver information about their regions. The material will be used for articles, to be published as a special edition for the European Journal of Public Health. The opportunity to publish might be an incentive and motivate experts to deliver inputs of value for EUREGIO II. The case studies and articles will also be used to generate text modules and examples for the Handbook. The draft version of the handbook should be available at the end of 2010. A feedback process with key stakeholders will be organized in 2011. It was discussed to make part of the work from work package 4 available online for comments, contribution and critique from fellow researchers and the public.

The handbook will give support for the development of cross border health care projects in border regions. The introduction will give a short description of the Euregio II project and explains the continuity with Euregio I. This will be followed by a section on INTERREG which will explain relevant regulations concerning structural fund INTERREG. It will have input from relevant literature and internet searches as well as 2 scientific papers. The next section will deal with cross border health care in Europe with a detailed description of 2 to 3 regions. EUREGIO Rhine-Waal, Central Europe and possibly a new member state. This section will deal with a range of issues from the history of cross border health projects to models of good practice and reasons why certain projects failed. The focus of this section will be to put to highlight different developmental stages of cross border health care, problems and challenges and problems affecting it and the peculiarities in different regions. It will also try to show different indicators and criteria needed for effective cross border health care projects.

The analysis and summary of the results of the survey and in depth questionnaires will identify criteria for models of good practice and projects that failed. It will also demonstrate barriers to effective cross border cooperation important to national and regional systems and barriers to funding programmes within Europe.

All project partners are asked to deliver materials which might be of relevance for the handbook. They should preferably deliver materials in the form of summaries.

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

(Gloria Lombardi, HOPE)

The project partners were briefed on the methodology and steps to achieve the successful completion of the work package. This was followed by a discussion on the issues and challenges which face the work package.

The work package will start with an analysis of state of the art regarding the development of the HTA in local settings and cross border environments. In cooperation with work package 4 the needs for local HTA's are examined as part of the survey being conducted for work package 4. Additionally, interviews with local decision makers (e.g. hospital managers) will be conducted to learn about opportunities and need to support their decision making processes.

Descriptions of different HTA products and the findings from the interviews will be used to develop a guideline for local HTA's. The guidelines are to be tested in a first step within two or more decision making processes in border regions of The Netherlands and Germany. In a second step, they will be tested in New Member States of the European Union. Following this they will be revised and a final assessment and validation of the guidelines will be carried out with HTA experts.

Possibilities to get in contact with EUnetHTA members were discussed.

List of Attendants for second Euregio II project partner meeting

1. Helmut Brand (Maastricht University, UM)
2. Kai Michelsen (Maastricht University, UM)
3. Chibuzo Opara (Maastricht University, UM)
4. Hans-Peter Dauben (Deutsches Institut für Medizinische Dokumentation und Information, DIMDI)
5. Thea Remers (Euregio Rhein-Waal, ERW)
6. Renate Burger (Gesundheitsmanagement Burger-Wieland OG, GM)
7. Gloria Lombardi (HOPE)
8. Gudula Ward (Landesinstitut für Gesundheit und Arbeit Nordrhein-Westfalen, LIGA.NRW)

Agenda for the third Euregio II “Solutions for improving health care cooperation in border regions” project partner meeting 20.05.2010, Cologne, Germany

	20/05/2010	Project Partner meeting
	09.30 - 09.45	Coffee
	09.45 - 10.00	Opening remarks and agenda (Kai Michelsen)
	10.00 – 10.30	The failed (delayed) patient’s directive, the 883/2004 regulation and their implications on cross border health care in border regions (Jacques Scheres)
	10.30 - 11.00	Presentation on priorities and activities relating to health care in border regions: AEBR’s perspective. (Martin Guillermo Ramirez, AEBR)
	11.00 - 11.30	Working in cross border settings: views from the field Northern Ireland/Republic of Ireland. (Sadie Bergin)
		Presentation of the work packages
	11.30 - 11.50	Actual Developments and coordination issues (Chibuzo Opara and Kai Michelsen)
	11.50 – 12.20	Work package 2 (Martin Guillermo-Ramirez, AEBR) Work Package 7 (Gudula Ward, LIGA.NRW)
	<i>12.20 – 13.30</i>	<i>Lunch break</i>
	13.30 – 14.00	Work package 4 (Renate Burger/Martin Wieland, GM)
	14.00 – 14.30	Work Package 5 (Gloria Lombardi, HOPE)
	14.30 – 15.00	Work package 6 (Ingeborg van der Molen)
	15.00 – 15.15	<i>Coffee Break</i>
	15.15 – 15.45	The budget, financial controlling, evaluations and 2 nd round of funding.
	15.45 – 16.15	Summary and Next steps
	End	

**Minutes of the 3rd Euregio II “Solutions for improving health care cooperation in border regions” project partner meeting in Cologne, Germany.
19th/20th May 2010.**

Introduction

The 3rd Euregio II project partner meeting took place in Cologne, Germany alongside a workshop on local HTAs organized in collaboration with DIMDI (). This was because it was assumed that work package 5 would benefit from the input of the experts assembled there, in terms of technical input and evaluation. The workshop took place on the 19th and the project partner meeting on the 20th. Almost all the associated beneficiaries were there and some of the collaborating partners were present [there](#).

The [agenda](#) of the meeting included updates from the different work packages, challenges, new opportunities, and the next steps to be taken. There were also other presentations to cover a broad range of issues in the field of cross border health care and cooperation. There was a presentation by Martin Guillermo-Ramirez (AEBR) on the priorities and activities relating to health care in border regions. This was followed by a presentation and discussion by Jacques Scheres on the implications of the frozen patient’s directive and the 883/2004 regulation on cross border health care in border regions. The final presentation on issues relating to experiences of health activities in border regions came from Sadie Bergin (CAWT) on working in cross border settings: views from the field in Northern Ireland/ Republic of Ireland.

The agenda of the meeting was re arranged a little to accommodate some of the project partners who had to depart early from the meeting. Work package 2 and 4 were presented first and then the other work packages while issues related to actual developments, coordination, budgets, financing, the interim report, next rates, the venue and time of the next meeting were discussed at the end and the meeting adjourned.

