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Position paper

CROSS-BORDER HEALTH CARE

POSITION PAPER ON
CROSS-BORDER HEALTH CARE

1. Introduction

Health care provision is a global social task with extensive regional consequences. In principle, health care provision sets out to:

- Optimise the quality of administered treatment and quality of life;
- create health care networks.

Both these aims are particularly important for border regions where health services are only available to areas limited to national borders.

The first attempts to provide cross-border health care date back as far as the 1970s, especially along the German-Dutch border and Upper Rhine, but today almost all border regions located at the EU's internal or external borders are concerned with this topic. AEBR is aware of nearly 400 specific projects in this area, and there are probably many more hitherto unknown activities going on as well.

Many of the border areas grappling with this issue have set up health-related working groups at Euroregion level, which not only exchange information and offer advice, but also actively develop specific concepts and projects and go on to implement them. Many neighbouring border areas have already concluded fixed cooperation agreements, especially at project level, but in some cases general agreements have been reached (e.g. in Värmland, between Sweden and Norway). The scope of issues covered by such cross-border cooperation ranges from medical treatment and prevention to cooperation in emergency management and rescue services, to telemedicine, research, training, advanced training and continuing training, quality assurance, and so forth. Many European border areas have already concluded national agreements covering cooperation in the areas of emergency management and the provision of rescue services.

AEBR is involved in the EU project "EUREGIO – Evaluation of border regions in the European Union" (project management and coordination: North Rhine-Westphalia Institute of Public Health (lögd)), collaborates as Helpdesk in the RFO "Change on Borders" (in which important projects in the health care sector are implemented) and is constantly in touch with the senior body of experts known as the European Hospital and Healthcare Federation (HOPE), for the following reasons:

"The health care sector is not being spared the effects of globalisation. The successive restructuring of national health systems via the European Union's policy on the internal market and competition is fuelling competition within Europe's health sector, the main aims being to promote patient mobility, introduce a European health insurance card, and

encourage debate about the EU's Services Directive on liberalising the health care market.

Greater permeability of Europe's borders with respect to health care provision not only boosts competition between service providers, but also opens up numerous opportunities. The main underlying idea is that using health infrastructure and corresponding resources on a cross-border basis can enhance capacity utilisation, especially since medical equipment is becoming ever more sophisticated and the trend towards medical specialisation is growing, creating a need for the coverage of larger 'catchment areas'.

Cross-border cooperation in the health care sector offers a chance to divide up the work between service providers more efficiently, disregarding political borders, which will surely save costs and pave the way for the provision of better services in the long run. Naturally, the tri-national Upper Rhine Region, like most European border regions, is still a long way off from planning common cross-border services and meeting cross-border needs in the health sector. Nonetheless, in view of rising health costs and the growing trend towards medical specialisation, many European border regions seem to agree that steps in this direction are urgently required."[1]

These considerations, which do not apply merely to the Upper Rhine, prompted AEBR to team up with the Regio Basiliensis and the Euregio TriRhena to take stock of the situation at an **AEBR forum**. Accordingly, on 27 September 2005, numerous examples of projects applied in various European border regions concerning the development of cross-border cooperation in the health sector were presented at an event entitled **European Cooperation in the Health Sector - Added Value for People, Economy and Regions**. The forum continued the following today, covering the topic **Health Without Borders - Cooperation in Hospital Care**, with the focus on cross-border cooperation in the German-French-Swiss Upper Rhine Region.

Based on its previous experience with cross-border health care provision and findings that have emerged in this connection, in this position paper AEBR presents an initial overview of the underlying:

- Reasons for cross-border health care provision;
- opportunities for cooperation;
- problems involved;
- potential solutions; and
- role to be played by Euroregions and similar bodies.

[1)] Regio Basiliensis: Final report of the AEBR Forum: "European Cooperation in the Health Sector - Added Value for People, Economy and Regions", Basel, November 2005

2. Reasons for cross-border cooperation

The treatment of patients across national borders, i.e. the advent of '*Euro-patients*" and '*Euro-doctors'* is no longer a pipedream. Health care managers on both sides of a border - supported by border and cross-border regions - are working on the provision of cross-border health care for patients in spite of facing various financial, structural, political, cultural and nationally imposed obstacles.

