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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Cross-border Healthcare Expert Group Meeting

Brussels, 19 October 2017

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Agenda

I. General overview of the study

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

III. "Mapping" – systematic analysis of existing EU-funded CBHC projects (2007–2017)

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

Project implemen-tation

Project idea generation

Contracting

Setting up the project

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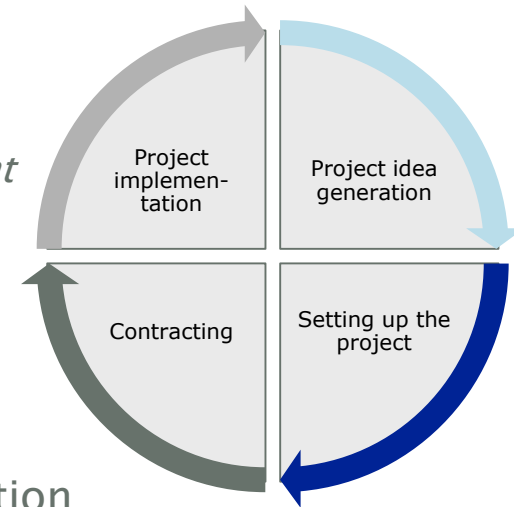
Cross-border.Care Manual and Tools – Module 1-4

» 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.

Cross-border.Care Manual and Tools – Module 5

» 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

1 case study ≠ 1 project

» 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
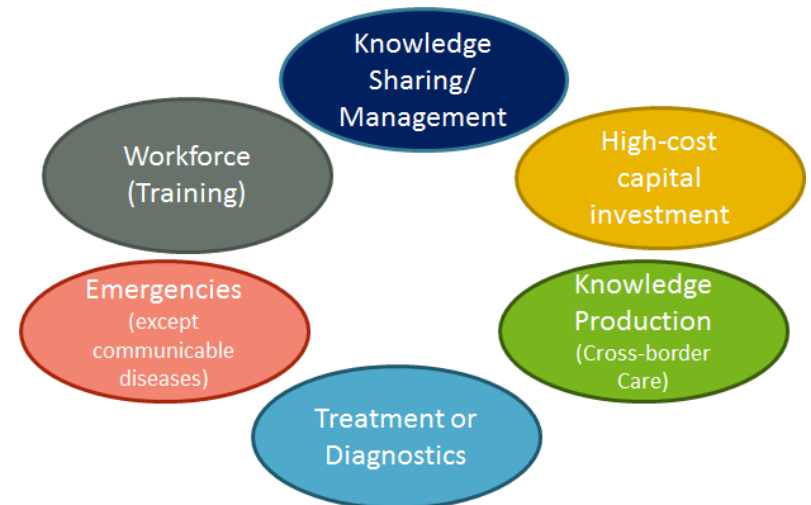
MAPPING
of existing healthcare related cross-border initiatives

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*

Knowledge Sharing/ Management

Workforce (Training)

High-cost capital investment

Emergencies (except communicable diseases)

Knowledge Production (Cross-border Care)

