ESG
Euregionaal Servicecentrum voor Gezondheid
Euregionales Servicezentrum für Gesundheit

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Reaction on Consultation regarding Community action on health services by Cross border healthcare center E.S.G.(office), Enschede, The Netherlands

Our knowlegde center ESG (www.esg.org) is located in Enschede, in the German Dutch EUREGION. After building a health care network in and for EUREGION since 2003, in our actual project "Cross Border Patient Mobility" we work more and more with the whole Dutch German knowledge area of health care in order to make structural patient mobility possible.

In our daily work with stakeholders out of all the different area's of German and Dutch health care such as patients, health care providers, health care organizations, healthcare insurance companies, universities, politics, biomedical companies, etc., we found out that the closer one lives to the border, the more necessary the fact of offering or receiving cross border healthcare is. This is because the 360° life/catchment/trade area of a citizin living close to a EU Member State's border will be naturally partly on the other side of the border. Whenever this part is not accessible, the need to make it accessible for these cititzins is all the more important. So border citizins will have the same possibilities as a citizin having their life/catchment/trade area in one and the same EU Member State.

Before you can discuss the impact of of cross border healthcare, the question is if there is any cross border healthcare. In the German Dutch border region there are in fact cross border healthcare movements, and depending on for example the geographical situation, the activities of Euregions and/or stakeholders in this area, the activities in cross border healthcare differ among the 5 German Dutch Euregions.

During our first 3 years of building a cross border healthcare expert network in and for EUREGION (www.euregio.nl), we found out that cross border healthcare often consist of bilateral solutions between healthcare providers wanting to offer complementary healthcare services. This asks a lot of energy invested in bilateral solutions of which the resulting best practices are hardly transferable to other situations. The solutions found are often ones that by-

passes to deal with the national systems because of lack of European regulation. So real solutions are not found, and no (little) step is done towards more structural cross border health care.

This made the ESG realize that real steps towards cross border healthcare only can be made when we work togehter with all important stakeholders –especially with patients organizations, healthcare insurance companies and healthcare providers- on an important scale on structural solutions for free choice of healthcare services. Structural solutions mean focussing on the needs and rights of the consumers, the patients. Therefore we find it important to invest in demand driven high-quality cross border solutions. Only then we know that there will be a long term structural market and a sustainable development for cross border medical services. That is why we position the patient right in the center of our activities in our actual Interreg IIIA project "Cross Border Patient Mobility" that started in August 2006 (for more information, please visit our portal in English after reception our your free access code www.esg.org / "click here to get your portal user account").

The idea of centralizing the patient in the middle of cross border healthcare activities, was born during our first Interreg IIIA ESG project period (2003-2006). All the working and project groups worked in line with a demand driven approach in order to deliver high quality, independant health care solutions. The ESG supported also the start of the euregional People-to-People project "the patient central in euregional health care activities" with the Dutch patient organization PCPT (www.pcpt.nl) and the German patient organization DPWV (www.dpwv.de) as main partners. Today this union of patient organizations cover the whole Dutch German border area and are known under the name of European Patients Empowerment for Customized Solutions (EPECS). EPECS also participates in Task Force I of our actual Interreg IIIA "Cross Border Patient Mobility" project.

1. *What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?*

Answer:

Cross border healthcare still has, because of a lack of structural important cross border healthcare movements, a small local, regional or national impact on accessibility, quality and financial sustainability of healthcare systems. This does not mean that cross border healthcare could not have this impact. On the contrary, in the German Dutch border region the most creative and (cost-)effective solutions are found for making good quality health care services accessible on the other side of the border. Especially (cost-)effectiveness can be reached by sharing knowledge along the whole German Dutch border, so that duplication of financial or expert resources can be avoided. The ESG puts in its daily work for the Interreg IIIA "Cross Border Patient Mobility" project a lot of effort in making these solutions possible and visible as well as communicating them to the important stakeholders and to the national healthcare authorities.

