Cross-border.Care –
Study on cross-border cooperation: capitalising on existing initiatives for cooperation in cross-border regions

Overview & preliminary findings

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Agenda

I. General overview of the study

II. “Toolbox” – support for launching Cross-border healthcare (CBHC) collaboration


IV. “Foresight modelling“ – possible future paths for CBHC (Scenarios)
Part I

GENERAL OVERVIEW
Objectives and design of the study
Aim & objective of the study

Overall Aim:

» Proposal of options and solutions for improving the status quo of cross-border cooperation in healthcare (time horizon 2030).

Specific objectives

» Mapping of health-related cross-border cooperation projects to offer a comprehensive picture of initiatives across the EU
» to analyze potential future challenges and opportunities for cross-border cooperation
» to provide a toolbox and general documented support for stakeholders and authorities interested in cross-border cooperation
» to assess the take-up of the Patient Safety Joint Action
» Provide overview of fraud and fraud mitigation in cross-border healthcare

Specific Contract N° CHAFEA/2016/Health/22 for the implementation of Framework Contract, N° EAHC/2013/Health/01 (Lot 2 – Health Economics)
Part II

TOOLBOX

for supporting the start of cross-border collaboration in healthcare
Aim and objective

**Aim:** To provide practice-oriented support material for stakeholders who are interested in starting cross-border collaboration

The Toolbox is designed as a manual consisting of:

1. **Tools** such as checklists, manuals, FAQs, templates
2. **Case studies** describing examples of successful circumstances (incl. indicators) for cross-border collaboration

*The Toolbox builds on results of other work packages, especially the systematic inventory of cross-border collaborations in Europe (“Mapping”).*
Research approach

» Survey among stakeholders
  » Which factors hinder or enable implementation of cross-border health care collaborations?
  » Which tools do you need to implement cross-border collaborations, according to your experience?
  » Can you provide us with additional information about cross-border collaborations that you have been part of?

» What may be gathered from previous studies (literature review)...
  ...about:
  » Usefulness of tools
  » Implemented projects (case studies):
    » Primary source: database (423 cross-border projects) created in the “Mapping”
    » Additional projects also considered

» Stakeholder consultation and peer review
Structure of the *Cross-border.Care Manual and Tools*

- **5 Modules:**
  - **4 core modules following the project life cycle**
  - *General information and tools related to project management*
    - **Module 1:** Project idea generation
    - **Module 2:** Setting up the project
    - **Module 3:** Contracting
    - **Module 4:** Project implementation
  - **1 additional module providing CBHC specific information**
    - **Module 5:** Case studies

*Work in progress*
Cross-border Care Manual and Tools – Module 1–4

» Modules 1–4 build upon each other
» Topics covered:
  » **Module 1**: Project idea generation
    » How to develop the project idea?
    » How to build up partnerships?
    » How to identify/manage stakeholders?
  » **Module 2**: Setting up the project
    » How to define and structure the project content?
    » How to do the project budgeting and financing?
    » How to do the project management?
  » **Module 3**: Contracting
    » Partnership agreement
    » Legal framework
  » **Module 4**: Project implementation
    » How to do the project monitoring?
    » How to manage project risks?

» 31 Tools integrated into the Manual but self-standing documents
  » Checklists, FAQs, budget template, stakeholder matrix, risk management tool, etc.
Case studies in five thematic categories:
1. Workforce
2. Treatment and diagnostics
3. Management of emergencies (except communicable disease)
4. High-cost capital investment/specialised equipment
5. Knowledge sharing

Qualitative description of exemplary circumstances, which need to be considered in setting-up CBHC collaboration:
- Legal/regulatory: what kind of agreements?
- Financial: what kind of costs? What kind of funding? How is reimbursed?
- Administration: How is project organised?
- Operation: How is provision of healthcare organised?
- Medicine: What kind of services provided?

Based on literature indicators will be derived
- Quantify the success/enabling factors
Part III

MAPPING

of existing healthcare related cross-border initiatives
Scope of the inventory of cross-border care projects

“Cross-border collaboration in the field of health care can involve a transfer, a movement or an exchange of individuals, services and resources.“ (Glinos, 2011:217)

» Monitoring of Status quo – Mapping of existing CBC projects
» Going beyond silos of individual funding mechanisms (e.g. Interreg, Joint Actions, bilateral programmes)
» Six Thematic Categories
» Exclusion criteria:
  » <2 EU/EEA countries involved
  » Initiative started before 2007
  » No transfer/exchange/movement
  » Communicable disease project
  » Infrastructure project (socio–health)
  » No cross-border AND health focus
  » No EU funding
Methodology

- Review of previous mapping efforts, particularly
  - EUREGIO study (2006)
  - HealthACCESS study (2006)
  - ESIF study (2016)

- Systematic search in online databases:
  - ESIF – European Social Fund (ESF), Cohesion Fund (CF), and European Regional Development Fund (ERDF)
  - CORDIS – EU-funded research e.g. FP7 projects, Horizon 2020
  - KEEP – Interreg, Interreg IPA CBC and ENI CBC
  - CHAFEA – EU Health Programme (primarily Joint Actions)
  - EU Projects for results