Treatment or Diagnostics

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

Limitations

- » 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

44%

56%
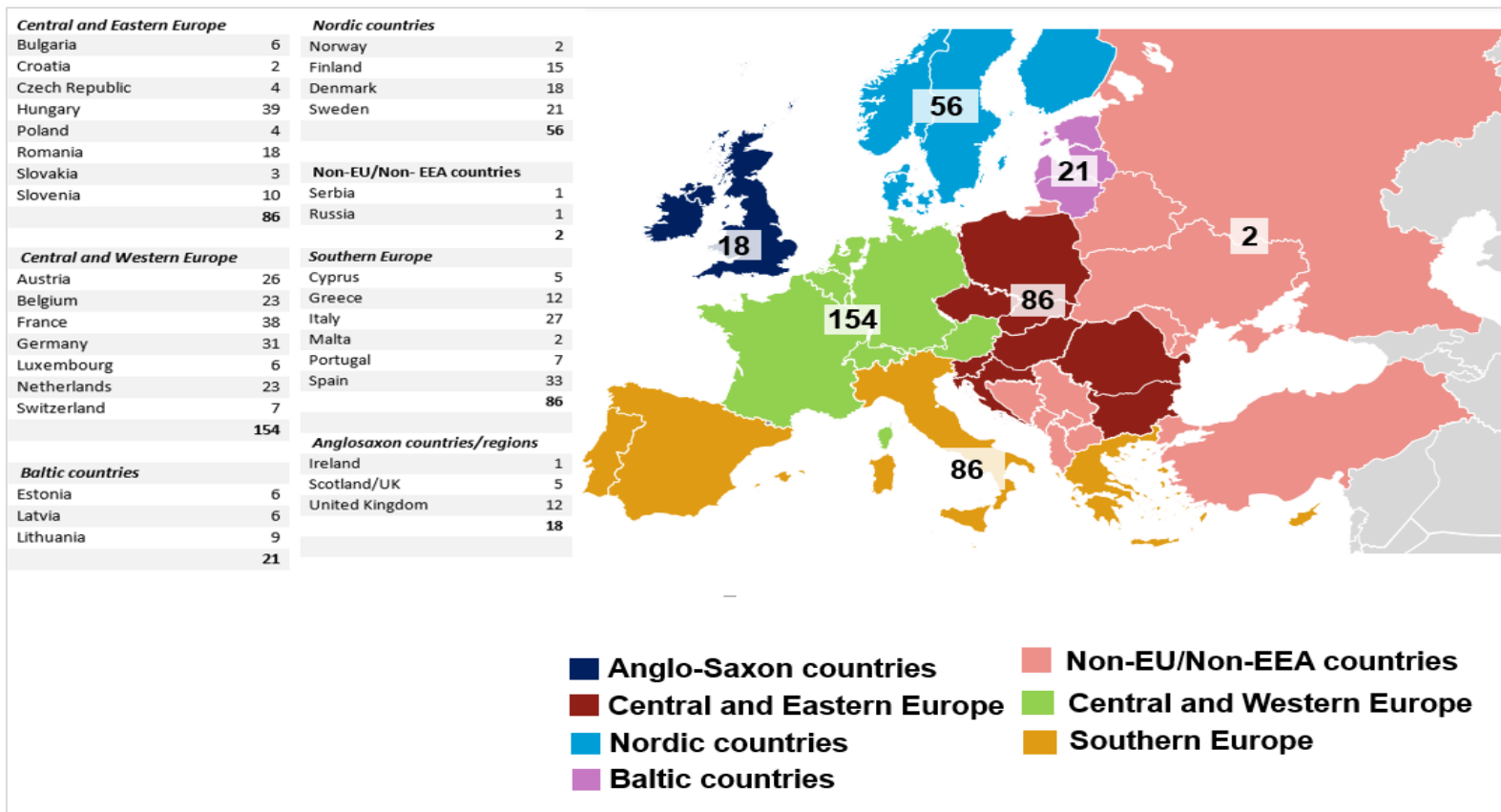
■ Regional focus   ■ No regional focus

36%

64%
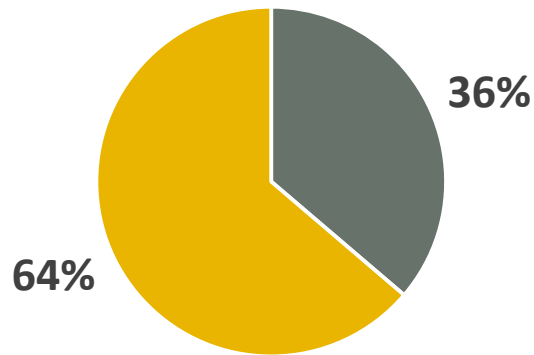
■ Selected projects

■ Non-selected identified projects (incl. duplicates)
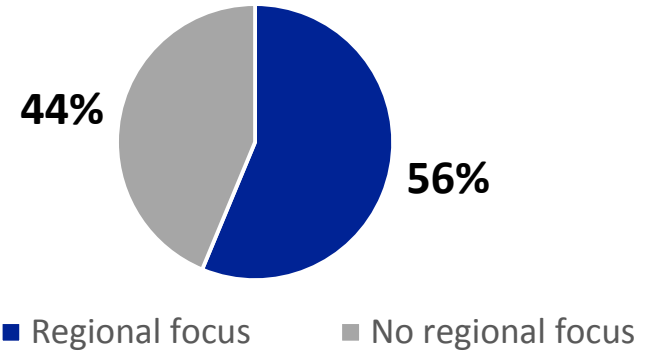
» More than half of the projects record a regional focus (i.e. aimed at improving local or regional health care systems, or the health or local/regional population)