Work Package 2 and 7 (Martin Guillermo-Ramirez: AEBR and Gudula Ward)

The dissemination strategy was discussed and it was agreed that the Euregio II project would be incorporated into the news flash for the AEBR. It was decided to try to get a stand or presentation at the open day of the territories. It was also discussed and decided to get the website to become more interactive and then widely distribute the interactive part of the website so that the visibility of the project can be increased. Other avenues to disseminate the deliverables and products of the project include the executive committee meetings, the task force cross border health, a possible workshop at the general assembly, direct communication to all members, journal articles, participation in conferences, seminars, symposia, dissemination of a generic flyer of the individual work packages at different events, this would enhance and support cross border health work and also increase the visibility of the project.

Work Package 4 (Renate Burger and Martin Wieland: GM)

The in depth interviews in the border regions of key stake holders have been commenced using a questionnaire developed by the GM and optimized by the Maastricht University. The summary of the in depth interviews from each regions will be sent to the work package 4 leaders and used in the preparation of the case studies for each region. The Maastricht University also gave a brief overview of their experiences in carrying out their in depth interviews so far. Unfortunately there has been a low response rate for the surveys which has led to extending the time for the analysis of the results as there are not enough questionnaires returned. Strategies to improve this return rate were discussed and it was agreed to get a dedicated section in the monthly news flash of the AEBR to enhance out reach as well as activate more networks. The structure of the handbook, outline for the chapters and possible publication (including the merits and demerits) of the case studies in the European Journal of Public Health was also presented and discussed. It was decided the case studies would be made into publications so that contributors could benefit from

it being published. The form of the handbook (e-book, printed version) and the challenges associated with each were discussed.

Work Package 5 (Gloria Lombardi: HOPE)

In depth interviews have also commenced for this work package among key stake holders in hospitals collaborating across borders in border regions. The work package also got a new HTA expert from the Maastricht University Saskia Knies. She will be contributing expert knowledge in the development of the guidelines and deliverable from work package 5. The current state of work package 5 and the next steps to take were discussed in the work shop the previous day where the project members were represented and had a good attendance. The workshop had 2 sessions, a morning session which concentrated on information uptake by hospital managers and local HTAs. The presentations from this part which we have been allowed by DIMDI to upload to our website include HTA: is there a need by Hans-Peter Dauben (DIMDI), Professions and perspectives, the Mini-HTA experience by Kristian Kidholm, Transferability of HTAs by Saskia Knies (UM) and Uptake of HTAs and information needs of hospital managers: Utilization and usability of HTA products by Silvia Evers (UM). The afternoon session of the workshop focused on HTAs in cross border regions and Gloria Lombardi (HOPE) gave an overview of work package 5 which was followed by a presentation on Cross border HTAs: market needs, evidence and legal framework by Hans-Peter Dauben (DIMDI) . Other presentations featured were Cross border HTAs methods and support by Saskia Knies & Chibuzo Opara (UM) and HTA and cross border cooperation: promoting factors, barriers, challenges and future perspectives. The experience of Veneto region and Padova University Hospital by Massimo Castoro and Anna Cavazzana (Regione del Veneto). During the workshop there was input from HTA experts in the form of an evaluation of what had been done so far. The structure and content of the guidelines were discussed and harmonized during the brain storming sessions and it was also decided that in the next few months a working format would be developed and tested from the material collected.

Work Package 6 (Ingeborg van der Molen: UM)

The work package leader was introduced in person to the project partners. Work had commenced on this work package in March 2010. During the project partner meeting the background for the work package was reviewed, challenges and the future steps to be undertaken in the project were discussed. It was decided that project members would send work package 6 leader a priority list of the legal issues that were considered important so that these could be incorporated into the activities for work package 6 or even substituted with the original objectives. To give the project partners an idea of possible input for cases/problems a few examples were given for both the data protection and liability frame work. These different inputs from the different regions would be collected until the end of June.

Actual Developments (Kai Michelsen and Chibuzo Opara: UM)

The grant amendments that had been made in terms of the evaluators being used for work package 5 and the possibility of a change in the final objectives of work package 6 were discussed. It was also agreed that the changes to the budgetary and work time would be effected after an overview of the whole project's current financial state had been gotten by the finance department of the Maastricht University. The date and venue of the next project partner meeting were also tentatively dated for October in Vienna, Austria pending the notification and acceptance of other members. In the grant agreement it was originally supposed to be in Bad Gastein but due to the last experience at the second project partner meeting where it was organized during the EUPHA conference but project partners just attended the meeting but did not participate in the conference, it was decided that the conference in Bad Gastein would not be appropriate because the logistics involved in organizing it there were quite demanding. The issue of what kind of journals to place the articles to be published from the project in and how to go about this were deliberated. Other coordination issues discussed included the format for actualizing the interim reports which will be posted on the website, the budgets and the financial controlling.

**Attendance list for the third Euregio II project partner meeting 20.05.2010, Cologne,
Germany**

Sadie Bergin (Cooperation and Working Together, CAWT)

Renate Burger (Gesundheitsmanagement Burger-Wieland OG, GM)

Ioana Daramus (Center for Health Policies and Services, CPSS)

Hans-Peter Dauben (Deutsches Institut für Medizinische Dokumentation und Information,
DIMDI)

Martin Guillermo-Ramirez (Association of European Border Regions, AEBR)

Saskia Knies (Maastricht University, UM)

Gloria Lombardi (HOPE)

Kai Michelsen (Maastricht University, UM)

Inge van der Molen (Maastricht University, UM)

Chibuzo Opara (Maastricht University, UM)

Thea Remers (Euregio Rhein-Waal, ERW)

Jacques Scheres (Maastricht University, UM)

Gudula Ward (Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein-Westfalen,
LIGA.NRW; Regions for Health Network, RHN)

Martin Wieland (Gesundheitsmanagement Burger-Wieland OG, GM)

Massimo Castoro (Regione del Veneto)

Anne Stelzer (Association of European Border Regions/Maastricht University, AEBR/UM)

Anna Cavazzana (Regione del Veneto)

Annex 3

Preliminary structure of the draft version of the handbook

1. Introduction
2. Structural funds (INTERREG, etc.)
3. Cross-border health care in Europe (case studies)
4. Promoting and hindering factors for cross-border co-operation in the health sector
5. Practical hints for project actors
6. Literature Review

1 Introduction

The introduction gives a short description of the Euregio II project and explains the continuity with Euregio I.

2 Structural funds:

This is followed by a section on structural funds (INTERREG, etc.) which explains relevant regulations concerning these funding programmes.

