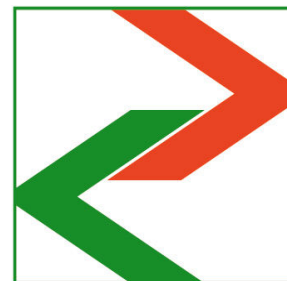


Arbeitsgemeinschaft Europäischer Grenzregionen (AGEG)
Asociación de Regiones Fronterizas Europeas (ARFE)
Association des régions frontalières européennes (ARFE)
Association of European Border Regions (AEBR)
Comunità di lavoro delle regioni europee di confine (AGEG)
Europæiske grænseregioners Arbejdsfællesskab (AGEG)
Werkgemeinschaft van Europese grensgebieden (WVEG)
Associação das Regiões Fronteiriças Europeias (ARFE)
Σύνδεσμος Ευρωπαϊκών Συνοριακών Περιφερειών (ΣΕΣΠ)
Stowarzyszenie Europejskich Regionów Granicznych (SERG)



The Newsletter of the AEBR Task Force on Cross-Border Health

Number 1
December
2007

EU Directive on Patients' Mobility (Safe, High-Quality and Efficient CB Healthcare in the EU)

A set of documents has been prepared by the European Commission in order to propose a Directive of the European Parliament and of the Council to be published on December 19th 2007. The accompanying documents are a Communication from the Commission, an Impact Assessment Study, an Executive Summary of the Impact Assessment, and the Proposal of Directive itself.

It does not give answers to all CB Health questions, but it begins to give some solutions to **Patients' Mobility**. This is a growing issue creating some uncertainty, especially regarding reimbursement of expenses. A consultation process to all stakeholders is also foreseen. The Directive proposes a series of common principles in all EU Health Systems and a specific framework with the entitlements of patients. It deals with real European cooperation regarding networking for centres of reference, health technology, data collection, and quality and safety.

Regarding coherence with other policies, it mentions coordination of social security systems, mutual recognition of professional qualifications, a community framework for protection of personal data, and e-health. There is also a chapter on legal aspects, dealing with the legal basis, and the principles of subsidiarity and proportionality. It mainly tackles the issue of healthcare provided in another Member State, including hospital care, information to patients, designation of national contact points and duty of cooperation, recognition of prescriptions, European Reference Networks, e-health, statistical data collection, and cooperation on information, safety and quality of healthcare and management of new technologies.

On Implementation Mechanisms, a Committee, will be created with representatives of Member States to assist the Commission, reporting every 5 years.

The main focus is not on regulation, but rather on cooperation, comparison and mutual learning.

In AEBR's opinion, the first key step is the establishment of a clear legal framework for this cooperation to take place.

Launching of the AEBR *ad hoc* Task Force on CB Health (the Task Force), Lappeenranta, 14 September 2007

After several preparatory meetings, Mr. Martin Eurlings, coordinator of the Task Force, prepared an outline of a topic for discussion.

After a general introduction and some examples of good practice (see page 3), a set of topics are presented, in order to serve as a basis for further discussions within the Task Force:

- Relevance of healthcare for the Lisbon Agenda. The development of life sciences, medical technology, life science industry and services, including healthy food, wellness and health tourism.
- Relevance of healthcare for creating an integrated CB labour market, employability and language strategies.
- Dimensions of a strategy for CB health
- First steps to be made by the Task Force

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The Newsletter of the AEBR Task Force on Cross-Border Health

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OPEN DAYS 2007: The Health Village

On 8-11 October 2007, more than 4,000 registered participants from 35 countries shared their success stories in the European Week of Regions and Cities, the Open Days, and contributed to a competitive and supportive European Union, said Michel Delebarre, the President of the Committee of Regions. Many of the workshops dealt with health-related issues, constituting one of the main topics of the Open Days 2007 next to renewable energies, general networking of regions and cities, and growth and employment.

The main health-related events during this week of the European Regions and Cities were (working papers and conclusions available in most of the cases):

- Boosting regional competitiveness by optimising the delivery and outcomes of healthcare for European citizens.
- Strategies of regions to meet the challenges in healthcare.
- Innovative financial models for healthcare optimization and wealthier economy.
- Effective integration of remote patient management in regional health care systems.
- E-health as an enabler for citizen/patient centred healthcare.
- Improving public health capacity in the EU regions.
- Better ageing, better care.
- Fostering cross-border cooperation for healthcare and accessibility to health services.
- Improve health by reducing health inequalities and promoting healthy behaviours.
- Effective ways of implementing clinical pathways and disease management programmes in health care systems.

1st Call

II. AEBR Forum on CB Health Basel, 22 February 2008

The *Regio Basiliensis*, a very active region within AEBR, is preparing this event at the Basel Congress Center (Saal Luzern) which means an important support for the AEBR in financial, organizational and logistical terms.

