



# ENHANCING HEALTHCARE COOPERATION IN CROSS-BORDER REGIONS



[#EUCrossBorderHealthcare](#)  
[#EUBorderRegions](#)

# HEALTH ALWAYS COMES BEFORE TERRITORY!

More than one in three Europeans lives in a cross-border territory. EU treaties and directives seek to bring down barriers to cross-border cooperation and movement in mutually beneficial areas. Cooperation between health services, facilities and authorities is a prime example. It has the potential to **transform proximity to a border from a common problem to a joint opportunity** leading to better health outcomes, local innovation, jobs, and growth.

Better cooperation means better care for patients on both sides of the border. It is also a win-win for health authorities, helping them manage scarce resources (labour, skills, infrastructure) more effectively while taking advantage of new opportunities. “In this respect, cross-border regions are like a laboratory where two, three or even four national regulations, cultures and health systems meet,” notes the 2018 European Commission technical “*Study on Cross-Border Cooperation: Capitalising on existing initiatives for cooperation in cross-border regions*”. The results of that study inform the main talking points of the **Enhancing Healthcare Cooperation in Cross-Border Regions (CBHC) Conference**, including what can be done to overcome obstacles to further cooperation, strengthen EU added value, and boost growth and cohesion in border regions, as well as what funding/support is available to Member States.

The cooperation projects presented in this booklet are a snapshot of success factors and lessons learned from experience on the ground. Their stories – also shared during conference workshops – provide inspiration to project leaders, healthcare managers and decision-makers across Europe.

WORKSHOP 1

# **Direct services to citizens:**

Treatment, diagnostics  
and emergency care

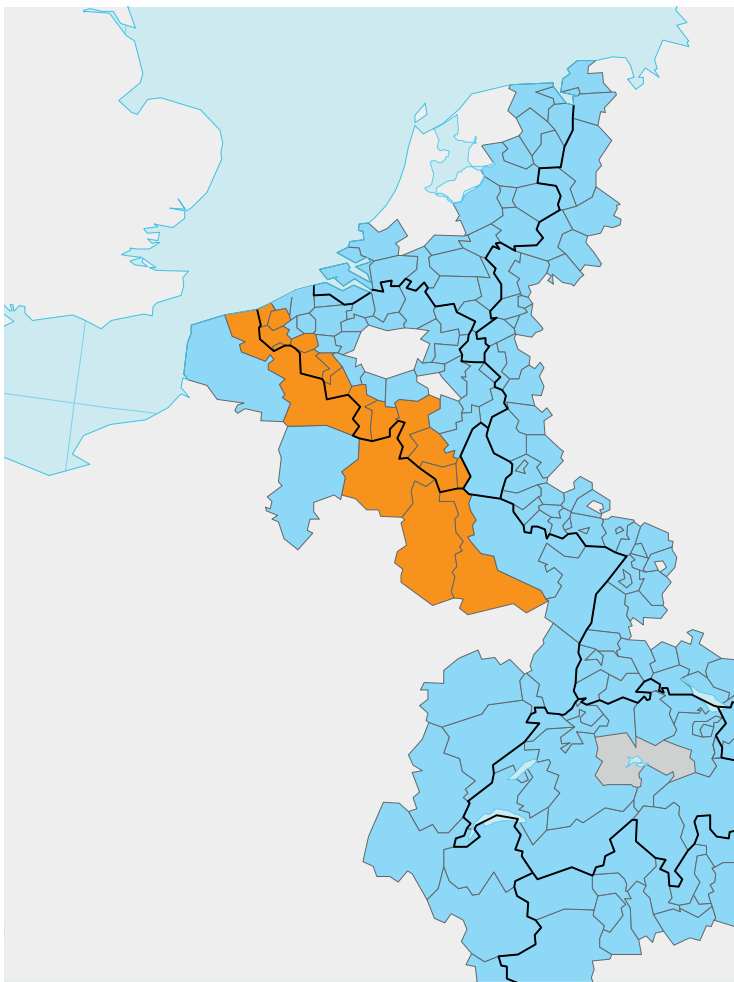
## ZOAST

Zone of organised access to cross-border healthcare

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**CROSS-BORDER  
REGION**  
FRANCE-BELGIUM

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**SPEAKER**  
Jacques Devillers

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## A BENCHMARK CROSS-BORDER HEALTH AREA

Between 2008 and 2015, seven ‘Zones of organised access to cross-border healthcare’, or **ZOASTs** for short, were created alongside the 620km Franco-Belgian border. Patients in those zones – where healthcare was often lacking – can now access quality services on either side of the border without prior authorisation. Interreg provided technical assistance to the local partners at the border to develop, embed and secure structured cooperation, in particular by encouraging inter-hospital agreements and in fully defining this benchmark cross-border health area.

The ZOAST mechanism totally eliminates the ‘border effect’ typically obstructing access to cross-border care. In addition to the seven ZOASTs, an agreement was reached allowing French and Belgian emergency services to cross the border on urgent call-outs requiring a rapid response (i.e. *Service Mobile d’Urgence et de Réanimation*) in order to save lives and reduce the consequences of stroke and heart attack.

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### DISCOVER MORE

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## LESSONS LEARNED

- Cooperation improves access to quality care close to the patient’s residence in the border area.
- ‘Mutualisation’ (costs) of healthcare provision goes down thanks to complementary border hospitals.
- Access to cross-border care without administrative (prior authorisation) and financial (Regulations 883/2004 and 987/2009) obstacles ensures continuity of care.
- Valuable exchanges of experience and good practice between the two border health systems.