3 Cross-border health care in Europe:

The next section deals with cross-border health care in Europe with a detailed description of 2 to 3 regions or shorter summaries of more European regions. These regional case studies deal with a range of issues from the history of cross border health projects to models of good practice and reasons why certain projects failed. The focus of this section will be to highlight different developmental stages of cross border health care, problems and challenges affecting it as well as the peculiarities in different regions. It will also try to show different indicators and criteria defined for effective cross border health care projects.

Structure of case studies:

- Overview on the history of cross-border health projects and the activities in a region

- Available guidelines/materials for the effective use of INTERREG-funds (application procedure, selection criteria, etc.)
- criteria, indicators for effective health projects
- available regional publications and web based-information
- description of Models of Good Practice
- projects that failed and reasons why they failed

4 Promoting and hindering factors for cross-border co-operation in the health sector

The analysis and summary of the results of the survey and in depth questionnaires will identify criteria for models of good practice and projects that failed. It will also demonstrate barriers to effective cross-border co-operation important to national and regional systems and barriers to funding programmes within Europe.

5 Practical hints for project actors

That part of the handbook should give real support in the development and realization of cross-border health projects:
check-lists (e.g. AEBR), materials (Euregio Rhine-Waal) / Links and information about helpful materials / Summary of important key factors for successful cross-border health projects, etc.)

6 Literature Review

Special edition of scientific Journal with the main focus on European cross-border health projects

Structure:

1. Introduction (EUREGIO II-team)
2. The European Union and the topic of cross-border health co-operation (Jacques Scheres, Thomas Kostera)
3. Activities in cross-border regions across Europe (Martin Guillermo)
4. Regional Case Study (1)
5. Regional Case Study (2)
6. Regional Case Study (3)
7. Regional Case Study (4)
8. Regional Case Study (5)
9. Co-operation between hospitals in border regions
10. Legal aspects: the examples data protection and liability (Ingeborg van der Molen)
11. Conclusions and recommendations regarding cross-border health projects in Europe

Structure in detail:

1. Introduction (EUREGIO II-team)
 - a. Background:
 - i. Cross-border movements: restricted but not irrelevant
 - ii. Cross border policies in Europe (Patient rights directive)
 - iii. Cross border challenges in specific regions
 - iv. Border regions as laboratories
 - v. EUREGIO
 - vi. Current developments in cross-border regions activities
 - b. EUREGIO II: objectives and activities

- c. The content of this issue
2. The European Union and the topic of cross-border health co-operation
 - a. Cornerstones of the historical and political development (Jacques Scheres)
 - b. Increased Patient Choice and Political Controversy (Thomas Kostera)
 3. Activities in cross-border regions across Europe (Martin Guillermo)
 - a. Cross-border regions: number, challenges, kinds of co-operation
 - b. Health related co-operations and cross border structures
 - c. General challenges
 - d. Differences across Europe
 - e. Future of cross-border activities
 - 4., 5., 6., 7, 8: 5 Regional Case Studies (e.g. Rhein-Waal, Maas-Rhine, Österreich, Basel-Lörrach, CAWT(Ireland-Northern Ireland))
 - a. Regional specifica and core indicators
 - b. Overview of the history of cross-border health activities, especially in health-related issues
 - c. Major projects, Models of Good Practice, models which failed
 - d. Supporting and hindering factors
 - i. political involvement
 - ii. networks / kinds of cooperations
 - iii. political / administrative institutions
 - e. Specific experience with INTERREG-funding
 - i. Programme management (support, information, guidelines, selection of programmes, evaluation)
 - ii. Project management (challenges)
 - iii. Sustainability
 - f. Assessment of the future
 - g. Annex/Box: Regional publications and web based-information
 - h. Further the authors are asked to deliver information for the last article of the issue:
 - i. Criteria, indicators for effective health projects
 - ii. Conclusions regarding good and bad experiences
 - iii. Transferability: Experiences with learning from other regions / giving recommendations to other regions
 9. Co-operation between hospitals in border regions (also setting up of cross-border hospitals)

- a. Examples
- b. HTA – a useful tool? Reports from the field: examples in the application of HTA guidelines in border situations

10. Co-operation between hospitals in border regions (also setting up of cross-border hospitals)

11. Legal aspects: the examples data protection and liability (Ingeborg van de Molen)

General outline of these two topics and possibly one/two cases to specify the general outline/background

12. Conclusions and recommendations regarding cross-border health projects in Europe

- a. Activities in cross border regions:
 - i. yesterday, today, tomorrow
 - ii. across Europe
- b. Conclusions regarding good and bad experiences
 - iii. Criteria, indicators for effective health projects
- c. Transferability: Experiences with learning from other regions / giving recommendations to other regions
- d. Recommendations to support cross-border activities

Annex 4

Guideline for in-depth-interviews
Cross-border Co-operation – Effective Use of INTERREG Funds in border regions

REGIONAL BACKGROUND INFORMATION

1.

Brief **history** of cross-border co-operation in the region - respectively of cross-border health projects (beginning, motives to start, regional deficits, promoters, background, development over recent years, etc).

2.

Main problems of cross-border health services in the region?

- Could they be solved by co-operation? How could they be solved?

3.

Current state of cross-border co-operation in the region:

- In which fields (general medical/primary care, inpatient and outpatient care, community care services, etc.) is co-operation already going on?
- Is cross-border health care organized on an institutionalized level or are there only isolated projects? Are there at present any cross-border working groups, working circles or similar structures in your region that have been set up on the subjects of health, rescue services and/or disaster control?
- If there is only little co-operation, what are the reasons?

4.

Main **challenges and/or obstacles for cross-border co-operation** in your region? (f.i. funding and reimbursement of projects, language and other cultural differences, legal and contractual regulations, quality assurance, etc.).

- Had you been confronted with any problems of European-wide dimension within your co-operation project/projects?
- Could these problems be solved? If yes, in which way?

5.

Is/are regional **literature/key documents** regarding **effective cross-border projects** in healthcare available? (publications/webbased-information)

6.

Do there already exist **guidelines/materials for the effective use of INTERREG-funds** for cross-border health care (application procedure, selection criteria, indicators for the evaluation of effective health projects/Models of Good Practice) in your region?

7.

Can you name regional **Models of Good Practice** for cross-border health care?
According to which criteria are such projects evaluated in your region?

