

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)

European Cooperation in the Health Sector III

Landratsamt Lörrach

10th December 2009



The Association of European Border Regions (AEBR)

- Possibilities and Chances of CB Health Cooperation in Europe
- EU Directive: border regions as pilot regions for patients' mobility
- EUREGIO II – Solutions for improving health care cooperation in border regions



Possibilities and Chances of Cross-Border Health Cooperation in Europe



- Cross-border or Trans-national Healthcare?
- More than 400 CB health care projects in Europe
- Is the goal of EU-wide Healthcare Standards attainable? (Friends of Europe: "Planning Europe's Healthcare Revolution")
- Health gaps:
 - Richer vs. poorer regions
 - (North vs. South)
 - West vs. East
- Provision gaps: vaccination calendars, Antibiotic Therapy, Hygiene practices, etc.



- What Europe we want?
- EU efforts for the reduction of Healthcare inequalities
- EU, a community of services based upon equity (and subsidiarity)
- Challenges:
 - standardization or making medical outcomes transparent
 - access to high quality care for ALL European citizens
- Obstacles: pricing, reimbursement system, and...
- ASSYMETRIES: legal, administrative, political, etc.

The Pilot role of European Border and CB Regions



- Asymmetries, the role of regional/local authorities
- The pilot role of border and CB regions: the EU can test a Europe-wide Healthcare System in border areas
- Citizens in border areas have same rights to equal health care
- CB health care practices, even without legal framework

Reasons for long-lasting cooperation



- Urgencies
- Waiting-lists
- CB use of experts
- CB use of specialized medical services
- Economical factors
- CB use of medical facilities and equipments
- CB use of high-qualified staff
- Experience and information exchange
- CB data (CB health reports)
- Strengthening self-help

Health Provision



- Common logistics
- Hospital management
- Laboratories
- Blood banks
- Radiology devices
- Pharmacy systems
- Caterings
- Electronic tools
- Data use and management
- High-qualified staff training
- Pathology Depts.
- Facilities for aged-people and rehabilitation
- Telemedicine
- Electronic patient data
- Excellence centres
- Int'l health card

Health Prevention



- Methods and prevention programmes
- Training for multipliers
- Networking
- Information materials
- Prevention campaigning
- Discriminated children and youngsters

Problems and external factors



- Quality standards
- Continuity of treatments and assistance
- Different price structures
- Language difficulties
- Absence of cross-border chip-cards
- Different social systems
- Different operational plans, standards, radio frequencies, etc. (disasters and emergencies)

Counter-factors



- Financial problems
- Administrative efforts/costs and bureaucratic procedures
- Interest conflicts and legal problems
- Different structures, competencies and subsidy programmes
- Data protection problems
- Difficulties to find partners, cooperation agreements, etc.
- Lack of cooperation agreements, etc.
- Dependency from personal engagement

Approaches and favouring factors



- Interchangeable social security
- CB medical insurance
- Bilateral agreements
- Specific agreements between health facilities and projects' holders
- Private-public partnership
- Non-profit-oriented-cooperation
- Common investments and health facilities
- CB model-projects
- CB medical competence centres
- CB diagnosis and therapy centres
- Information for patients and provision tenders
- Experience and information exchange
- CB operational planning and exercise (disasters and emergencies)
- CB needs analyses and programmes

Some more factors



- Personal implication of actors
- Political support (national, regional, and local)
- Partners' experiences
- Acknowledged usefulness of the activities
- Partners' border proximity, etc.

Main Euroregions' work



- Medium-term programmes that cover many sectors
- Getting financial resources
- Smooth the path for political lobbies
- Supporting specific CB health initiatives and projects
- Developing CB health programmes through CB committees or working groups
- Health networks

Future tasks



- Common investments in hospitals, specialized departments, elderly projects, rehabilitation centres, etc.
- Health facilities in spatial structured border areas
- Clarify the planning and financial requirements, searching for partners, etc.
- Need of a critical mass to attract partners from the other side of the border
- Creation of CB influence areas

Summary: the role of CB structures



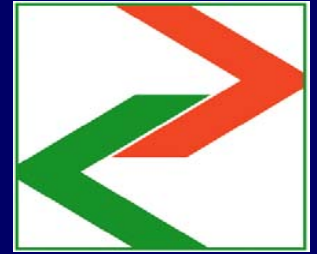
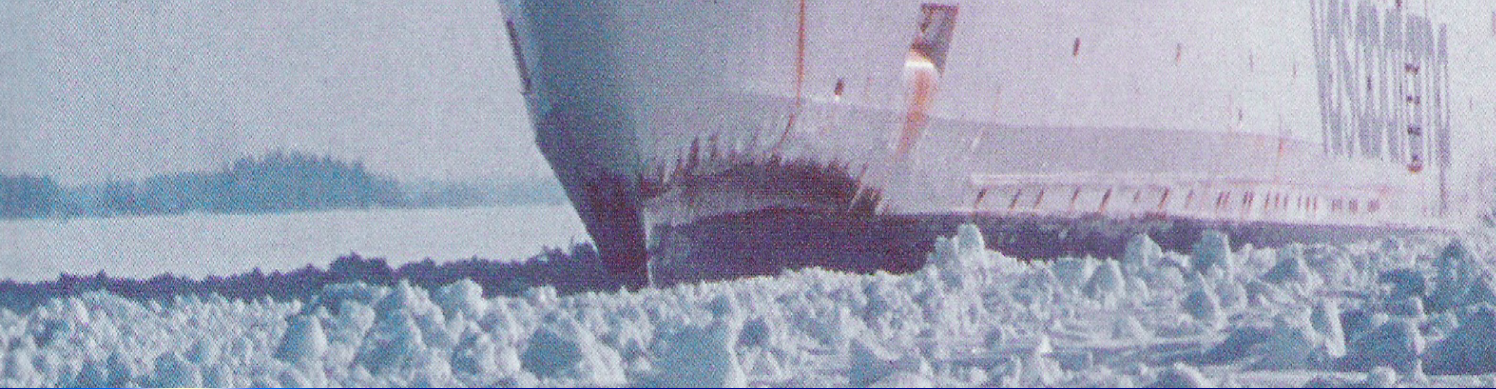
- Euroregions are service providers, partners and engines for cross-border health
- Take care of CB planning and programming, financing, common partners and good common health projects
- Protect CB health cooperation
- Solve problems encountered by different actors

PATIENTS INVOLVEMENT! (in a CB framework)

Some AEBR actions



- Constitution of the AEBR Task Force on CB Health (Lappeenranta, South Karelia, Finland, September 2007)
- 9th December 2008, Structured Dialogue with Commissioner Vassiliou
- 28th January 2009, meeting with Commissioner Vassiliou
- Several contacts with Commissioner's Cabinet
- Participation in several activities organized by the Committee of the Regions
- May 2009, letter to all EU Ministers of Health



**THANK YOU VERY MUCH
FOR YOUR ATTENTION!**

info@aebr.eu

www.aebr.eu