“ Develop spaces like ZOAST to improve access to healthcare for residents of border areas without [additional] investment in equipment, simply by organising complementary health systems in neighbouring countries. ”

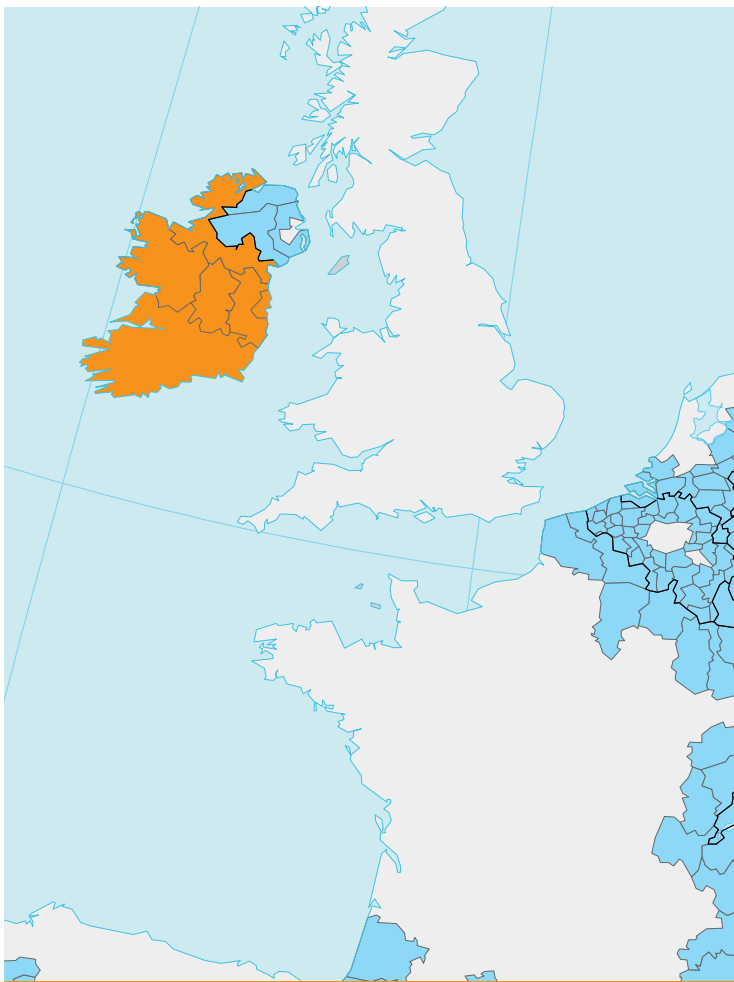
## CBD-HEALTH

# Cross-border health: The Irish experience

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**SOUTHERN  
IRELAND**  
IRELAND

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**SPEAKER**  
Catherine Donohoe

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## EMBRACING THE 'CULTURE' OF CROSS-BORDER HEALTH

As an island on the edge of Europe, Ireland does not have a tradition or culture of travelling to other countries to access healthcare. This initiative, **Cross-border health: The Irish experience**, explores the impact of the “Cross Border” Healthcare Directive, or CBD for short, on Ireland since its introduction in 2014; how it is changing people’s lives and rapidly creating a culture of accessing healthcare abroad.

There is evidence of a huge increase in use of the Directive, and case studies on patients who have taken advantage of it show that it has been largely positive. One example is the Irish army representative body (PDFORRA), which has been able to set up a special ‘private’ health fund or ‘self-insurance’ scheme that has proven to be a very sustainable solution. Yet limitations have been observed. Cultural barriers (perceived or otherwise) can still affect the choice of location in which people living close to borders access healthcare. The initiative pro-actively addresses these issues to encourage more people to embrace cross-border healthcare services.

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### DISCOVER MORE

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🌐 [www.hse.ie](http://www.hse.ie)

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## LESSONS LEARNED

- The CBD has had a significant impact on timely access to healthcare for Irish patients.
- Language need not be a barrier to accessing healthcare in another country.
- Private healthcare is not necessarily more expensive than public healthcare.
- The provisions of the CBD have and will continue to have an impact on the lives of individuals seeking timely access to healthcare.

“If you are genuinely interested in the best for your patients then, as the famous ad suggests ‘Just Do It!’. Allowing patients access to healthcare in other jurisdictions is not something to be afraid of ... it is something to be welcomed and embraced.”

## VÄLTEL

# Mixed Zone för Välfärdsteknologiska TestLabs

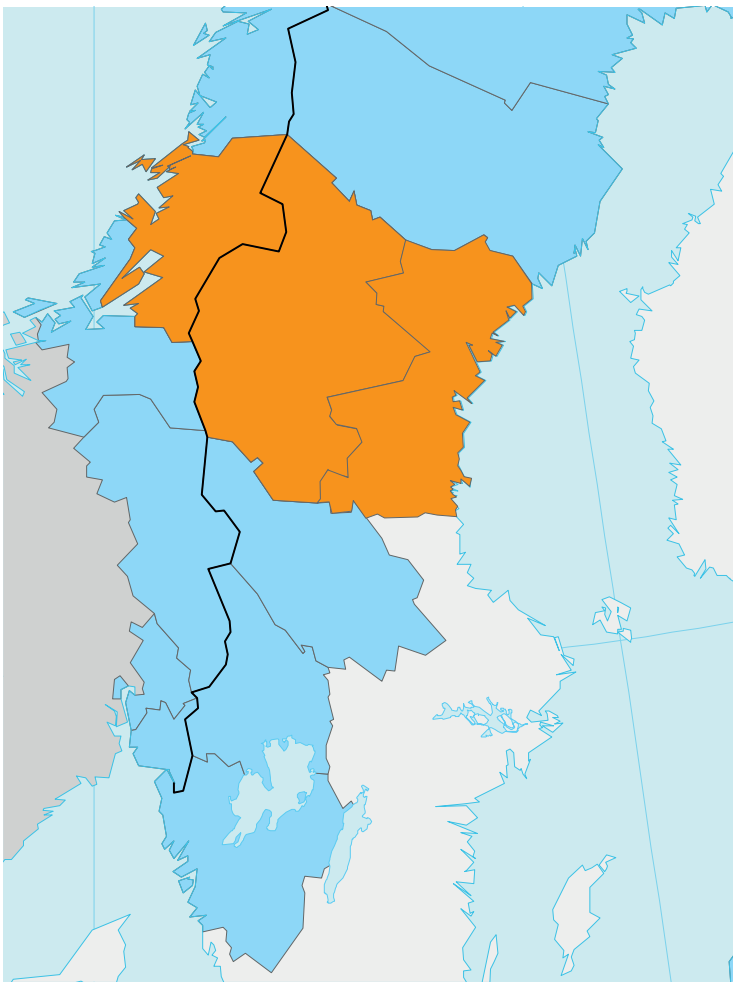
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**COUNTIES OF  
JÄMTLAND,  
VÄSTERNORRLAND  
AND TRÖNDELAG**  
SWEDEN AND NORWAY

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**SPEAKERS**  
Åsa Hofsten  
Bodil Landstad

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## TECHNOLOGY TEST-BEDS FOR CROSS- BORDER CARE

The three counties participating in VålTeL cover a large and scarcely populated area – the county of Jämtland alone is the size of Belgium and The Netherlands combined, but with only 130 000 inhabitants. A growing elderly population with increasing demand for health and social care calls for innovation in the way services are provided. Digital technology will play a greater role in safeguarding the well-being of citizens and the region as a whole.