8.

Do you know cross-border health **projects** in your region **that failed**? Why did these projects fail?

PROJECT-SPECIFIC INFORMATION

PROCESS

1.

Short **background information** of your specific co-operation project/projects (motives to start, objectives, involved co-operation-partners, target groups, project-duration, available budget, sustainability, follow-up-projects, etc.).

2.

In which way has the co-operation project/projects been **organized**? (co-operation agreement, bilateral treaty)

- Which main problems/questions are collected in these treaties/agreements?
- In which way is quality in health care assured in your co-operation project? Are there any arrangements in the case of compensation?

3.

What have been the **main obstacles** for effective cross-border co-operation immanent to the national and regional system or due to country-specific reasons (e.g. barriers for communication, differences in the regional operationalisation of activities, problems to realize

sustainability, political influence, lacking implementation of effective evaluation mechanisms, difficulties of recruiting and retaining of right staff, etc.) Did specific difficulties arise during the project realisation with the partner organisations?

4. Have you been confronted with special **difficulties** within the application period? Which problems and/or questions did arise during that phase?

BENEFITS/EFFECTS

1.
Which are the **reciprocation effects** of your project/projects (mutual added value, etc.)?

2.
Are there arrangements for review/evaluation of **value for money impact and benefits** of services (e.g. are cross-border arrangements more cost-effective than alternatives)?

3.
If there is **mutual charging**: How does it function? Did there exist problems by different charging systems or different price- or wage-levels? How could they be overcome?

4.
Which benefits did cross-border co-operation bring for the **regional population**? How many people in the region take a benefit of this cross-border co-operation? Are there also disadvantages or difficulties evoked by cross-border co-operation?

5.
In which way is cross-border co-operation in your region/your project **sustainable**? (evaluation, future steps, expectations)

FUTURE DEVELOPMENTS / EXPECTATIONS

1.
In which field did you **expect more support** within the application and/or realisation of cross-border projects? From which authority did you expect support (regional, national authorities, EU). Which kind of support did you expect?

2.	Do you expect an increase or decrease in cross-border activities in your region? Why?
3.	What are in the present and what are likely to be in the future the enhancing and the hindering factors for cross-border co-operation in health-care?
FUNDING AND LEGAL CONTEXT	
1.	Did you use EU-funding for the realisation of the project? (Funding programme)
2.	Do cross-border health projects in your region depend on EU grant funding or have there also been made available budgets of the individual boards?
3.	Do you expect INTERREG funds to be able to adress your specific regional problems?
4.	Do you identify barriers of funding-programmes within Europe (e.g. transferability of projects, time and effort to apply for a project, lacking external evaluation of the submitted projects, lacking content-related evaluation of projects, etc.)
5.	Which possibilities do you suggest to support activities concerning the development of cross-border health services and the effective use of EU structural funds?
6.	Was the EU legislation (decisions of the European Court of Justice) of relevance for cross-border co-operation in your region? (In which way?) Did you have to find interstate legal solutions to enable cross-border health co-operation?

Thank you very much for your assistance!

Semi structured interview for the development of the HTA guidelines

EUREGIO II - WP 5 TRACK OF INTERVIEW

The present document is intended to support the interview of decision makers having responsibilities for investments decisions in hospitals located in border regions.

This track of interview is not to be considered binding. Each interviewer is free to proceed in the way he/she deems more appropriate to gather the information required and to achieve the following purposes:

- to understand the main **needs and problems** decision makers face when taking investment decisions;
- to understand what are the main features of **decision making processes** in hospital located in border regions;
- to highlight the **fundamental elements** considered when planning investments;
- to have a broad perspective of the **outcomes obtained/expected** from collaboration.

1. Personal profile

- What is your role in the organisation?
- How are you involved in investment decision making?
- What kind of decisions are you involved in?

2. Investment decision making process, needs, problems and challenges

- What do you take into account for investment decision making?
- Who is responsible for decision-making in your organization?
- Who are the main internal (e.g.: doctors, management) and external (e.g.: patients' needs, resources constraints, people travelling across borders) facilitators when taking decisions regarding investments?
- Do you experience any problems with decision making? If so, what kind of problems do you experience? How do you overcome them?
- Do you need information to enhance your decision making?
- How do you assess the outcomes of your decision making?

3. Investment decision making and cross border perspective

- How is the decision of cooperating with the other side of the border taken and how is it realized? (people involved, steps, selection of alternatives, presence formal agreements on responsibilities/distribution of resources, Health Technology Assessment – mini-Health Technology Assessment, ...)
- Why do you cooperate in cross border activities and why not?
- Do you want to become more competitive or more collaborative?
- Who are the main internal (e.g.: doctors, management) and external (e.g.: patients' needs, resources constraints, people travelling across borders) facilitators for cross border cooperation?
- In your opinion, what are and what will be the main challenges of hospital cooperation in border regions?
- In your opinion, what are and what will be the main obstacles to hospital cooperation?
- do you evaluate the outcome of cooperation?

- In your opinion, what are the main benefits for your patients and the community across the borders? How?
- What are the main advantages (and disadvantages if they exist) for your organisation related to cooperation?
- What would you need to enhance the cooperation across the borders?
- What would you need to improve and strengthen your collaboration with border regions? What kind of data of information could help you?

4. Technology assessment: EUNEHTA flower perspectives

- How do you keep in consideration the following elements when making your choice?
Technical characteristics (safety)
 - Clinical effectiveness
 - Costs and financing
 - Organisational aspects
 - Legal aspects
 - Social aspects
 - Ethical consequences

QUESTIONNAIRE ABOUT CROSS-BORDER CO-OPERATION IN BORDER REGIONS

EFFECTIVE USE OF INTERREG FUNDS

Cross-border co-operation in border regions can cover very different aspects, such as patient mobility, patient care, professional mobility, sharing of equipment, research in medical sciences, ambulance services, etc.

This survey aims at gathering information about the effective use of structural fund (especially regarding INTERREG) with a particular focus on main problems of 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 in border regions of the European Member States.

Literature research, and interviews with experts, including those with responsibilities for realizing cross-border activities, will be also used to identify opportunities and challenges for health care co-operation in border regions.

