

19th EUROPEAN WEEK of
REGIONS and CITIES

11 - 14 OCT
2021

Together for Recovery

Healthcare cross- border cooperation in EU and IPA countries

13 October 2021, 11:30-13:00,



#EURegionsWeek



Speakers and testimonials

- **Caitriona Mullan**, AEBR.
- **Gilles Kittel**, DG REGIO
- **Prof. Dr. Ilija Sdranovic**, Institute of cardiovascular disease Vojvodina
- **Dr. Giuseppe Cavallo**, Biomedical Engineer, NAPS LAB
- **Dr. Valeria Mocanu**, Medical Expert, Regional Centre for advanced laser therapies in Ophthalmology

What is it for today?

- Patient mobility and cross-border healthcare cooperation in the EU. What does it mean in practice?
- Study case on specific obstacles at external borders for Hungary Serbia border. Based on cross-border obstacles report
- Round Table with Interreg-IPA projects showing videos and testimonials.

What is working well in healthcare cross-border cooperation? Could you give us a positive example?

Sharing of tools and knowledge

TO STUDY THE NEEDS BOTH SIDES

Cultural exchanges

Universities in medical field

Patient mobility shared clinical services Eu health insurance card

Sharing facilities emergency cooperation

Transfer of best practices

TO LEARN FROM THE OTHERS



AEBR – AGEG – ARFE



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 Arbejdsfællesskap (AGEG)
Werkgemeinschaft van Europese grensgebieden (WVEG)
Associação das Regiões Fronteiriças Europeias (ARFE)
Σύνδεσμος Ευρωπαϊκών Συνοριακών Περιφερειών (ΣΕΣΠ)
Stowarzyszenie Europejskich Regionów Granicznych (SERG)
Ассоциация Европейских Приграничных Регионов (АЕПР)
Európai Határ Menti Régiók Szövetsége (EHMRS)
Associació de les Regions Frontereres Europees (ARFE)

DG SANTÉ/AEBR Research Project: Cross Border Patient Mobility



Presentation during European Week of Regions and Cities
13th October, 2021

Ms Caitriona Mullan, AEBR Expert

Project Manager for the AEBR/DG SANTE Study

‘Cross Border Patient Mobility in Selected EU Regions

Association of European Border Regions (AEBR/ARFE/AGEG)



Purpose of the Project:

- Data on the number of patients crossing borders and the types of services they receive is indispensable for any assessment of cross-border healthcare.
- The purpose of this study has been to obtain a better understanding of patient flows between EU border regions where patient mobility is relatively high – in order to complement the data collected for the purpose of the Cross-Border Healthcare Directive.





Case Studies:



Our four case studies of patient flows:

- Case Study 1: Meuse Rhein Region (Germany/Netherlands/Belgium)
- Case Study 2: Grand Est (FR) – Luxembourg (taking into account wider context of Grand Est and Grande Region)
- Case Study 3: Lower Austria/Czechia/Slovakia
- Case Study 4: Poland/Czechia (patient flow between neighbouring countries)

Challenges of Cross Border health

- Co-operating across borders on healthcare or any aspect of the business processes underpinning this (including data collection) is complex, challenging and requires taking into account differences in national systems as well as a deep understanding of the interface issues between health systems. Without good data these challenges increase.
- Health inequalities in border regions also create higher levels of both need and opportunity for innovation involving systems, clinical care and territorial co-operation.
- In the case of this study, we sought better data to understand:
 - who travels for care
 - why they choose to travel
 - what types of care they access
 - how they access information about cross border care
 - what influences decisions about travelling to receive care
 - Why data collection is difficult and how it could be made easier
 - Better data = better insight = better service planning for citizens/patients/clients.