VålTeL is testing digital solutions, in combination with new ways of working, within three different domains (“TestLabs”): decentralised and mobile healthcare solutions; digital homes; and emergency care. The project aims to serve as a matchmaking arena between businesses and the health and social care sector to establish test-beds based on the needs of care-giving entities. Cross-border cooperation provides a wider range of opportunities taking into account differences in language, culture, legislation, solutions and experiences. This work is a valuable knowledge base for future development and cooperation.

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## LESSONS LEARNED

- Frequent meetings with the project group in both countries is essential, in VålTeL the Swedes meet every week and every other week the Norwegians join in via Skype.
- Legislation and legal/policy issues concerning innovation and digitalisation in the domain of health and social care are challenging, both within the countries and cross-border.
- Key components to engage participants are the real needs of care-giving entities, digital competence and change management.
- Stable organisation with clearly defined roles and responsibilities is key, which calls for a plan B in the event of big changes like personnel changes.

“Communication at strategic and operational levels is very important. Be sure to include it when planning, budgeting and executing the project!”

## TRISAN

Trinational competence centre  
for your health projects

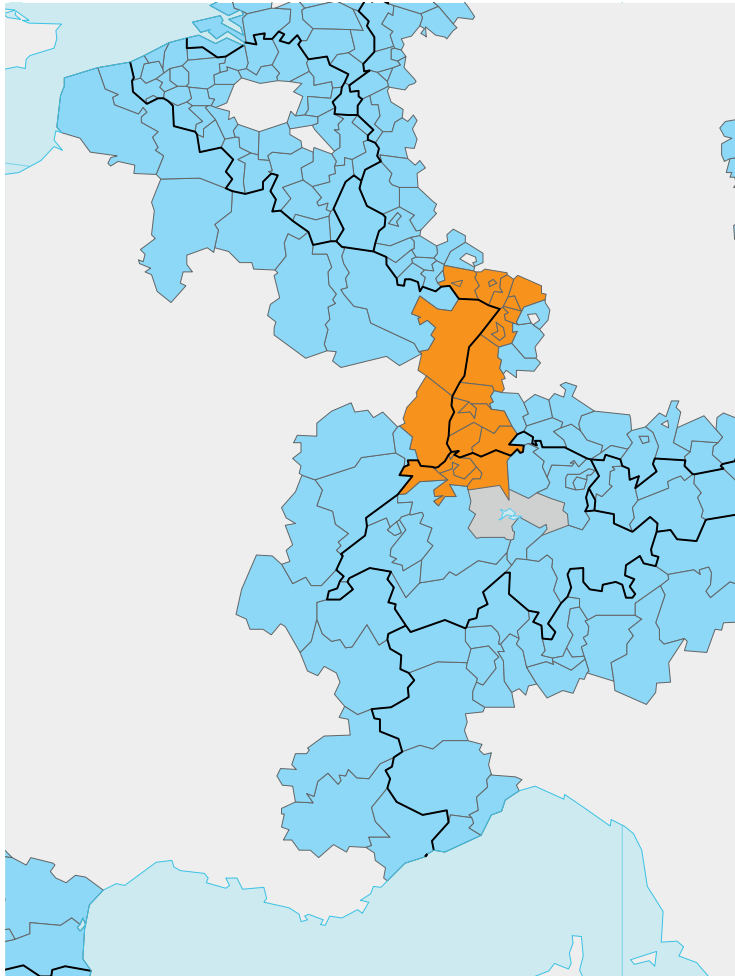
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**UPPER-RHINE  
REGION**  
FRANCE, GERMANY  
AND SWITZERLAND

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**SPEAKERS**  
Peter Zeisberger  
Patrick Jouin

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## TRINATIONAL COOPERATION, UPPER RHINE-STYLE

TRISAN is a multi-sectoral project connecting a range of competences and solutions (medical, managerial, policy, insurance, legal, etc.). Long-term planning and support – political, financial and administrative – strong internal and external communication/dissemination, and networking among the different actors are pivotal to its success. The project covers issues such as the mobility of healthcare professionals, outpatient and inpatient care, emergency services and care, epidemiology, addiction and prevention, as well as health promotion reporting.

During the current project phase, TRISAN has successfully contributed to a large number of cooperation projects and networks, as well as various initiatives such as the PAMINA Study, Emergency Medical Care in Germany, France and Switzerland. TRISAN thus makes an important contribution to the analysis of cross-border barriers affecting health services in the Upper Rhine.

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### DISCOVER MORE

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## LESSONS LEARNED

- Developing and piloting cross-border projects requires parties to be open towards each other (e.g. business culture, legal/political/healthcare systems), and to have a real desire to learn about the neighbouring system.
- It is essential to show great flexibility and capacity for innovation.
- All three countries have to cope with different challenges; so it is necessary to create synergies and improve the framework for cross-border patient mobility.
- Tools are needed to help stakeholders and patients who still hold prejudices and lack knowledge about the respective foreign healthcare systems (i.e. better cultural awareness).

“Common objectives must be established right from the start, with a continuously developing process of dialogue to maintain commitment and a sense of community.”