- Expert and stakeholder consultation
  - 14 out of 23 replied
Significance of cross-border projects outside at the borders of the EU acknowledged (not included)

Significance of cross-border projects related to communicable diseases acknowledged (not included)

Difficulties in classifying
  Socio-health projects
  Long-term care in the community vs. health care
  Environmental projects
  Research projects not specifically related to cross-border aspects

Projects without EU funding requires distinct methodology (not included)

Focus on actual implementation of projects understates importance of (long-standing) bilateral agreements
A glimpse of the results

» Total of 1,167 projects identified
» 423 bilateral or multilateral cross-border collaborations across Europe selected

More than half of the projects record a regional focus (i.e. aimed at improving local or regional health care systems, or the health or local/regional population)
Central and Western European countries lead the most cross-border care projects

Overview of lead partners in cross-border care projects in Europe by geographical region
Bilateral contacts are spread across Europe, albeit mainly between neighboring countries.

**Top 5 country pairs:**

- **Hungary–Romania** (n=43)
- **Germany–Netherlands** (n=33)
- **Norway–Sweden** (n=30)
- **Portugal–Spain** (n=29)
- **France–Belgium** (n=27)

*Country pairs in bilateral or multilateral cross-border care collaborations with at least 10 projects in EU/EEA countries:*
Knowledge sharing and treatment collaborations prevail in identified cross-border care projects.

Key words highlight project focus on older people and a variety of diseases.

Primary thematic focus of EU-funded Cross-border Care Projects (2007-2017):
- Emergencies w/o communicable diseases (6%)
- High-cost capital investments (5%)
- Knowledge sharing/Management (4%)
- Cross-border Care Research/Knowledge production (12%)
- Treatment or Diagnostics (50%)
- Health and Care Workforce/Training (23%)
Food for thought

» Diverse picture of collaborations across Europe
» Central and Western European countries as frontrunners, but Central and Eastern European countries frequently involved too
  » Hungary and Romania as special success story of cross-border care?
» Demographic challenges have arrived also at the cross-border care market
  » Future research could take a more integrated approach, bridging the divide between health care and long-term care
» Regional focus is important but non-regional focus also relevant in almost half of the projects identified
Part IV

FORESIGHT MODELLING of cross-border care
Foresight modelling of cross-border care

AIMS

» To gain insight into potential future challenges and opportunities for cross-border collaboration in healthcare
  » What could happen?
  » What would be beneficial (particularly) from the perspective of patients?

» To identify ways for capacity building and to identify development needs
  » Which aspects need to be strengthened?
  » Which recommendations for public policy emerge?
Part B: Identifying possible future paths

Definition:

A scenario is the illustration/simulation of visions of a possible future, but no prediction of the future. (Source: European Commission, JRC, 2005)

Criteria

» Plausibility: TEU and TFEU remain unchanged
» Differentiation: Cumulative development towards more integration
» (Internal) Consistency
» Decision-making utility: Use of precise indicators (monitoring)
» Challenge conventional wisdom (if pertinent)
Methodology for building (draft) scenarios

» Step 1: Horizon Scanning

What is constant?

> *Factors that are similar across all five scenarios*

What may change?

> *Factors that vary across all five scenarios*

What is constantly changing in the time horizon under analysis (by 2030)?

> *Factors that vary across all five scenarios*

» Geographic and demographic factors

» Cultural and societal factors

» Legal and regulatory factors

» Health care system design factors

» Economic factors

» Technological factors

Part of the expert and stakeholder consultation process

Scenario-building
Draft Scenario I: Status quo

» Cooperation between national health care systems encouraged
» MS of treatment must provide information for patients
» Professional liability insurance
» Data privacy regulations
» Reimbursement for treatments abroad
» National Contact Points
» Access to medical records regulated

- Relatively low patient awareness
- Diverging provision of information across countries
- Publication of waiting times
- No information on undue delays

Legal basis:
- Directive 2011/24/EU on patients‘ rights
- Regulation 883/2004 on the coordination of social security systems

Source: Evaluative study on the cross-border health care directive (2011/24/EU)
Draft Scenario II: Regional collaboration within and across countries

Focus on:

» Low(er) regional access barriers
» Informal (bilateral) agreements
» Regional joint financing and investments – clustered resources
» Joint regional training initiatives for health care staff
» Highly specialised regional units and networks (e.g. European Reference Networks)
» Selective regional innovation
» Selective data exchange (e.g. on electronic health records)
» Small-scale telemedicine solutions

„Doing less more efficiently“

Source: pixabay.com
Draft Scenario III: Empowered patients

Focus on:

» Limited geographic barriers across the EU

» Telemedicine solutions oriented on patient needs

» Patient‘s choices and patient‘s rights

» Specialised networks and training for health care staff driven by patient demand