In many instances, such cooperation is mainly prompted by emergencies, difficulties in gaining access to special medical services in the immediate vicinity of a border, and so on. But in addition to handling frequently urgent individual cases, there are various other reasons for establishing ever closer, longer-term cooperative links. These reasons include:

- Patient waiting lists;
- potential utilisation of free capacity on the opposite side of a border (e.g. human resources, medical facilities and large-scale equipment, assignment of human resources and vehicles in civil protection and rescue);
- reciprocal use of specialist medical services;
- economic factors;
- reciprocal use of highly qualified staff;
- the need to pool experience and exchange information;
- the need for cross-border data or information on risk factors or the public health situation (e.g. to draft cross-border health reports);
- the rise in behaviour by children and youngsters that jeopardises their health, a phenomenon that is triggering cross-border activities in the health promotion and preventive healthcare sectors;
- the need to boost self help.

Often, the fact that border regions frequently cover just a semicircular half of a potential health care provision area and patient population prevents them from reaching the 'critical mass' that would enable them to provide costly medical services or facilities. **However, this so-called critical mass can only be attained by cooperating with partners just over the border in question.**

3. Opportunities for cooperation in cross-border health care provision

There are extensive opportunities for cross-border cooperation regarding the provision and promotion of health care and preventive health care.

I. Health care provision:

- Shared logistics, e.g. with respect to bed management, stocks of drugs, spare parts for medical equipment, and so on.;

- hospital administration (bookkeeping, and so forth);
- laboratories;
- blood banks;
- X-ray facilities;
- pharmacy systems;
- patient and staff care;
- electronic aids;
- data processing and analysis;
- the training of highly qualified (and preferably bilingual) staff;
- pathology;
- facilities caring for the elderly and rehab clinics;
- telemedicine (e.g. offering advice, operations, transplants, and so on);
- access to electronic patient data anywhere and at any time;
- centres of excellence (e.g. for cardiology, gynaecology, X-rays);
- international (EU-wide) health insurance card.

II. Preventive health care and the promotion of health:

- The development of methods and the implementation of preventive health care programmes;
- the training, advanced training and continuing training of multipliers (like teachers, educators, and so on);
- building networks;
- drafting information material (for teachers, parents, and so on), initiating prevention campaigns;
- helping socially disadvantaged children and youngsters.

Many activities are geared towards children and youngsters, and addiction prevention features prominently in many such cross-border projects. Additional key topics in the promotion of health include following a healthy diet, getting enough exercise and enhancing motor skills.

4. Problems and obstacles associated with cross-border health care

The main problems standing in the way of cross-border health care provision are:

- Safeguarding quality standards;
- ensuring continuity of treatment and care;
- divergent price structures;
- language-related problems;

- the lack of cross-border chip cards;
- the existence of different social systems;
- the existence of different operation plans, standards, radio frequencies etc. in civil protection and rescue.

In addition there are many other more minor obstacles (as pointed out in the EU project EUREGIO – Evaluation of Border Regions in the European Union), namely:

- Financial problems;
- red tape and bureaucratic application procedures;
- conflicts of interest and legal problems;
- different structures, skills and support programmes on both sides of the border;
- data protection problems;
- difficulties in finding partners for projects, cooperation agreements, and so forth;
- the lack of cooperation agreements, etc.;
- dependency on the personal commitment of the actors involved.

5. Initial attempts at solutions for cross-border cooperation in the health sector and supportive factors

The main areas where solutions could be found are:

- The establishment of interchangeable social security (equal treatment on the other side of a border and its financing);
- cross-border health insurance;
- international agreements and contracts;
- specific cooperation agreements between the sponsors of health care facilities and projects (e.g. hospitals, laboratories, and so on.);
- private-public partnerships, especially in financing;
- non-profit-oriented cooperation;
- shared investments (reaching a certain 'critical mass', cost benefits, specialisation, the creation of health care facilities in border regions, which cannot be established there under national policy);
- cross-border model projects implemented in conjunction with companies, health insurance companies and trade unions;
- cross-border centres of medical competence: centres for specific organs, parts of the body, etc. such as the heart, the back, vascular diseases, joints or tumours;
- cross-border diagnostic and therapy centres;
- the development of information for patients and service providers (leaflets, Web portals, etc.);
- pooling experiences and exchanging information with other border regions;

- cross-border operation plans and training in civil protection and rescue;
- the development of shared cross-border needs assessments and programmes by Euroregions and similar bodies in cooperation with regional and/or local backers of health care provision on both sides of the border.