## WORKSHOP 2

# **Enabling factors to improve healthcare providers:**

Workforce training  
and high-cost capital  
investment

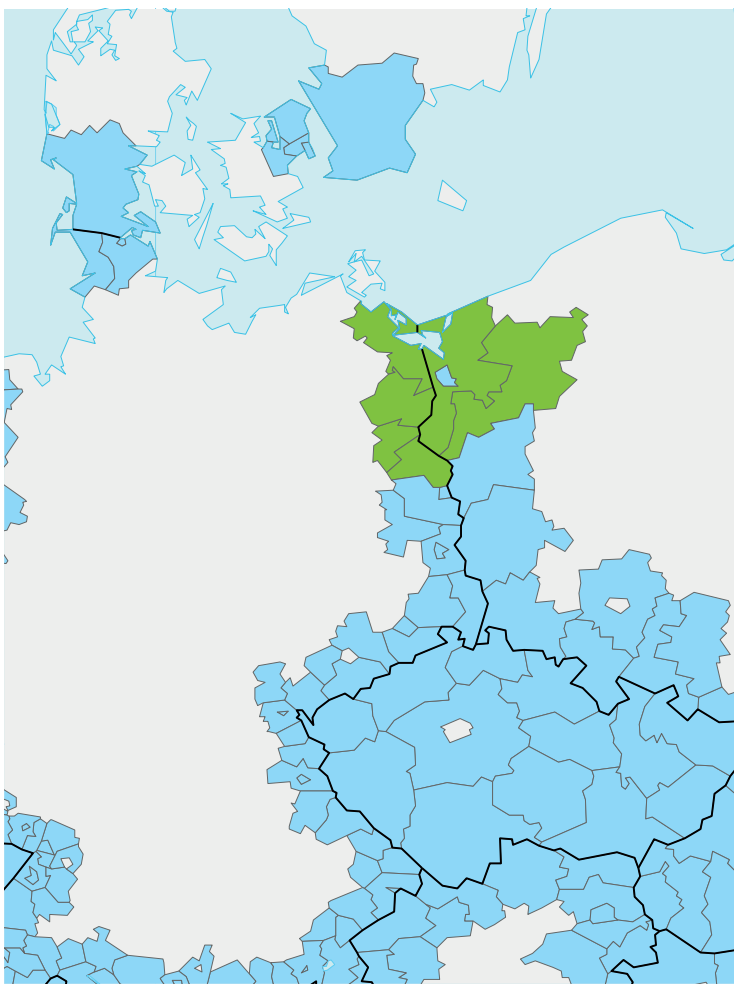
## RARESCREEN

Innovative, Polish-German cross-border programme for early diagnosis and treatment of rare diseases in newborns

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**WEST POMERANIA,  
MECKLEMBURG-  
VORPOMMERN AND  
BRANDENBURG**  
POLAND AND GERMANY

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**SPEAKER**  
Daniela Elena Baluta

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# RARE DISEASE SCREENING FOR CROSS- BORDER NEWBORNS

**RareScreen** is a unique cross-border cooperation between Poland and Germany for early diagnosis and treatment of inherited rare diseases in newborns using advanced screening. It means fragile newborns in West Pomerania, Mecklenburg-Vorpommern, and Brandenburg with potential life-threatening diseases, such as ‘inborn metabolism errors’, can be identified using new screening techniques, and then treated before symptoms occur.

Three screening centres (Szczecin, Greifswald, Berlin) perform tests for selected disorders in all newborns in the ‘Interreg VA support programme’ catchment area. Testing for severe combined immunodeficiency disorders (SCID) in newborns is performed in the Polish city of Szczecin, thanks to a newly-created SCID screening laboratory. Some 120 000 Polish and German newborns can now be tested over the next three years. Screening for familial hypercholesterolemia is also available in Greifswald (Germany) and for congenital hemoglobinopathy in Charitee University, Berlin.

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## DISCOVER MORE

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🌐 [www.pum.edu.pl](http://www.pum.edu.pl)

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## LESSONS LEARNED

- Dreams can come true even in highly specialised and sophisticated fields like screening, early diagnosis and treatment of rare diseases in newborns.
- Interpersonal contacts and face-to-face discussions can sometimes be more helpful to reach final agreement than detailed document exchanges.
- Direct contact with project beneficiaries (i.e. patients and their parents) is one of the strongest motivators for hard work.
- Don’t give up! All difficulties are more or less transient, and with honest and open discussions they can be overcome.

“Dare to dream about cooperating even in the most advanced areas of medicine, then find a partner and listen carefully to everybody’s ideas.”

# HAFF

## Healthacross for future

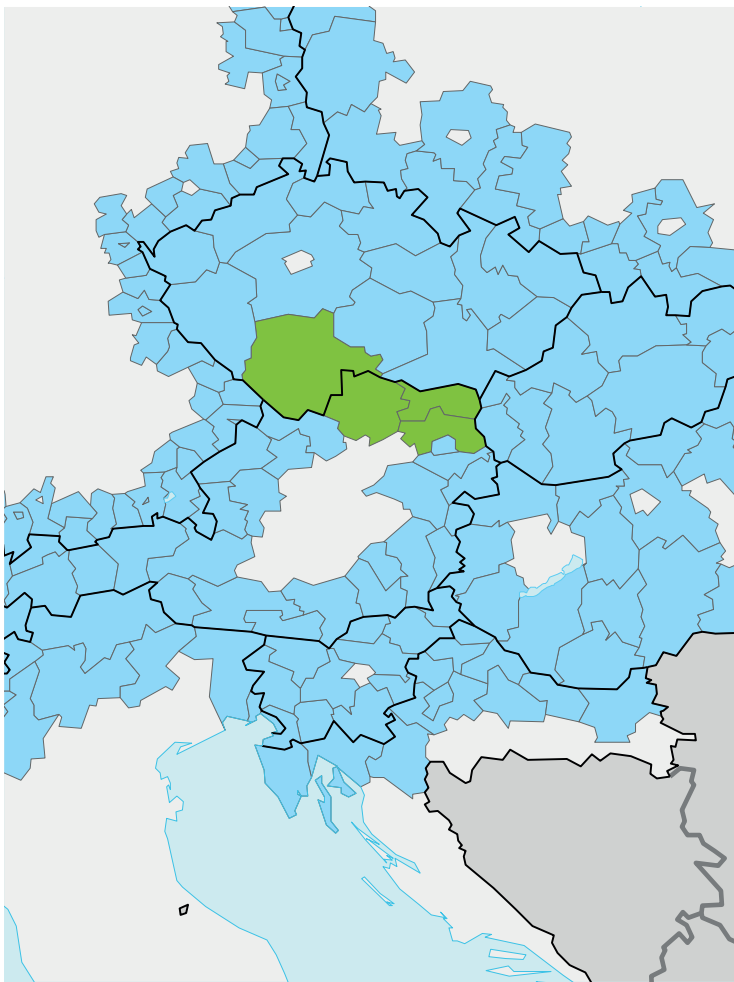
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**LOWER AUSTRIA  
AND SOUTH  
BOHEMIA REGIONS**  
AUSTRIA AND CZECH  
REPUBLIC

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**SPEAKERS**  
Kerstin Kittenberger  
Julia Winkler

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## BORDER REGIONS TO DEVELOP INNOVATIVE ‘HEALTH CUBE’

**Healthacross for future** builds on two earlier INTERREG projects, resulting in a state treaty for cross-border emergency services and outpatient treatment for Czech patients in the Austrian hospital Gmünd. This ambitious project now seeks to intensify the collaboration between the two border regions in health care. HAFF focuses on two main pillars: to expand cross-border healthcare provision to in-patient care, and to plan and prepare an innovative ‘cross-border health cube’ (i.e. health/primary healthcare centre).