This survey is developed within the project "Solutions for improving health care cooperation in border regions" (EUREGIO II) which has received funding from the European Union, in the framework of the Public Health Programme (Grant Agreement No 20077118, duration period: 1.12.2008-30.11.2011). EUREGIO II aims to support health and health service related cross-border activities in border regions. The assessment of information and support needs will be used for the development of:

- a **handbook for the effective use of EU Structural Funds** (especially INTERREG IVa),
- a **guideline for the utilization of Health Technology Assessment (HTA)** applications in small size settings with multiple health care systems,
- **legal expertise** about the exchange of data and information as well as tort rights in the provision of cross border health care services.

The deliverables will be disseminated across Europe by the project partner, in particular by the Association of European Border Regions (AEBR) and the European Hospital and Healthcare Federation (HOPE).

For further information please visit www.euregio2.eu.

Please support the Project EUREGIO II by completing the questionnaire by 20 NOVEMBER 2009 and returning it to

Kai.Michelsen@inthealth.unimaas.nl

For any questions concerning the project or the questionnaire please contact the project-leading partner:

Dr. Kai Michelsen

Maastricht University - Department of International Health

Tel.: +31 (0)43 38 81719

E-Mail: Kai.Michelsen@inthealth.unimaas.nl

1. Please give some personal information regarding:

- Your professional background: science background, post doctoral training in cancer research, now involved in the coordination of a transnational eHealth project
- Your involvement in cross-border activities in a border region (in general and especially in health-related projects): international coordinator of an eHealth project
- Location of your professional activities (region and country): Oulu, Finland

2. Does cross-border co-operation in health related issues already exist in your region?

2.1 There are projects in my region:

- Yes
- No, and there never were intentions to start health related cross-border projects
- No, there were intentions to start health-related cross-border projects but they were not successful until now, because *(please add additional lines if necessary)*:
.....
.....
.....

2.2 There is a programme management authority (executive body for the programme management of cross-border activities) for cross-border projects in my region:

- Yes
 If yes - please name the management authority:.....
.....
- No, up to now there were no intentions to establish a management authority
- No, the region tried to establish a management authority, but has not been successful until now, because *(please add additional lines if necessary)*:
.....
.....
.....
.....

2.3 The programme management authority (executive body for the programme management of cross-border activities) responsible for cross-border co-operation is settled at:

- local level
- regional level

- x national level (bi-national or mono-national) The Ministry of Employment and the Economy
- o is organized in a completely different way (*please mention and add additional lines if necessary*):.....
.....
.....

How much and which kind of support does the responsible programme management authority in your region give to project actors? (*Please tick appropriate boxes*)
The Ministry of Employment and the Economy

Gives in general support to project-actors			
No	Little	Sufficient	High relevance
			x
Is skilled in programme-specific questions			
No	Little	Sufficient	High relevance
			x
Is experienced regarding project-management			
No	Little	Sufficient	High relevance
		x	
Is skilled in cross-border co-operation			
No	Little	Sufficient	High relevance
			x
Is experienced in health-related questions			
No	Little	Sufficient	High relevance

Comments (*please add additional lines if necessary*):
.....
.....

3. What are the ongoing health-related projects in your region funded by INTERREG funds (*If you yourself do not know about health-related projects in your region, please ask responsible colleagues*):

Please tick appropriate boxes and, if necessary, insert more fields:

Project 1			
<i>Competitive Health Services in sparsely populated areas – eHealth applications across the urban-rural dimension</i>	<i>remote communities in Finland, Sweden, Norway, Scotland and Ireland</i>	<i>project duration</i> 01/01/2008-31/12/2010	<i>EU-funding (please name the programme)</i> <i>Northern Periphery Programme</i>
Project 2			
<i>name of the project</i> <i>Co-Safe – the cooperation for safety in sparsely populated areas</i>	<i>Northern Finland, Iceland, Scotland and Sweden</i>	<i>project duration</i> 01/06/2008-31/05/2011	<i>EU-funding (please name the programme)</i> <i>Northern Periphery Programme</i>
Project 3			

4. Please give some additional information about Evidence Based Assessments:

4.1 Do you have border activities that involve healthcare technologies in the wider sense?

Yes

If so, what kind of equipment or medical devices or methods do they concern?

- Diagnostic and treatment methods
- Medical equipments
- Pharmaceuticals
- Rehabilitation and prevention methods
- Organisational and supportive systems within which health care is provided
- Others (*please specify*):

No

4.2 Do you perform any kind of Evidence Based Assessment on these technologies? Please specify: The user experiences from medical and nursing staff and patients is being collected. An economical assessment of the cost effectiveness is being done.....

.....

4.3. Please answer the following statement:

Do you agree that „for some cross-border co-operations an assessment similar to

pragmatic Health Technology Assessments would be helpful to support decision making“?

Yes

If yes, please name experiences/examples: A proper assessment might provide enough information to determine if the co-operation is truly cross-border and has transnational impact.

No

If no, please name the reasons.....

5. Some border regions have already collected experiences in public health and health service related cross-border projects, others have not collected any experiences until now.

How experienced are project actors involved in public health and health service related cross-border projects in your region?

Please tick appropriate boxes:

Experience in general			
<i>Not experienced</i>	<i>Somewhat experienced</i>	<i>Sufficient experienced</i>	<i>Very experienced</i> x
Project management			
<i>Not experienced</i>	<i>Somewhat experienced</i>	<i>Sufficient experienced</i>	<i>Very experienced</i> x
Health issue-related			
<i>Not experienced</i>	<i>Somewhat experienced</i>	<i>Sufficient experienced</i>	<i>Very experienced</i> x
Cross-border co-operation			
<i>Not experienced</i>	<i>Somewhat experienced</i> x	<i>Sufficient experienced</i>	<i>Very experienced</i>
Implementation of measures			
<i>Not experienced</i>	<i>Somewhat experienced</i>	<i>Sufficient experienced</i> x	<i>Very experienced</i>
INTERREG-programme-specific know-how			
<i>Not</i>	<i>Somewhat</i>	<i>Sufficient</i>	<i>Very</i>

6. Who (or which organisation) has been the first to take action in cross-border health-care in your region and to which extent are different actors engaged?
(Please complete your rating via comments)

The first to take action in my region has been: The Oulu Arc Subregion, the Northern Ostrobothnia Hospital District.....