The seminar will be divided into a morning and an afternoon session.

First proposals for topics are:

- The creation of CB critical mass to guarantee better health services for citizens in border areas.
- State-of-the-art of CB Health within the European Union. The role of regions and municipalities.
- CB cooperation of hospitals and research centres.
- Solutions for CB Patients (telemedicine, health cards, insurance companies, CB medications and receipts, etc.).
- Medical Border Issues (emergencies, communicable diseases, etc.).
- Examples of best practises.

(Continued from page 1)

AEBR Task Force

The Task Force will propose periodically several from these topics to be discussed by the members of the AEBR.

The next topics for discussion will be those selected to be tackled at the II Basel Forum on CB Health.

Questionnaire:

Mr Martin Eurlings, in his role as coordinator of the AEBR *ad hoc* Task Force on CB Health, elaborated a questionnaire to check AEBR members' interest and aims regarding this topic.

This Newsletter was finished at the time of the deadline to submit the answers. The low number of questionnaires returned to the AEBR's office, raise the issue of improving communication with interested members.

The Task Force requests its members again to fill in the questionnaire. The provided information is extremely important to check AEBR members' level of commitment and to decide on the strength of AEBR's work on this topic. It will not take very much time to fill in the questionnaire. The main questions are:

- 1. Contact details** (region, address, contact data)
- 2. Characteristics of the region** (demographic and economical aspects, medical education facilities, cross-border health issues, etc.)
- 3. Good practices** (examples from the regions)
- 4. Expectations for Ad hoc Task Force**

The complete version will be sent attached to this newsletter and can also be obtained at the AEBR office by any means (regular post, e-mail).

PROJECTS

The AEBR has taken part in various initiatives in the field of CB Health. In 2005 the AEBR organised together with the Regio Basiliensis and the Euregio TriRhena its first AEBR Forum on CB Health Cooperation. It had the aim to collect the best information available on this issue across Europe.

The spectrum of CB Health issues ranges from the management of illnesses and prevention to the active cooperation, e.g. in the fields of disaster protection and emergency services, telemedicine, research, training or quality. There are bilateral agreements in many European border areas for disaster protection and emergency services. However, in some cases these are the only agreements. Nevertheless, there are many Euroregions that support specific CB health initiatives and projects. They take advantages of the access to health facilities on the other side of the border; develop common CB committees and create CB health networks. It is evident that in the future there will be more tasks to be performed by CB structures, e.g. common investments in CB facilities that could only be achieved within a spatial structured cross-border area.

The AEBR has received information on a set of projects, some of them have been finished already and others are in process of implementation. As they might be of interest for other regions with similar activities or expectations the AEBR Newsletter will give some examples in each issue. *(continued on page 4)*

The **Regional Framework Operation "Change on Borders"**, developed within the Interreg III-C programme, included this issue in their projects, with the aim to produce information on good practices and recommendations on how differences in health care systems, communications technology and legislation can be overcome across borders in order to provide better health care for border regions with intensive CB patient mobility. One of the most relevant projects is **"Telemedicine and eHealth in**

Cross-border Hospital Cooperation and Healthcare", Province of Limburg, University Hospital Maastricht azM, University Hospital Aachen, Health and Social Fund of Lower Austria, Regio Basiliensis, University Hospital Basel, University of Maastricht, Kantonspital St. Gallen, Kreiskliniken Lörrach, IZIT, PCPT/Zorgbelang Overijssel, AOK Rheinland/Hamburg

EUREGIO Network Protects Against Infections.

The EUREGIO MRSA-net is a network founded to protect the population in the EUREGIO from infections with Multiple-Resistant Staphylococcus Aureus. On both sides of the border there is a network of health care providers (hospital, nursing homes, GPs, public health authorities, laboratories, etc). This is the basis for a CB Quality Group, which aims to create long-term structures to fight against MRSA. This could also serve as an example for the management of other infections.

EUREGIO I "Evaluation of Border Regions in the European Union"

This project, finished last May 2007, gives an overview of the present discussion processes and activities concerning the provision of health care at European level. Moreover, it gives an insight into CB projects and activities, describes several instruments available. It reveals the promoting and hindering factors and describes possibilities for improvements. It also contains an overview of hitherto conducted CB projects in the health sector, the experiences made under these projects and shows areas with need for improvements and support. Among the results of the project are a final conclusion and recommendations for action with regard to quality development and the strengthening of CBC in this sector and finally gives detailed information about eight selected "good practice models".

EUREGIO II: "Quality health services in CB regions"

It is built on the experiences of the predecessor, with the general aim to stimulate and promote CBC in health care in border regions by fostering the usability of various existing instruments and methods, and analyse further needs and gaps. In the course of the project a handbook for the effective use of structural funds will be developed, as well as several specific guidelines and a report on usability of existing indicators towards a joint CB hospital planning and some legal options.