To prepare for this, it is important to actively scope out the local population’s needs and seek to reduce inequities with cross-border collaboration. For that, various stakeholders on both sides of the border – including hospitals, social/health insurance groups and general practitioners – are involved in order to explore and analyse all possibilities in this cross-border exchange, and to develop a common healthcare centre.

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### DISCOVER MORE

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## LESSONS LEARNED

- Activities need to be well planned and clearly focused on improving the quality of life and health for citizens in the border region.
- Start with a pilot, evaluate and receive feedback, expand later.
- Identify political supporters that can help early on.
- Ensure the stability and long-term vision of your cross-border work; be prepared for fatigue and slow progress at certain points.

“ Know the needs of your citizens, do some networking to learn more about possibilities for cross-border cooperation and find reliable partners in your neighbouring border region to work with. ”



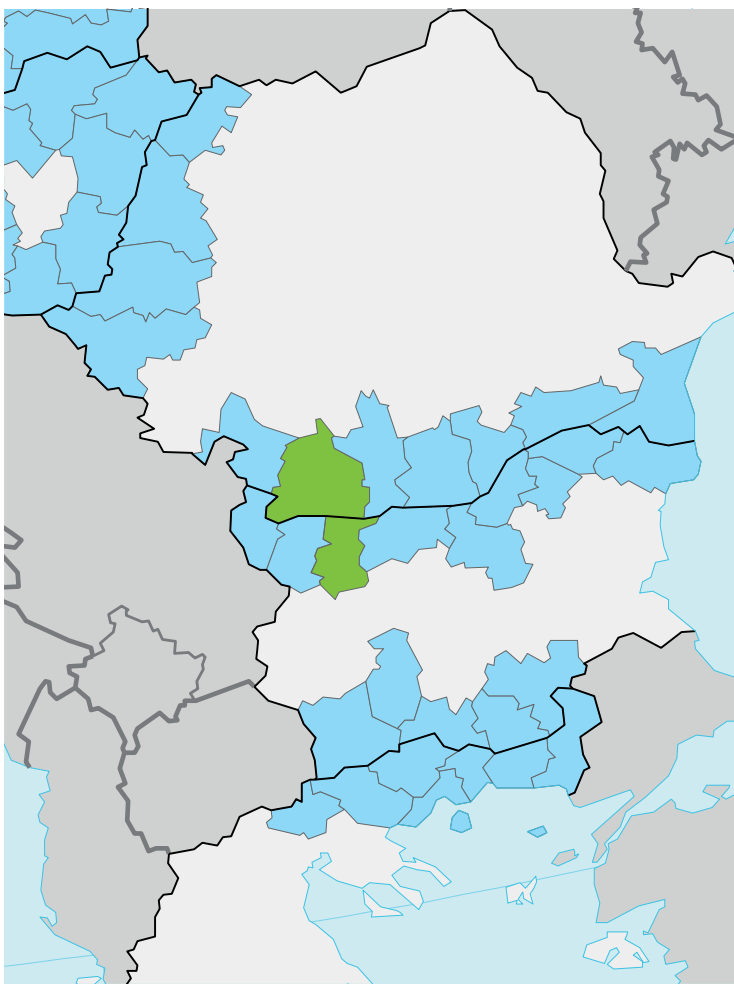
## DOLJ-VRATSA HEALTH

Coordinating and supporting the modernisation of public health services in Dolj-Vratsa

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**DOLJ COUNTY AND  
VRATSA DISTRICT**  
ROMANIA AND BULGARIA

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**SPEAKER**  
Daniela Elena Baluta

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## CROSS-BORDER CARDIO FACILITY TO SAVE LIVES

Communities either side of the Dolj-Vratsa border territory have much in common. Amidst everything else, a shared cultural heritage is what really makes them so close. But healthcare services in both countries are facing budgetary pressure, which in turn affects performance and efficiency. Some major treatments are simply not provided in the cross-border area. For specialised cardio surgery, for example, the closest hospitals are in cities more than 200 km away! And heart conditions are a leading cause of death in both Romania and Bulgaria.

**Dolj-Vratsa Health** seeks to change that by improving access to better healthcare in shared facilities. The project is fully equipping an operating room for cardiovascular surgery within Craiova Emergency Hospital in Dolj. It is also carrying out renovation and building works on the Ivan Rilski Hospital's wards in Vratsa, along with new medical equipment. The revamped facilities will be backed up by a professional network allowing doctors in Romania and Bulgaria to exchange know-how in cardiology, obstetrics and gynaecology, neurology, general surgery and intensive care.

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### DISCOVER MORE

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## LESSONS LEARNED

- Cross-border health cooperation is necessary in regions from different countries facing similar challenges (e.g. poor access to health services).
- Cross-border projects might, at times, be more difficult to implement because they involve partners from both countries.
- At the end of the day, people from both sides of the border need help. (They are just imaginary lines, after all!)
- Overcoming obstacles together is possible thanks to cross-border cooperation.

“Cross-border cooperation in health can work ... people's lives can be saved, and our project is 'living' proof! What better reason to do a cross-border project?”