Please tick appropriate boxes regarding the engagement of different actors:

National authorities			
No engagement	Little engagement	Relevant engagement	High engagement
			x
Regional authorities			
No engagement	Little engagement	Relevant engagement	High engagement
		x	
Local authorities			
No engagement	Little engagement	Relevant engagement	High engagement
		x	
Hospitals			
No engagement	Little engagement	Relevant engagement	High engagement
	x		
Health insurances			
No engagement	Little engagement	Relevant engagement	High engagement
x			
Private enterprises			
No engagement	Little engagement	Relevant engagement	High engagement
	x		

Comments: A very difficult assessment and may not reflect the actual situation

7. What are currently the main problems, risks and challenges of cross-border activities in your region?

Please tick appropriate boxes:

Resources: funding and reimbursement of projects			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
		x	
Cultural differences (e.g. language, ethical views)			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
		x	
Legal and contractual regulations			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Quality assurance			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
		x	
Internal barriers regarding communication			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
		x	
Differences in the regional operationalization of activities			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
x			
Sustainability of projects			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
			x
Political barriers			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Barriers for the implementation of effective evaluation mechanisms			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Barriers for the recruitment and retaining of the right staff			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Lack of political support			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Lack of support by management authorities			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
x			
Lack of specific know-how: (please mention).....			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
Identification of co-operation partners			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
			x
Insufficient capacities of potential project initiators			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
			x
Adequate project duration			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
Impossibility of high-co-funding for follow-up-projects			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
	x		
Underestimation of costs of high-quality health-care projects			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>
		x	
Others (please mention):.....			
<i>of no relevance</i>	<i>of little relevance</i>	<i>of some relevance</i>	<i>of high relevance</i>

8. What kind of support is already offered in your region for the access to INTERREG funds?

Please tick appropriate boxes regarding the relevance of these structures and materials:

Webbased information			
<i>not available</i>	<i>available, but not helpful</i>	<i>available, of little help</i>	<i>available, of great help</i>
		x	
Support and assistance by a programme management authority			
<i>not available</i>	<i>available, but not helpful</i>	<i>available, of little help</i>	<i>available, of great help</i>
x			
Information events			
<i>not available</i>	<i>available, but not helpful</i>	<i>available, of little help</i>	<i>available, of great help</i>
x			
Guidelines/other written information			

If there are possibilities for improvements: which improvements are of most importance to give better support? Better support from the national actors, such as the Regional Council of Lapland. The is international material available (of excellent quality), but locally not too much.....

.....

9. Please list the most relevant literature/key documents regarding effective cross-border health projects within your region. (Available regional publications and web-based information, guidelines for the use of Structural funds, etc.)

... ?

.....
.....
.....

10. Are there already indicators and criteria in the regulations to apply for INTERREG funds and/or for effective health projects in your region?

There are:

- Indicators for the application procedure
- Selection criteria for projects in general
- Evaluation criteria for Models of Good Practice
- Specific criteria for health-related projects
- Others (*please mention*):.....

- No, not at all

Please explain: I don't know what this refers to. (I am familiar with the NPP procedure and the criteria for applicants)

.....
.....
.....

11. Which practical hints or tools would you consider useful for project actors?

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.....

12. Do you know about cross-border health projects in your region that failed? If yes, could you name the reasons why these projects failed?

.....
.....
.....
.....

13. According to your experience, which of the following items are barriers for the realisation of EU financed cross-border projects within Europe?

- Transferability of projects
- Time and effort to apply for a project
- No external evaluation of submitted project proposals
- Lacking of content-related evaluation of projects
- Legal uncertainty
- Others (please mention):.....
-

Please explain (e.g. name specific challenges or problems of cross-border co-operation in general and/or related to INTERREG funds): Given that health care systems are different it is sometimes difficult to transfer good practices and realize transnational goals. Evaluation is important in terms of maintaining high quality and also offer a means to learn from both successes and failures.

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14. Do you think that INTERREG funds can make a contribution to solve health-related questions in your border region?

Partly, in small scale. I think that the biggest problems are solved nationally.....

.....

.....

.....

.....

.....

15. Which modification do you suggest to make future INTERREG funding an optimal contribution to answer health-related problems in border regions?

.....

.....

.....

.....

Thank you very much for your contribution.

Annex 5

EUREGIO II: Internal evaluation

EUREGIO II: First Questionnaire about expectations and satisfaction of project members

Please take the presentations and discussions of the kick off meeting into account!

Please contact me for any questions:

Kai Michelsen, Department of International Health, Maastricht University

Tel.: ++31 (0)43 38 81719

E-Mail: Kai.Michelsen@inthealth.unimaas.nl

Name:	
Institution:	

Questions	Answers
1. Stakeholders	
1.1 Who are from your standpoint of view the stakeholders / target groups of the project?	
1.2 Will the project probably meet their needs or should something be changed?	
2. Your expectations and needs	
2.1 Does the project meet your expectations?	
2.2 Will the project probably meet your needs? Do you expect benefits for you and your institution? If yes: Which ones?	
3. Challenges / Risks:	
3.1 Do you see any challenges / risks particular for your participation and work within the project? If yes: Which ones?	
3.2 Do you see challenges / risks for work packages you are not involved in directly? If yes: Which ones?	
4. Support	
What could be done to support your involvement in the project / your work for the project?	

5. Mutual understanding of the project	
5.1 Do you think that the kick off meeting offered a basis for the a) <u>co-beneficiaries</u> b) collaborating partners to have a mutual understanding of the project main aims, a mutual starting point?	
5.2 Did you get an answer to all of your critical questions raised on the kick off meeting regarding the project concepts, aims and targets needed to start the work and to build an effective working relationship with other WP's? If not all of your questions have been answered, which are left?	
5.3 Do you have any further specific questions regarding a) the project main aims, structure, working method or b) specific work packages you consider crucial now at the start of the project and would like to share or discuss with the management or partners by E-mail or through Conferences?	
6. Further Topics	
3.1 Do you have further recommendations or questions? If yes: Which ones?	
3.2 Do you have any comments regarding the questionnaire? If yes: Which ones?	

EUREGIO II, WP 3 Evaluation

Interim status report and satisfaction

This questionnaire is part of the internal evaluation of the project and will inform us about the status of the project. The procedure has several steps:

1. At the first step, the WP leaders are asked to fill in part A of the questionnaire. Of course it is possible to cooperate with the other EUREGIO III members involved in the WP when filling in Part A about the status of the project.
2. The WP leaders send the questionnaire with the filled in part A to the EUREGIO III members involved in the WP.
3. The WP leaders and the other EUREGIO III members involved in the WP fill in the rest of the questionnaire and send “their own” questionnaire back to kai.michelsen@inthealth.unimaas.nl
4. The questionnaires will be used to write a status/evaluation report. This report will be sent to all people involved in the project – now especially also beyond the scope of the core group – for comments, recommendations etc.