2 Key Factors for Cross Border Patient Mobility:

1. Arrangements which support reimbursement of the cost of care accessed in another country
2. Regional/institutional collaborative working and governance arrangements to support the creation of patient pathways for care



Arrangements which Support Cross Border Patient Mobility (Reimbursement Mechanisms)

- EU Cross Border Healthcare Directive (reimbursement of planned care)
- EU Social Security Regulations (reimbursement of planned and unplanned care)
- Bilateral agreements between insurers e.g. IZOM Card, ZORG Pass (Meuse Rhein)
- Bilaterals between member states- Ostbelgien Regelung



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Arrangements which Support Cross Border Patient Mobility (Collaborative Working)

- Institutional partnerships in border regions- healthcare institutions, civic authorities, partnerships between insurers;
- Effective and appropriate multilevel governance solutions with the right partners involved;
- Euregio Maas Rhein, EUPrevent, EPECs, OFBS, HealthAcross are all examples of subnational/regional institutional capacity for supporting cross-border health co-operation and patient mobility pathways;
- EU INTERREG Programme has provided an crucial source of support for capacity to be developed.
- Governance obstacles remain- focus needed on this to ensure sustainability of patient pathways and access.



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Meuse Rhein Region



Grand Est
(FR)-
Luxembourg



Lower Austria/South Bohemia/Slovakia



Poland and Czech Republic





Overall Observations- Qualitative:



- Health and patient mobility are barometers of how well border regions function overall;
- Civic leadership in border regions (Euregios etc) is an important asset ('Place-based leadership'); crucial role during Covid-19 pandemic. WHO Europe: Social Determinants of Health – role of local authorities.
- Patient mobility higher in regions where there are established collaborative working arrangements between subnational and regional actors- where capacity for overall health co-operation is advanced;
- Language is a care quality issue and a factor in patient choice
- Opportunities to address proximity principle through next-generation health collaboration in border regions
- Opportunities to address access to cross border care pathways for people with disabilities, rare diseases and complex needs
- Border regions as living labs for EU integration – patient mobility and post-Covid healthcare co-operation benefitting whole health systems (esp. planned care waiting lists); complementarity, population-based medicine, economies of scale in commissioning and procurement for health services.
- Data collected for different reasons. Data on health and patient mobility in border regions is an important source of evidence for planning
- Data collaboratives recommended to be established - co-design approaches to better data- what else can the data inform?
- Link to Smart Regions agenda, Recovery and Resilience, EU Digital Innovation Hubs. Better data leads to better services and access for citizens.
- Active subsidiarity is an important dimension of future success- role of multi-level stakeholders- moving from collaboration from 'experimental' to 'sustainable' and 'embedded'.

Overall Conclusions

- Getting better data on patient mobility lies in pathways which are based on shared purpose for collection of the data
- There is a widespread understanding at the level of the case study regions on the benefits of good data collection and a willingness to get involved
- Design-led solutions for patient mobility are required which involve stakeholders at all levels of subsidiarity;
- Conditions and capacity in border regions represent a potential ‘laboratory’ for better data collection on patient mobility in the context of overall healthcare co-operation
- Health/patient mobility data as a subset of ‘Smart Regions’ data

Thank You for your Attention

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Recommendations on how Interreg could contribute to CBC healthcare