## EMS

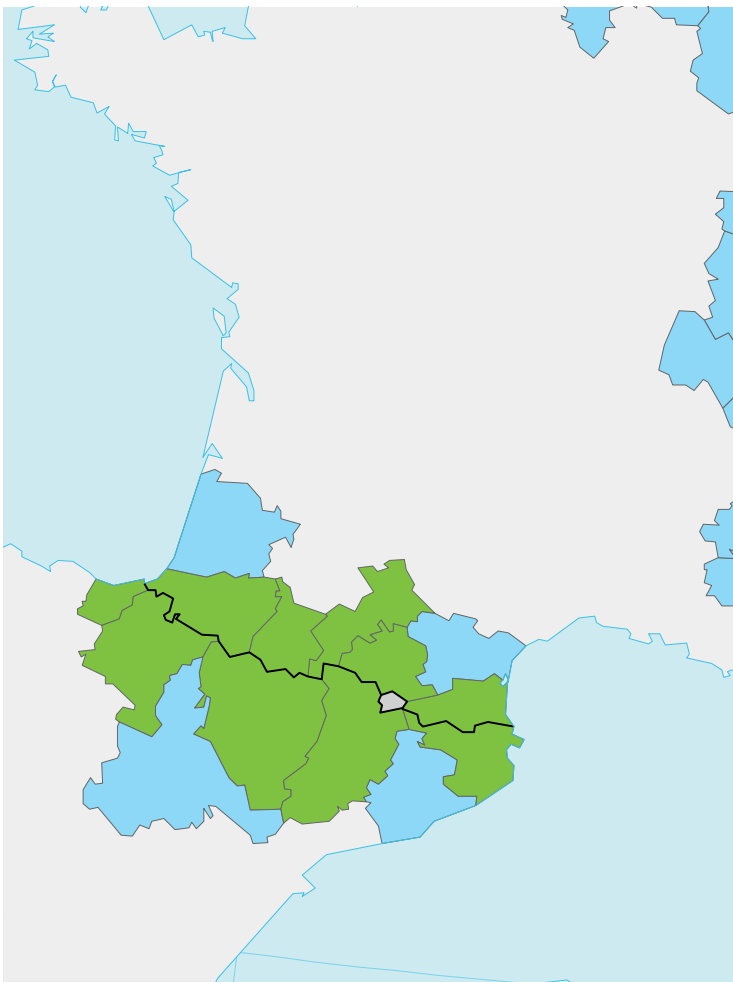
# When emergency medical systems erase borders

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### THE PYRÉNÉES

FRANCE, SPAIN,  
ANDORRA

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### SPEAKER

Jean Louis Valls

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# REMOVING RED TAPE FOR EMERGENCY CARE IN PYRENEES

What happens when a French doctor is the closest for a critically injured patient in northern Spain? Without recognised qualifications, issued by the neighbouring country's medical authority, health professionals cannot intervene outside their own territory. The Working Community of the Pyrenees (CTP) has set up **EMS**, a pilot cross-border cooperation project to cut through the legal and administrative red tape in the field of health, and to replicate these actions in other EU territories.

Collaboration agreements between the French State, Spanish Autonomous Communities and Principality of Andorra paved the way for a joint convention removing administrative hurdles and enabling cross-border emergency health intervention. A technical pilot will then be set up, involving emergency teams from hospitals in Perpignan (France) and Puigcerdá (Spain), to optimise resources and radically improve emergency care for the 15 million inhabitants of the Pyrenees.

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## DISCOVER MORE

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## LESSONS LEARNED

- In this kind of cooperation, it is not just a matter of funding; it is a question of human will, patience and perseverance.
- Sometimes it is not necessary to reinvent the wheel; some initiatives may already exist.
- Explore EU funding options and regional policy options for assistance.
- Good planning and management makes a big difference with so many partners (this project is managed by the Association of European Border Regions, AEBR).

“Regions thinking about starting cross-border health cooperation projects should understand that many institutions will be involved and it takes a lot of time and effort to get results, but the benefits for inhabitants are worth it.”

WORKSHOP 3

# **Innovation and knowledge production:**

Knowledge sharing,  
management and cross-  
border care research

## RARENET

Trinational network for education,  
research and management of complex and  
rare diseases in the Upper Rhine

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### UPPER-RHINE REGION

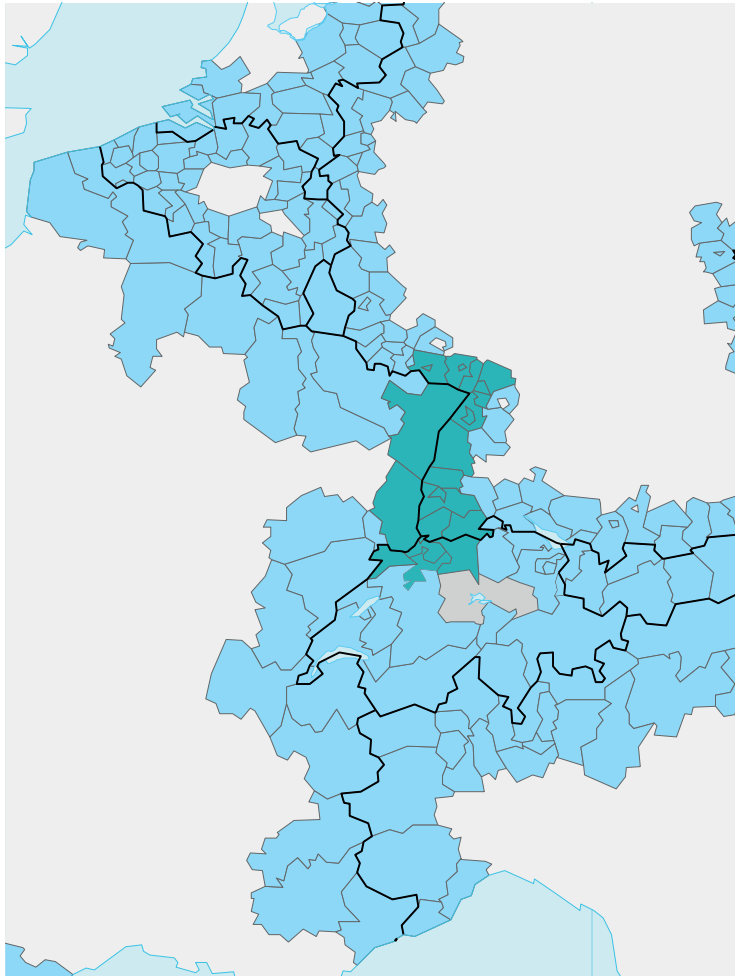
FRANCE, SWITZERLAND  
AND GERMANY

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### SPEAKER

Pr. Reinhard Voll  
Florence Danscoisne

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## PIONEERING 'EUROPEAN CAMPUS' TACKLES RARE DISEASES

RARENET is a cross-border cooperative research/education project in the Upper Rhine region. It seeks to improve the diagnosis and management of patients with rare auto-immune and oro-dental diseases by improving awareness and knowledge-sharing. It is the first European Grouping of Territorial Cooperation (EGTC) to be created solely by university partners – Freiburg University in Germany and Strasbourg University in France.

Working together as 'EUCOR – The European Campus', this trinational network brings together reference centres for rare diseases, universities, hospitals, research centres, industrial partners, and patients. It offers a platform for education and interaction linking clinical treatment with patients' needs. It also brings together French, German, and Swiss infrastructures to increase knowledge on rare diseases and, as a result, to improve their management in Europe. Training, knowledge-sharing and distance-learning are examples of RARENET's actions.