» Higher out-of-pocket payments

» Better quality via increased provider competition

Source: pixabay.com

„Letting them do (bottom-up)“
Draft Scenario IV: Strategic networks

Focus on:

» Multilateral agreements
» Opt-in for EU member states
» Regulated competition
» Centralized mechanisms for data exchange (e.g. electronic health records)
» Encouraging health professional mobility
» Clustered financing
» Clustered R&D
» Clustered health care professional training

Source: pixabay.com
„Doing much more together“
Draft Scenario V: EU payer network

**Focus on:**
- European infrastructure of payer organisations
- Use of IT infrastructure for joint procurement
- Bilateral and multilateral agreements
- European payer database platforms
- Cost-effective telemedicine solutions implemented
- Payer-induced patient mobility

Source: pixabay.com

„Responsible together (top–down)“
Outlook and next steps

» Development of policy recommendations for future cross-border collaboration.

» Finalisation of the study by January 2018.

» Presentation of the study’s results at a Policy Forum meeting in Spring 2018.
Thank you for your attention!

Do you have any questions?

Disclaimer

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Annex: Scope of the study

» 5 Work packages

» 3 major topics
1. Cross-border healthcare
2. Fraud and fraud mitigation in cross-border health care
3. Patient safety: Evaluation of take-up of PaSQ (European Union Network for Patient Safety and Quality of Care)

» Project team
» Cross-border & Patient Safety
» Fraud and fraud mitigation
» Organization and contracting
Annex: Geographical matrix of cross-border care
Annex: Search results

<table>
<thead>
<tr>
<th>Database / Search Terms</th>
<th>Results</th>
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<tr>
<td>KEEP Database</td>
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<td>&quot;cross-border&quot;/health&quot;</td>
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<td>&quot;health&quot;</td>
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<tr>
<td>ESF Database</td>
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<td>&quot;cooperation health&quot;</td>
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<td>&quot;health&quot;</td>
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<td>CORDIS Database</td>
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<tr>
<td>&quot;cross-border&quot; AND &quot;health&quot;</td>
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<tr>
<td>CF/ERDF (InfoRegio) Database</td>
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<tr>
<td>&quot;cross-border&quot; AND &quot;health&quot;</td>
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<tr>
<td>EU Project for Results (PfR) Database</td>
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<td>&quot;cross-border health&quot;</td>
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<td>&quot;health across borders&quot;</td>
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<tr>
<td>&quot;care across&quot;</td>
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<td>CHAIFA Database</td>
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<td>Joint Actions</td>
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<td>Stakeholder consultation</td>
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<td>Suggested Projects</td>
<td>14</td>
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<td>Total projects considered (incl. duplicates)</td>
<td>1167</td>
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<tr>
<td>Total selected</td>
<td>423</td>
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</tbody>
</table>
## Annex: Definition of thematic categories

<table>
<thead>
<tr>
<th>Category name</th>
<th>Short description of category</th>
<th>Examples</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Health and Care Workforce/ Training</td>
<td>Competency training or intercultural education for health care staff; recruitment support for remote regions, capacity building, professional exchanges</td>
<td>RESAMONT, Boundless Care</td>
<td>Health and social care providers</td>
</tr>
<tr>
<td>#2 Emergencies except communicable diseases</td>
<td>Collaboration in case of extraordinary events not related to communicable diseases, e.g. major traffic accidents, fires, earthquakes, landslides, ambulance deployment (but excl. initiatives not primarily developed for emergency care situations)</td>
<td>EMRIC+, coSAFE</td>
<td>Patients, general population</td>
</tr>
<tr>
<td>#3 High-cost capital investment</td>
<td>Collaboration regarding investments in specialised equipment, e.g. MRTs, imaging devices, cancer diagnostics, PET scans</td>
<td>Radiotherapy for Danish patients in Flensburg, Telemedicine Aachen – Maastricht</td>
<td>Hospital managers</td>
</tr>
<tr>
<td>#4 Research/ Knowledge Production</td>
<td>Cooperation on research projects related to cross-border care (at a meta level), particularly on pure-applied health research or problem oriented (use-inspired) basic research, as per Pasteur’s quadrant</td>
<td>EUCBCC/ECAB</td>
<td>Researchers, interested public, policy-makers</td>
</tr>
<tr>
<td>#5 Knowledge sharing/ Management</td>
<td>Exchanging good practices (e.g. in the field of e-services/telehealth), exchange of health care data for mutual learning and building networks, excluding initiatives related to one of the fields already featured in other categories (in particular #1, #2, #3).</td>
<td>KFFB (Kræftforskning Femern Bælt), PHARMATLANTIC, Trans2Care</td>
<td>Not patients</td>
</tr>
<tr>
<td>#6 Treatment or diagnostics</td>
<td>telem medicine services, standard care, second opinion visits, planned and unplanned care (excl. initiatives covered under ambulance deployment in Category #2).</td>
<td>CoSante</td>
<td>Patients</td>
</tr>
</tbody>
</table>