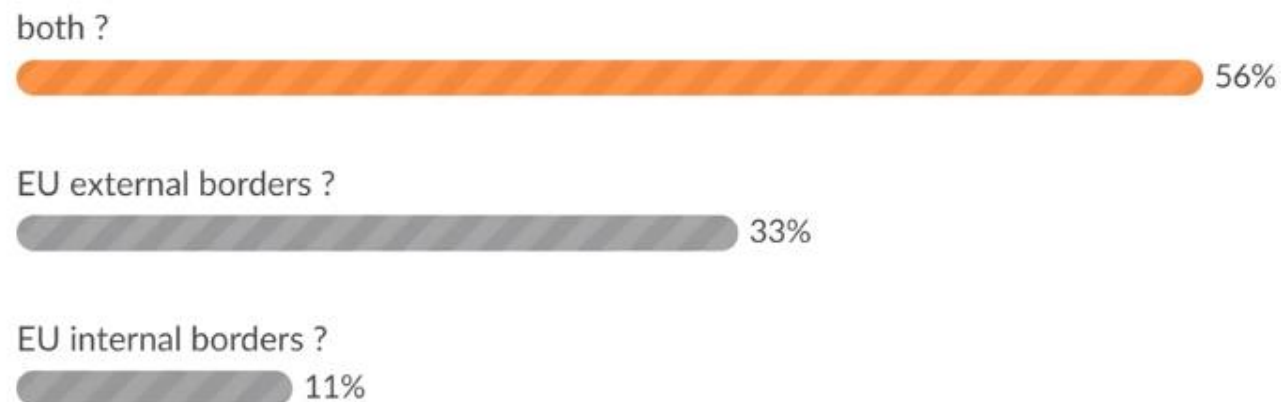
- Allowing regions from outside the EU to participate in healthcare projects.
- Supporting the establishment collaborative arrangements, data collection and skills to support patient mobility.
- Supporting clusters for joint healthcare procurement.
- Encouraging CBC patient catchments clinically and service resources.
- Promoting collaborative working between regional health stakeholders and national agencies to identify administrative, legal and governance obstacles.
- Looking up CBC Piloting.
- Promoting identification and baseline information for CBC patients.

Comparing Interreg EU internal healthcare and Interreg IPA

Is a lack of access to hospitals an obstacle to cross-border cooperation for



Is the recognition of qualification of skills in the health care sector an obstacle to cross-border cooperation for



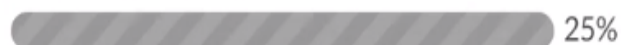
Comparing Interreg EU internal healthcare and Interreg IPA

Are Schengen rules/Visa issues an obstacle to cross-border cooperation for

EU external borders?



EU internal borders?



Both?



Are different languages/cultural differences an obstacle to cross-border cooperation for

Both?



EU internal borders?



EU external borders?



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Cross-border obstacles between EU Member States & Enlargement Countries

14 October 2021 (11:30 – 13:00)

*Gilles Kittel, DG REGIO (D1),
IPA/EUSAIR/Accession Negotiations Team
Leader*



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*REGIO D1 – Who we
are?*

Brussels, 12 October 2021



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DG REGIO – D.1: Macro-regions, Transnational, External Cooperation, Enlargement



Jean-Pierre HALKIN
Head of Unit

Overall Coordination and Management

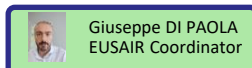


Elina HAKONEN-MEDDINGS
Deputy Head of Unit

<p>EU Strategies for the Baltic Region (EUSBSR) And for the Danube Region (EUSDR) (FTEs: 1 + 4)</p>	<p>EU Strategy for the Adriatic and Ionian Region (EUSAIR), Interreg IPA & Enlargement Negotiations (FTEs: 1+5)</p>	<p>EU Strategy for the Alpine Region (EUSALP) & Communication, TA (FTEs: 1+4)</p>	<p>Outermost Regions, Maritime, Brexit (FTEs: 1+2)</p>	<p>ENI CBC (FTEs: 1+5)</p>
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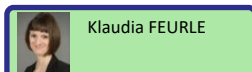
Gilles Kittel
Enlargement, Interreg PA, Audit



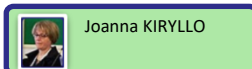
Giuseppe DI PAOLA
EUSAIR Coordinator



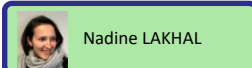
Astrid Aulnette
Communication



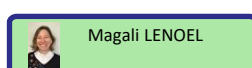
Klaudia FEURLE



Joanna KIRYLLO



Nadine LAKHAL



Magali LENOEL

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*Health case study
Hungary-Serbia*

Conducted by Spatial Foresight/t33 for
DG REGIO/D1



Overall background:

- In transition period after former Yugoslavia, SEE countries experienced severe problems in their health financing systems which led to inefficient & underdeveloped healthcare systems.
- In these years, SEE countries have developed highly centralised healthcare systems (hindering cross-border cooperation).
- Citizens from IPA countries cannot be treated by the free public health systems in EU Member States.
- Other obstacles: presence of a hard border...