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### DISCOVER MORE

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## LESSONS LEARNED

- Rare diseases addressing patients' needs through networking and awareness of differences contributes to better patient care.
- How to involve actors from various sectors in an international research/education project (patients, students, health professionals).
- How to develop new tools and strategies to communicate research results, raise awareness and educate health professionals and patients about rare diseases.
- How to cooperate and consolidate team work within a multidisciplinary and multilingual environment.
- What it takes to move towards an e-health framework.

“Gather the right team to overcome the difficulties and then just do it!”

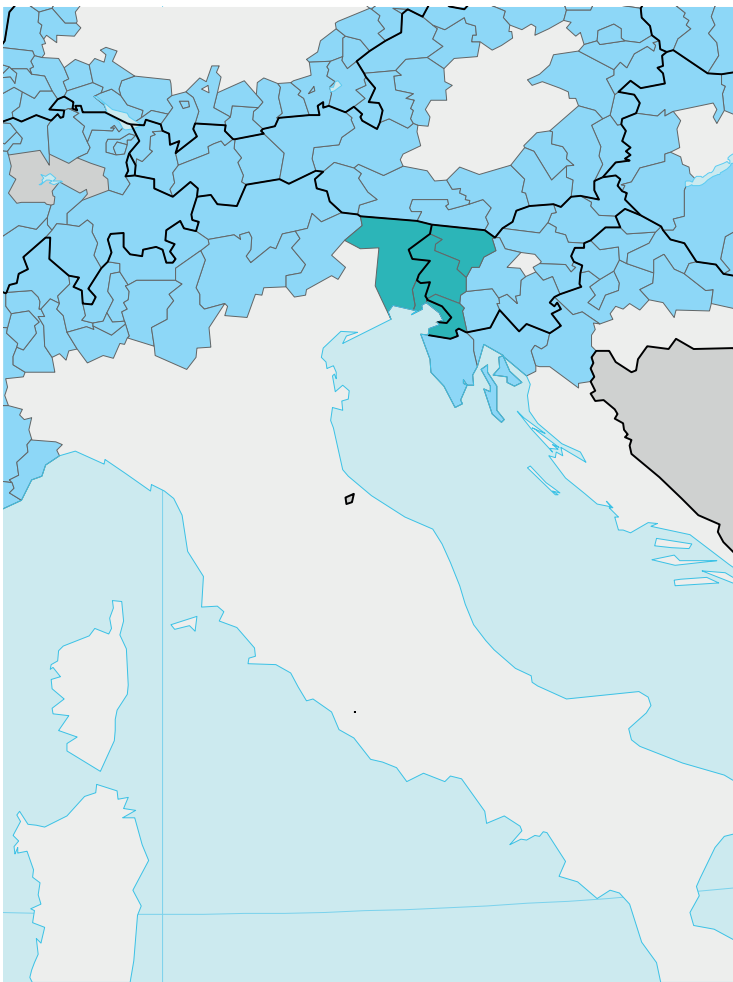
## HEALTH (SALUTE-ZDRAVSTVO)

### Integrated Territorial Investment: building a network of cross-border health services

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**FRIULI VENEZIA  
GIULIA REGION  
AND SLOVENIAN  
BORDER REGION**  
ITALY AND SLOVENIA

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**SPEAKER**  
Sandra Sodini

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## TOWARDS 'CROSS-BORDER CITIZENS' IN ITALY/SLOVENIA

**Health** is a pioneering pilot action to build a network of integrated services, including connected information systems and reimbursement schemes, for joint use by patients in the border territory. A joined-up booking system, offered in both Italian and Slovenian, will be created to expand the range of healthcare and sanitation services offered and reinforce cross-border citizenship.

Specific protocols for the free movement of patients will be set up to streamline reimbursement of health services by respective national authorities. Three specific 'horizontal' actions will be developed with joint working groups for **mental disease, pregnancy and autism**. The Interreg's European Grouping of Territorial Cooperation (EGTC GO) programme pays for the integrated teams of doctors and nurses sharing best practices in their respective fields of expertise. EGTC GO, as the sole beneficiary, is also in charge of procurement procedures, with the Italian and Slovenian health authorities acting as implementing bodies.

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### DISCOVER MORE

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## LESSONS LEARNED

- Ensure practical, Member State-specific application of the Directive (2011/24/EU) on patients' rights in cross-border healthcare.
- Health service costs differ between Member States so patient reimbursement regimes are very complex without the Directive's guidance.
- Language can be an obstacle when medical reports are not written in both languages.
- Medical records are regulated by national law, which have different roles and responsibilities, making cross-border medical teamwork complicated.

“Deeply examine the legislative context of the Member States involved in order to understand the feasibility of the operations.”

## EUPREVENT

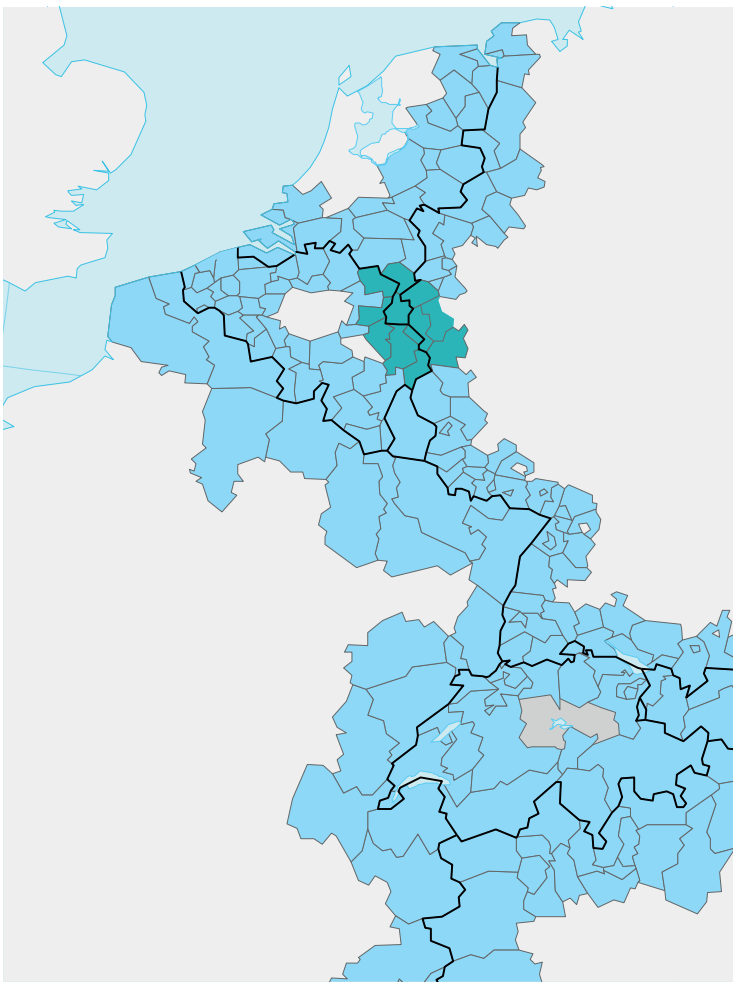
Improve the health situation for citizens  
in the Meuse-Rhine Euroregion (EMR)