Events like the aforementioned seminar (European Cooperation in the Health Sector - Added Value for People, Economy and Regions) held in Basel on 27 September 2005 and the recent workshop entitled Cross-border Activities – Good Models for Better Health (20-21 January 2006, Bielefeld), conducted as part of the EUREGIO project, help to promote the pooling of experience and sharing of information as well as facilitating the elaboration of specific proposals for solutions.

There are many other helpful factors too (as is becoming clear from the EU's EUREGIO project):

- The personal commitment of the actors;
- political support at the national, regional and local levels;
- experience gained by the partners;
- recognisable benefits of activities (e.g. for the general public and politicians);
- the partners' proximity to the border in question, and so on.

6. The role of Euroregions and similar bodies in supporting cross-border cooperation in the health care sector

6.1 Generally

Euroregions and similar bodies are not a new administrative level, but an instrument for cooperation. The issue is not so much whether a cross-border structure has authority, but rather how to execute essential cross-border tasks by drawing on the knowledge and health care facilities provided by national governments on both sides of a border.

The members of such Euroregions are mainly regional and/or local authorities. On most decision-making bodies there is parity, for nobody likes being outvoted by their neighbour. Working groups play a decisive role in the respective specialist areas. Many border regions have working groups dealing with cross-border health care issues, whose members include representatives from all partners on both sides of the border in question. There is no parity here, since there may be imbalances regarding levels of know-how, structures and social legislation in individual Member States, so varying numbers of actors may be involved. Collaboration between experts on both sides of a border within these working groups leads to joint projects that generate added value and are funded by the respective partners.

In almost all member states the organisation, planning and financing of health care is not a competence of regional authorities present in euregional bodies, but of the national level. Until recently, it was marginally involved or interested in cross-border health care that concerns only a great minority of the health care activities (less than 1%).

6.2 Specially border regions

For the most part, Euroregions and similar bodies work with medium-term programmes and strategies with a view to promoting the extensive development of the cross-border region in question. These programmes cover several sectors, e.g. economics or health care, for which an independent sub-programme run over 5-6 years is developed, determining which specific projects should preferably be given priority over this period. So Euroregions and similar bodies also need to secure funds to enable such cooperation.

Furthermore, the task facing Euroregions and similar bodies is to open doors and pave the way for further progress through political lobbying, sounding out legal possibilities, seeking partners, and also convincing decision-makers to support cross-border cooperation.

Many Euroregions support concrete cross-border health care initiatives and projects, especially in those border regions where the benefits of access to the health care provisions on the other side are obvious. Firstly, the euregional support may be financial by facilitating Interreg- and other sources of funding. Secondly, Euroregions are also involved in developing cross-border health care programmes by setting up joint cross-border health care committees and working groups. Besides, Euroregions may stimulate the origin of health care networks, e.g. with hospital and sickness fund actors or even take care of the co-ordination of such networks and their project activities.

Another role of a Euroregion or similar body is to function as a service provider, facilitating the work done by project backers by eliminating cross-border difficulties and enabling attention to be focussed fully on the actual content of the planned cooperation.

In future, as well as providing such services, many Euroregions or similar bodies will face the key task of spreading the word that:

- Sharing investments, e.g. in a hospital, a specialist department, a project dealing with the elderly or a rehab centre on a cross-border basis *does* make sense;
- health care provision in a border area with a rural structure must also be possible, otherwise nobody will choose to live there.

Having said that, it still remains to be clarified what the planning and financial requirements for such cooperation are, and partners need to be found. The fact is that for many investments in border areas, especially in the health care sector, a 'critical

mass' can only be attained by bringing in partners from the other side of a border. At the same time, it must be borne in mind that the creation of cross-border 'catchment areas', has a clear knock-on effect on equivalent areas in the respective national hinterlands (e.g. with respect to planning the need for a hospital). This also needs to be taken into account, including in discussions and negotiations between Euroregions and similar bodies; moreover it needs to be clarified with and safeguarded by decision-makers on both sides of the border in question.

Finally, the role of a Euroregion or similar structure can be summed up as follows:

- It is a service provider, partner and initiator of activities in cross-border health care provision;
- it undertakes cross-border planning and runs cross-border programmes, arranges their financing, seeks out common partners and identifies sound joint projects in the health care sector;
- it has the job of safeguarding cross-border cooperation in the context of health care provision and doing its best to solve any problems arising to the benefit of the respective health care actors.