Situation at Hungarian-Serbian border:

- High number of Serbian citizens travel cross the border to access healthcare services in Hungary due to higher quality of provided services.
- Serbian citizens don't have access to public health provision in Hungary and are therefore obliged to seek treatment in private clinics.

Implications:

- One-way flow of patients from an IPA to an EU country.
- Access to a better healthcare system can be afforded only by people with the necessary financial means for private healthcare.



Reasons for poor access to health care services:

- Unbalanced flow of patients towards Hungary creates difficulties for National Health Insurance Companies to reach agreement on a broader use of public health services by Serbian citizens → disproportionately higher costs for Hungary.
- Problem of treatment repayment to patients coming from different countries.
- Flow of patients towards private healthcare does not allow public authorities to get precise information about the situation.
- Other logistical challenges in border crossing due to Schengen rules (time-consuming).

In this presentation...

1. Description of the cross-border obstacle
2. Impact in the cross-border area
3. Envisaged solutions
4. Conclusions/Lessons Learnt
5. Untapped Potential for EU support/Interreg IPA intervention



Cooperation beyond borders



1. Description of the cross-border obstacle

Type of Obstacle and root cause:

→ Lacking cross-border harmonisation of health legislations, standards and procedures in SEE → political dimension

Further underlying cause of the obstacle:

→ Difficulty to gather accurate data on patient flows on a cross-border level.

→ This obstacle is relevant to all borders between EU and IPA countries.



2. Impact in the cross-border area

→ Healthcare and social inclusion: accessibility of health services

- Citizens in cross-border areas have limited accessibility to healthcare systems (system fails to protect more vulnerable citizens with lack of resources).
- Citizens face inefficient healthcare systems (lack of continuity & quality of care, management inefficiency, lack of financial sustainability).
- Citizens face additional costs and administrative burden to access health services & procedures.



3. Envisaged solutions

- Intervention of national actors might be needed (governments & national health insurance companies):
 - ✓ Agreements between national health insurance companies to allow access to public healthcare services to EU and non-EU cross-border patients
 - ✓ System of 'national contact points' similar to those existing in support of EU cross-border healthcare directive, helping to gather data on actual flows of patients at cross-border level & on requested services
 - ✓ Collection of data about healthcare in the cross-border area

But cross-border /transnational solutions exist as well:

- ✓ Creation of a 'euroregional health card' for people living in the HU-RS border region to access healthcare system without national restrictions.





4. Conclusions/Lessons learnt

- The cross-border obstacle is characterised by a 'complex source-problem-effect relationship' and it has a strong overall negative socio-economic impact.
- Cross-border /transnational solutions should be more often envisaged.
- Intervention of national actors might be needed on a longer run.
- Ultimate goal : development of stronger healthcare systems and infrastructure in non-EU countries -> it would help to adjust imbalances with EU countries in an EU accession perspective.

5. Untapped potential for EU support/Interreg IPA intervention

→ Cross-border /transnational solutions could be developed through:

- PO4 'A more social Europe' and specifically SO4.iv 'Ensuring equal access to healthcare through developing infrastructure, including primary care' and
- PO5 'A Europe closer to its citizens' as well as through
- ISO1 'Better cooperation governance'

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*#EU4Balkans – Thank you and let us
keep in touch!*

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**Floor is open to
discussions**



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Policy demarkation lines for Healthcare

PO 5: Develop a local strategy where healthcare could be one of the dimensions

PO4: Healthcare in a more general view

ISO1: How to ease the implementation of the programme

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Interreg-IPA cross border examples



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Interreg – IPA examples

- IPA CBC Croatia-Serbia: ‘HeartNET – development of Cross-border cardiovascular diseases teleconsultation network in health institutions’
- IPA CBC Italy-Albania-Montenegro: ‘eHealth services for citizens and healthcare MSMEs, through innovative electronic and procedures’
- IPA CBC Romania-Serbia: ‘Regional Centre for advanced laser therapies in ophthalmology’

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Thank you!