Therefore I kindly ask the WP leaders to start with the first step and to send the questionnaire with the filled in part A to their WP team until the **2nd of October**, while I kindly ask the other members of the WP team to wait for the questionnaire being sent to them by the WP leaders and to complete it then until the **9th of October**.

Please contact me for any questions!

Best regards,
Kai Michelsen

Work package (WP):	
WP leader:	
Members of the WP group:	

Part A (to be filled in by the WP leader)

Please take a look at your last interim report and signal if the status described there is still up to date and what has changed since then!

1. Description of objectives, deliverables and methodologies as planned	
2. (please take a look at the description of the WP in the Grant Agreement, your presentation at the first project meeting and/or your working plan)	
3. Status of WP:	
a. Outcomes and deliverables achieved	
b. Ongoing work on outcomes and deliverables	
c. Next steps	
4. Actual challenges and problems	
5. Reaction on challenges and problems ("rescue plans")	
6. Anticipated future risks	
7. Involvement of partners/target groups (actual and planned)	
8. Links to other/own projects/activities	
9. Remarks/Comments/Suggestions	

Part B (to be filled in by members of the WP group)

Comments on Part A	
--------------------	--

Part C (to be filled in with "x" by all partners involved in the WP)

	Total disagreement	Relevant disagreement	More or less agreement	Total agreement
The work on the WP is in line with the time schedule.				
The work on the WP will probably also in future be in				

line with the time schedule.				
The methodological approaches are adequate.				
The quality of the outputs/deliverables is good.				
There are adequate resources for the work on the WP.				
The cooperation/communication within the WP is good.				
The cooperation/communication between the WPs is good.				

Comments on part C (esp. concerning disagreement and ideas for the solution of problems)	
--	--

Part D (to be filled in by all)

(Further) Comments concerning status, risks, satisfaction/dissatisfaction with the WP / project:	
--	--

Annex 6

Links to Euregio II working papers and publications

This is a list of all working papers and publications associated with the Euregio II project with links to them online. (CTRL+ Click to follow link). At the end of this is the flyer for the project.

EUREGIO II - Background, aims, work packages

[EUREGIO II english.pdf](#)

PDF-Dokument [910.7 KB]

Project meetings

Programme for the EUREGIO II kick-off meeting, 9/10 March 2009, Maastricht, the Netherlands

[Programme kick-off meeting EUREGIO II.pdf\[...\]](#)

PDF-Dokument [477.6 KB]

EUREGIO II kick-off meeting minutes

[EURII kick-off meeting minutes.pdf](#)

PDF-Dokument [44.3 KB]

Feldhoff et al.: Cross-border activities - Opportunities and Challenges in the EUREGIO Meuse-Rhine

[EUREGIO II kick off - EUREGIO Meuse-Rhin\[...\]](#)

PDF-Dokument [3.1 MB]

Remers: Cross-border activities in the EUREGIO Rhine-Waal

[EUREGIO II kick off EUREGIO Rhine Waal.p\[...\]](#)

PDF-Dokument [1.2 MB]

Bergin: CAWT presentation

[EUREGIO II kick off CAWT.pdf](#)

PDF-Dokument [633.7 KB]

Motta: Cross-border activities in Veneto Region

[EUREGIO II kick off Veneto Region.pdf](#)

PDF-Dokument [709.5 KB]

Tchamov/Zhekov: Cross-border activities in Bulgaria

[EUREGIO II kick off Bulgaria.pdf](#)

PDF-Dokument [30.6 KB]

Daramus: Cross-border activities in Romania

[EUREGIO II kick off Romania.pdf](#)

PDF-Dokument [3.2 MB]

Burger/Wieland: WP4 - Handbook making effective use of the EU Structural Fund INTERREG

[EUREGIO II kick off WP4.pdf](#)

PDF-Dokument [87.0 KB]

Lombardi: WP5 - Usage of generic HTA in cross-border region

[EUREGIO II kick off WP5.pdf](#)

PDF-Dokument [335.4 KB]

Schulte in den Bäumen: WP6 - Legal aspects in cross border cooperation

[EUREGIO II kick off WP6.pdf](#)

PDF-Dokument [176.9 KB]

Guillermo-Ramirez: WP2 - Dissemination of results

[EUREGIO II kick off WP2.pdf](#)

PDF-Dokument [2.1 MB]

Ward: European conferences and networking

[EUREGIO II kick off WP7.pdf](#)

PDF-Dokument [975.9 KB]

Michelsen: WP 1 (Coordination) and WP 3 (Evaluation)

[EUREGIO II kick off WP1 WP3.pdf](#)

PDF-Dokument [122.2 KB]

Minutes and agenda for the second Euregio II Project partner meeting

[Minutes of the 2nd EUREGIO II meeting 25\[...\]](#)

PDF-Dokument [30.4 KB]

Burger/Wieland: WP4 - Handbook making effective use of the EU Structural Fund INTERREG

[EUREGIO 2nd meeting Lodz_25_11_09 WP4.pdf\[...\]](#)

PDF-Dokument [47.2 KB]

Lombardi: WP5 - Usage of generic HTA in cross-border region

[EUREGIO II 2nd meeting in Lodz, poland W\[...\]](#)

PDF-Dokument [63.9 KB]

Michelssen: EUPHA 2009 Lodz, Poland- Euregio II presentation

[EUREGIO II presentation at EUPHA 2009 Lo\[...\]](#)

PDF-Dokument [129.9 KB]

Minutes for the third Euregio II project partner meeting in Cologne, Germany

[Minutes of the 3rd Euregio II project par\[...\]](#)

PDF-Dokument [20.8 KB]

Agenda and protocols for Workshop on local and cross border HTAs and third Euregio II project partner meeting, Cologne, Germany

[Agenda for workshop on local HTAs and t\[...\]](#)

PDF-Dokument [164.9 KB]

Dauben: Local HTAs, Is there a need?