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### MEUSE-RHINE EUREGIO

THE NETHERLANDS,  
BELGIUM AND GERMANY

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### SPEAKER

Brigitte van der Zanden

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## HEALTH COOPERATION ... START SIMPLE AND BUILD!

euPrevent started as an Interreg A project in 2000 and became a formal non-profit foundation in 2010. It initiates, stimulates and facilitates cross-border cooperation between professionals and organisations working to preserve, promote and restore public health in the Meuse-Rhine Euroregion (EMR). Partners include regional and local governments, public health authorities, hospitals, universities and educational institutions, patient organisations and mental health institutions.

euPrevent's mission is to improve the health situation for citizens in the EMR, together. This involves collecting, comparing and sharing data on, for example, life expectancy, obesity and risky youth behaviour, to improve quality of life. Learning networks, information-sharing, training, online tools for professionals, and projects contributing to the WHO strategy 'Health in all policies' (transport, agriculture, land use, environment, housing, public safety, education, etc.) are all part of euPrevent's cooperation work.

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### DISCOVER MORE

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🌐 [www.euprevent.eu](http://www.euprevent.eu)

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## LESSONS LEARNED

- Focus on the combined content-related challenge, e.g. start with a healthcare-related topic like dementia, risky behaviour and so on.
- Involve all types of stakeholders from the beginning. Also the citizen!
- Focus on concreteness.
- Take time to get to know each other as an organisation and as people. Trust is a key element for success.

“**Simply start!  
Start with simple,  
concrete challenges  
you all face.  
You always encounter  
challenges, but they are  
there to be overcome.  
Do not seek to change  
a system, use the system  
to your advantage.**”

## NEURNET

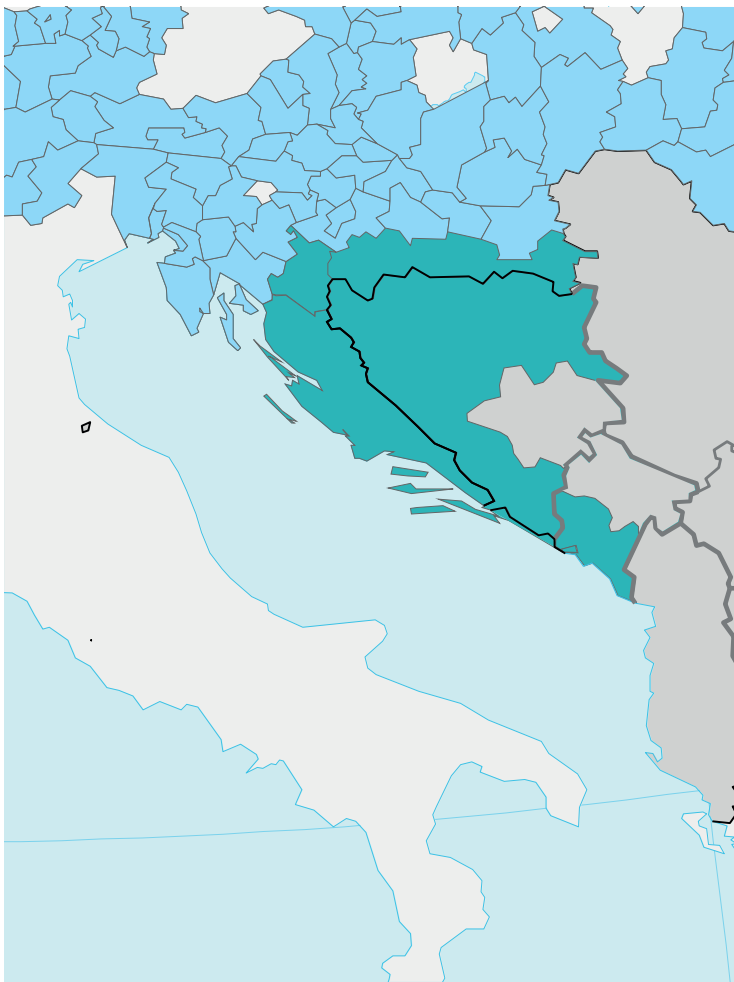
Care management network  
for patients with pharmaco-resistant epilepsy  
and patients with late-stage Parkinson's

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### CROSS-BORDER REGIONS

BOSNIA AND  
HERZEGOVINA  
CROATIA AND  
MONTENEGRO

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### SPEAKER

Dženita Hukić

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## TRI-NATIONAL COOPERATION, UPPER RHINE-STYLE

NEURNET is working to improve diagnosis and treatment for patients with pharmaco-resistant epilepsy and advanced-stage Parkinson's disease living in this programme area. Long journeys to clinics, often over a border, poor diagnoses, outdated facilities, overloaded services, and inefficient systems are just some of the challenges facing neurological patients from these partner countries.

Audio-visual tools are being developed for remote diagnosis, medical data exchange, second-opinions, consultations and other real-time medical services between affected reference centres and hospitals. For patients, this means improved health services, less cross-border transits, faster and more accurate diagnoses, and general improvements in the quality of healthcare. Better communication, cooperation and harmonisation efforts implemented by the project will also boost health services in reference centres and hospitals covered in the programme area as a whole.

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### DISCOVER MORE

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📘 hrbihmne

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## LESSONS LEARNED

- Strengthened human resources and infrastructure with minimum investment (impossible at the national level only).
- Modern technologies provide direct benefits to patients through centres of reference which improve healthcare service quality.
- Improved coordination between health institutions and better cross-border patient transport/mobility.
- Cross-border approach removes boundaries and offers patients access to high-quality health services.

“Continuous fieldwork is important to assess the needs of key potential beneficiaries. This is crucial for achieving the desired results.”

**Thank you.**

# STAY CONNECTED



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