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
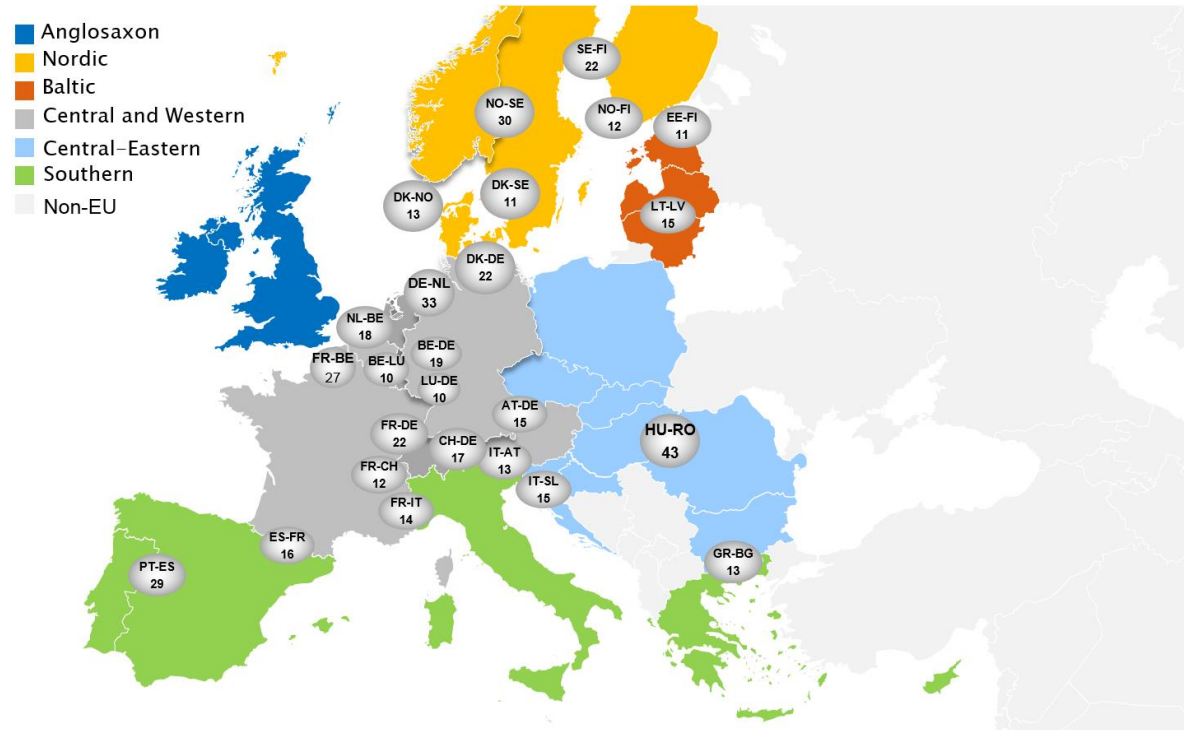
Central and Eastern Europe			Nordic countries	
Bulgaria	6		Norway	2
Croatia	2		Finland	15
Czech Republic	4		Denmark	18
Hungary	39		Sweden	21
Poland	4			56
Romania	18			
Slovakia	3		Non-EU/Non- EEA countries	
Slovenia	10		Serbia	1
	86		Russia	1
				2
Central and Western Europe			Southern Europe	
Austria	26		Cyprus	5
Belgium	23		Greece	12
France	38		Italy	27
Germany	31		Malta	2
Luxembourg	6		Portugal	7
Netherlands	23		Spain	33
Switzerland	7			86
	154			
			Anglosaxon countries/regions	
Baltic countries			Ireland	1
Estonia	6		Scotland/UK	5
Latvia	6		United Kingdom	12
Lithuania	9			18
	21			