We have great hope, that by continuing to unite the activities of cross border healthcare along the German Dutch border, the local, regional and national level will in the coming years benefit from these best practices in matters of accessibility, quality and financial sustainability of healthcare systems.

Question 2: what specific legal clarification and what practical information is required by whom (eg; authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?

Answer:
The idea of programs such as the current Interreg IIIA and the future European Territorial Cooperation (Interreg IVA) brings parties in healthcare togehter on a cross border level. The ESG brings stakeholders out of all the different area's of German and Dutch healthcare togehter such as patients, healthcare providers, health are organizations, healthcare insurance companies, universities, politics and (bio)medical companies. The aim of these stakeholders is to learn from each other, about the situation on the other side of the border like the healthcare system, the reimbursment system (DBC/DRG), the choice of medical services, the location of medical care, the presence of specialists etc. ect.

It is the challenge to offer this practical information in combination with an understandable legal clarification to the citizins of the border region in a way that it gives insight in their possibilities, like what are my possiblities receiving health care from abroad, or to which extend can I make a free choice for having medical care abroad, which step should I take to make it possible. What about safety, quality and reimbursement as well as follow up in my home country after a treatment or exchange of medical data.

The ESG is also working with the existing national pilots like ZTG and IZIT on connecting infrastructures for cross border exchange of medical data (Task Force III) in the "Cross Border Patient Mobility" Project (Task Force IV, see ESG portal). Here there is less need for legal clarity and information, as professional organizations can work this out on a cross border level togehter.

But when patients are involved, there is a huge lack of knowlegde on possibilities and rights. The ESG is doing such a public info campaign in the "Cross Border Patient Mobility" Project (Task Force IV, see ESG portal). But it would be very welcome when public info campaigns are supported by national or EU level. For us, it is very obvious that there is a lot of work to be done to get 'normal' citizins acquainted with their rights in matters of cross border healthcare and bringing them this information by all different media to their doorstep. So yes there is a strong need for clarification and information for the citizins (patients).

Question 3: which issues (eg: clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2 above?

Answer:
It would be logical that the Member State, in which the medical services are provided, is responsible for issues such as clinical oversight, financial responsibility, cost reimbursment etc.. For the different kinds of cross border healthcare, it counts in which Member State the service is actually provided. In line with the principle of intergovernmental law, a lot of cross border medical services are already offered according to this legal frame. In the 3 Southern German Dutch Euregions it serves as a legal frame for the liberalization of medical treatment. This works well between 2 countries who are quite similar in costs, safety, quality etc. like Germany and The

Netherlands. It is also a way of improving quickly a lack of conditions in one Member State, like for instance the high MRSA rate in Germany.

From a citizin point of view, the question is more how this responsability will be coordinated by a central authority on cross border level, like a central point of contact for complaints and information whenever there is a lack of patients rights like quality, safety, reimbursment. This should be an accessible, independent point of contact where patients can be assisted in their own language. An organization like EPECS could play this role.

Question 4: who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

Answer:
The first part of the question is, within the idea of intergovernmental law, easier to respond to. This would mean that the provider of healthcare services is responsible for ensuring safety. As patients organizations and health insurance companies as well as healthcare providers will be in constant contact –in the situation of the liberalization of medical treatment within our Euregion-, ongoing efforts will be made to improve standards of quality and safety.

This will be supported by an infrastructure that connects cross border medical and administrative data –like in Task Force III Interreg Project "Cross Border Patient Mobility"-. The second part of the question is more difficult to answer, but redress for patients should be handled out of a central authority on cross border level –see question 3-.

Question 5: what action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in 'receiving' countries)?

Answer:
As cross border patient mobility is a demand driven movement resulted from the possibility to receive medical care that is closer in location or in time –waiting lists-, low quality medical and hospital services and higher costs will deter patients from continuing going abroad for receiving this medical care. So ensuring the liberalization of medical treatment by structural agreements between health care suppliers and health care insurance companies under surveillance of patients organizations, gives patients the possibility to make the choice for balanced medical and hospital services.