[HTA workshop HPDauben Loca HTA EUREGIO \[...\]](#)

PDF-Dokument [94.5 KB]

Professions and perspectives, the Mini-HTA experience

[HTA workshop KKidholm mini HTA EUREGIO II\[...\]](#)

PDF-Dokument [1.2 MB]

Knies: Transferability of HTAs

[HTA workshop SKnies Presentation DIMDI t\[...\]](#)

PDF-Dokument [266.7 KB]

Evers: Uptake of HTAs and information needs of hospital managers: Utilization and usability of HTA products

[HTA workshop SEvers Presentation DIMDI H\[...\]](#)

PDF-Dokument [440.1 KB]

Lombardi: Cross border collaboration and HTAs: An overview of WP 5 from the Euregio 2 project

[HTA workshop GLombardi EUREGIO II works\[...\]](#)

PDF-Dokument [35.7 KB]

Dauben: Cross border HTAs: market needs, evidence and legal framework

[HTA workshop Dauben Cross border HTAs EU\[...\]](#)

PDF-Dokument [240.9 KB]

Knies & Opara: Cross border HTAs methods and support

[HTA workshop SKnies COpara Presentation \[...\]](#)

PDF-Dokument [257.8 KB]

Castoro: HTA and cross border cooperation. The experience of Veneto region and Padova University Hospital

[HTA workshop MCastoro HTA and Cross Bord\[...\]](#)

PDF-Dokument [646.5 KB]

Opara: Euregio II 3rd project partner meeting, Cologne, Germany. Actual developments

[EUREGIO II 3rd project partner meeting C\[...\]](#)

PDF-Dokument [196.8 KB]

Scheres: The delayed patient's directive, the 883/2004 regulation and their implications on cross border health care in border regions

[Euregio II 3rd project partner meeting S\[...\]](#)

PDF-Dokument [1.7 MB]

Guillermo-Ramirez: Presentation on priorities and activities relating to health care in border regions: AEBR's perspective

[Euregio II 3rd project partner meeting A\[...\]](#)

PDF-Dokument [1.6 MB]

Bergin: Working in cross border settings: views from the field Northern Ireland/Republic of Ireland.

[Euregio II 3rd project partner meeting C\[...\]](#)

PDF-Dokument [1.1 MB]

cross border health experiences based on Kleve

[Euregio II 3rd project partner meeting, \[...\]](#)

PDF-Dokument [1.1 MB]

Guillermo-Ramirez: WP2 Dissemination of results

[Euregio II 3rd project partner meeting A\[...\]](#)

PDF-Dokument [868.0 KB]

Burger/Wieland: WP4 Handbook making effective use of the EU Structural Fund INTERREG

[Euregio II 3rd project partner meeting R\[...\]](#)

PDF-Dokument [35.5 KB]

Van Der Molen: WP6 Legal problems in cross-border care in border regions

[Euregio II 3rd project partner meeting W\[...\]](#)

PDF-Dokument [91

EUREGIO II Partners

- Association of European Border Regions (AEBR), Germany (Martin Guillermo Ramirez)
- Center for Health Policies and Services, Romania (Ioana Daramus)
- Cooperation and Working Together (CAWT), Northern-Ireland and the Republic of Ireland (Sadie Bergin)
- Deutsches Institut für Medizinische Dokumentation und Information (DIMDI), Germany (Hans-Peter Dauben)
- ECORYS Netherlands BV, The Netherlands (Wija Ortwijjn)
- Euregio Rhein-Waal (ERW), Germany (Thea Remers)
- European Hospital and Healthcare Federation (HOPE), Belgium (Pascal Garel, Gloria Lombardi)
- Gesundheitsmanagement Burger-Wieland, Austria (Renate Burger, Martin Wieland)
- HealthClusterNet, Hungary (Jonathan Watson)
- Kreis Heinsberg, Germany (Karl-Heinz Feldhoff, Gudrun Schössler)
- Landesinstitut für Gesundheit und Arbeit NRW (LIGA.NRW), Germany (Alfons Hollerer, Gudula Ward)
- Maastricht University, The Netherlands (Helmut Brand, Kai Michelsen, Chibuzo Opara, Peter Schröder-Bäck, Angela Brand, Tobias Schulte in den Bäumen)
- Medical University Sofia, Bulgaria (Kancho Tchamov, Alex Zhekov)
- Regione del Veneto, Italy (Luigi Bertinato, Daniela Negri)
- WHO Regional Office for Europe / Regions for Health Network, Copenhagen (Shouka Pelaseyed)

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Maastricht University is a leading international university in the Netherlands. We are proud to be part of the European Border Regions Association. Please contact us for more information.

The Project

The project "Solutions for improving health care cooperation in border regions" (EUREGIO II) aims to support health and health service related cross-border activities in border regions.

The project is a successor to the project "Evaluation of cross border activities in the European Union" (EUREGIO, 2004-2007).

It is complementary to the project "Health investments in Structural Funds 2000-2006: learning lessons to inform regions in the 2007-2013 period" (EUREGIO III).

All projects have received funding from the Public Health Programme of the European Union.

Background

The regional level is highly relevant to address challenges of population health and health services. The European Union supports activities in border regions with the third objective of the European Regional Development Fund "European Territorial Cooperation" (esp. "INTERREG IVA").

Border regions are confronted with specific challenges (e.g. infrastructural deficits, distance from centers of power, wage gaps, cost differentials, language barriers, etc.), but they are also "practice laboratories" for the ongoing European integration.

Some border regions have a huge amount of experience in cross-border activities developed over many years. Other regions are less experienced. Therefore the EUREGIO II project aims to share information, identify good practice, develop tools for the planning and implementation of cross border programmes and projects.

The project will also assist with capacity building and enabling mutual learning. EUREGIO II will also establish a network of those engaged in cross border activity.

Objectives

Desktop research and interviews with those experienced in managing cross border activities will be the methods used to identify opportunities and challenges for health care cooperation in border regions. The assessment of information and support needs will be used for the development of

- a handbook for effective cross border activities and the effective use of EU Structural Funds for European Territorial Cooperation (especially INTERREG IVA).
- guidelines for the utilisation of Health Technology Assessment (HTA) applications in small size settings with multiple health care systems.
- legal expertise in relation to exchange of data and information as well as legal rights in the provision of cross border health care services.

The deliverables will be disseminated across Europe, e.g. by the Association of European Border Regions and the European Hospital and Healthcare Federation and the other project partners.