(Continued from page 3)

Future issues of this newsletter will include more information about some other projects, as the following. A special section of AEBR Web Page will include links (when available):

- **Euregional Service-Centre for Health, EUREGIO.**
- **CB health and health care in the Euregion Meuse-Rhine**
- **Health Care Without borders in the Øresund region.**
- **Bio Valley in the Upper Rhine.**
- **CB Cerdanya Hospital in Puigcerdá.**
- **Merging process of Aachen and Maastricht University Hospitals.**
- **Access to foreign hospitals by patients from the Euregio Meuse-Rhein.**
- **Life Science Sector in Øresund** through cooperation between research and multinationals.

PARTNERS

- **European Centre of Disease Prevention and Control** (www.ecdc.eu.int). The European version of the CDC in Atlanta. Established in 2005 and based in Stockholm, it is an EU agency with the aim to strengthen Europe's defences against infectious diseases. Its mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. It works in partnership with national health protection bodies across Europe to strengthen and develop continent-wide disease surveillance and early warning systems. By working with experts throughout Europe, ECDC pools Europe's health knowledge, so as to develop authoritative scientific opinions about the risks posed by current and emerging infectious diseases.
- **HOPE** (European Hospital and Healthcare Federation, www.hope.be)
- **World Health Organisation** (www.who.int)
- **EPECS** (European Patients Empowerment, www.epecs.org)
- National, Regional and Municipal Health Services across Europe.

NEWS

22.11.2007: European Voice: **Barroso faces battle over CB healthcare.** MEPs and trade unions are stepping up pressure on the European Commission to increase legal protection for public services, threatening changes to its forthcoming proposals on CB healthcare. The previous inclusion of healthcare in the services directive created some uncertainty in some sectors but, according to the Commission, this will be clarified by the Reform Treaty. Anyway, legal uncertainties about European public services should be cleared up. For more info see: <http://www.europeanvoice.com/archive/article.asp?id=29322> .

23.10.2007: **Together for Health – a Strategic Approach for the EU, 2008-2013.** The European Commission adopted a Health Strategy setting out the direction for Community Health action in the years to come. This White Paper establishes a broad cross-policy framework to respond to a wide range of health challenges in a comprehensive and coherent way. It provides for concrete new actions aiming, among other things, to strengthen European defences against health threats, to increase prevention and early diagnosis of cancer and to equip citizens with the tools they need to make informed decisions about their health. Overall, the strategy aims to help foster good health in an ageing Europe, to protect the European Union's citizens against health threats and to support dynamic health systems. http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm .

PAST EVENTS

AEBR

27.8.2007: Maastricht, Government Hall, first coordination meeting of the AEBR *ad hoc* Task Force on CB Health.

20.8.2007: Valkenburg Town Hall, preparatory meeting of the Task Force.

14.11.2007: Lappeenranta, meeting of the Task Force.

AER

22.10.2007: Terceira, Azores Seminar "Learning from Ultra-Peripheral Regions: Health & Social Services" and Plenary Session of the AER Social Policy & Public Health Committee.

MOT

9.11.2007: Lille, EUROMOT Workshop on Health. Presentation of the framework and recommendations. Development of CBC in the health sector. Adaptation of regulations to CBC. Limited but growing influence of the construction of Europe on health systems. The emerging concept of the CB health community. The problems raised by the establishment of CB health communities. Proposal for recommendations to improve frameworks and instruments, to assist with projects set-up and governance, to share good practices and promote networking. Three practical examples: the CB Cerdanya Hospital, French-Belgian CB Health Cooperation, Italy-Austria-Slovenia CB Health Cooperation.

FUTURE EVENTS

AEBR

22.02.2008: II. AEBR Forum "CB Health" in Basel

17.10.2008: meeting of the *ad hoc* Task Force

Spring 2009, III. AEBR Forum "CB Health"

Please inform the AEBR Secretariat General about any relevant event on this issue to be included in future issues of this newsletter.

DOCUMENTS

- **AEBR Position Paper**, Gronau 10.3.2006
- Regio Basiliensis, Regio TriRhena, AEBR, "**Schlussbericht, 1st Basel Forum "European Cooperation in the Health Sector"**", Basel, 27.9.2005 (only available in German)
- Province of Limburg: **Health Care and Cure**. Life Sciences and Medical Technologies. CBC. What do we ask?
- **CB health and healthcare in the Euregio Meuse-Rhine**
- AEBR Secretariat General, "**The Euregional level. Euregios and similar structures: service providers, partners and driving forces of CBC in the health sector**", Düsseldorf, 5.3.2007. AEBR Presentation to the Final Conference of the "EUREGIO" Project.

All mentioned documents are available on request at the AEBR office in Gronau.