It is important to ensure that information about balanced medical and hospital services across the border as well as on costs differences are well shared with patients. The lack of information about healthcare possibilities in other Member States and the lack of a transparent framework will act as a deterrent to seeking care abroad. Therefore quality reports should be free accessible and it could be a good idea to tune quality standards by collaborating between Members States on providing common criteria for quality and to cover differences in financial compensation when really necessary.

Question 6: are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?

Answer:
At this moment the ESG cannot indicate other issues that need to be addressed and that are not already addressed by Community legislation. In the course of the actual project "Cross Border Patient Mobility" it is possible that such issues will arise.

Question 7: are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States – such as healthcare providers and social security institutions –suggest in order to facilitate cross-border healthcare?

Answer:
At this moment the ESG cannot indicate other issues for which legal certainty should be improved in the context of each specific health or social protection system. In the course of the actual project "Cross Border Patient Mobility" it is possible that such issues will occur.
Improvements can be made in terms of language and understanding of the other culture. Language understanding –contact with the patient- is essential for good healthcare. Knowlegde of language and culture will make that the environment and ambiance in which the patient receives cross border care feels like in their home Member State.

Question 8: in what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

Answer:
The ESG welcomes European action in terms of supporting border areas –this is different then supporting 5 different Euregions in the border area- to develop centres of reference for best practices on cross border health care solution. By covering a whole border area through one knowledge center, so that duplication of financial or expert resources can be avoided, higher quality of solutions, knowlegde and (cost-)effectiveness can be reached. This can bring added value to both patients and national health systems. On the other hand the ESG will be more and more a central place in the German Dutch border area where healthcare data is located out of a cross border healthcare expert network that is still completing itself. These information should be free accessible for European stakeholders in healthcare. In this way cross border patient mobility becomes structural support out of the ESG knowledge center.

The ESG learned in the almost 5 years of efforts for realizing cross border healthcare, that although the healthcare systems as well as stakeholders in healthcare such as patients, healthcare providers, healthcare organizations, healthcare insurance companies, universities, politics and (bio)medical companies do benefit a lot from cross border healthcare solutions and liberalization of medical services, no organization really has the time and manpower to fully focuss on opening their possibilities for medical services or care towards the other Member State. Although the stakeholders possess the knowledge to do so, this possibility is most of the time not elaborated because of a lack of joint effort between stakeholders.

That is why a central center for elaborating cross border health care solutions and making them accessible for all, is needed. This center will coordinate concrete research question in matters of cross border health care and will find the answers by combining the practical and field knowlegde, present with the stakeholders, in cooperation with the theoretical knowlegde, present at the universities of the border area. This central point of information creates a shared evidence base for policy-making and supports progressive patient´s cross border mobility.

Question 9: what tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

Answer:
Looking at the development of cross border health care, we can say that it often take years of searching for a creative way of realizing this possibility. We have examples of health insurance companies that took 13 yaers to come to a certain stage of cross border liberalization of medical services for their customers. This concerns a best practice! And then this service is not structural and accessible for all citizins in –relating to the ESG working field- the border area, because it is a commitment between 2 or 3 health care insurance companies. The ESG is working on making these kind of solutions accessible for all euregional citizins and as a next step for Dutch and German patients out of the border area.

So a binding legal instrument could very well support an acceleration of the development towards free access to healthcare services within each patient´s 360° life/catchment/trade area.
In addition to that the ESG office welcomes non-legislative options, like practical cooperation to support the European Member States through the High Level Group on health services and medical care.

And on a cross border German Dutch level, the ESG itself is working hard to connect expertise and practical solutions and make these accessible together with our members and associated partners –see public site www.esg.org – for German and Dutch patients. So far the ESG received twice an Interreg subsidy, but to be able to continue high quality work in an independent and cost-effective way, financial support for a German Dutch knowlegde center as described under question 8 is neccessary.

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