Map values: 56, 21, 18, 2, 154, 86, 86

Legend:
- Anglo-Saxon countries
- Central and Eastern Europe
- Nordic countries
- Baltic countries
- Non-EU/Non-EEA countries
- Central and Western Europe
- Southern Europe

Bilateral contacts are spread across Europe, albeit mainly between neighboring countries

» Top 5 country pairs:

  » Hungary–Romania (n=43)

  » Germany–Netherlands (n=33)

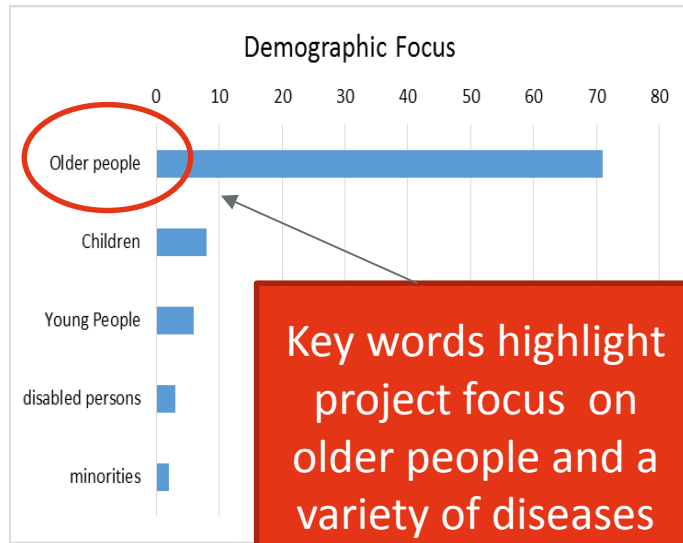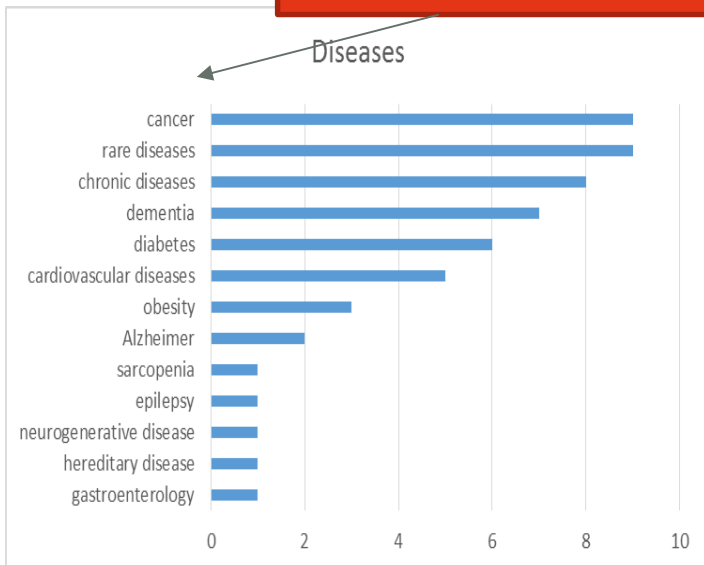 » Norway–Sweden (n=30)

  » 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:

Legend:
- Anglosaxon
- Nordic
- Baltic
- Central and Western
- Central-Eastern
- Southern
- Non-EU

Map labels:
- SE-FI 22
- NO-SE 30
- NO-FI 12
- EE-FI 11
- DK-NO 13
- DK-SE 11
- LT-LV 15
- DK-DE 22
- DE-NL 33
- NL-BE 18
- BE-DE 19
- FR-BE 27
- BE-LU 10
- LU-DE 10
- AT-DE 15
- HU-RO 43
- FR-DE 22
- CH-DE 17
- IT-AT 13
- FR-CH 12
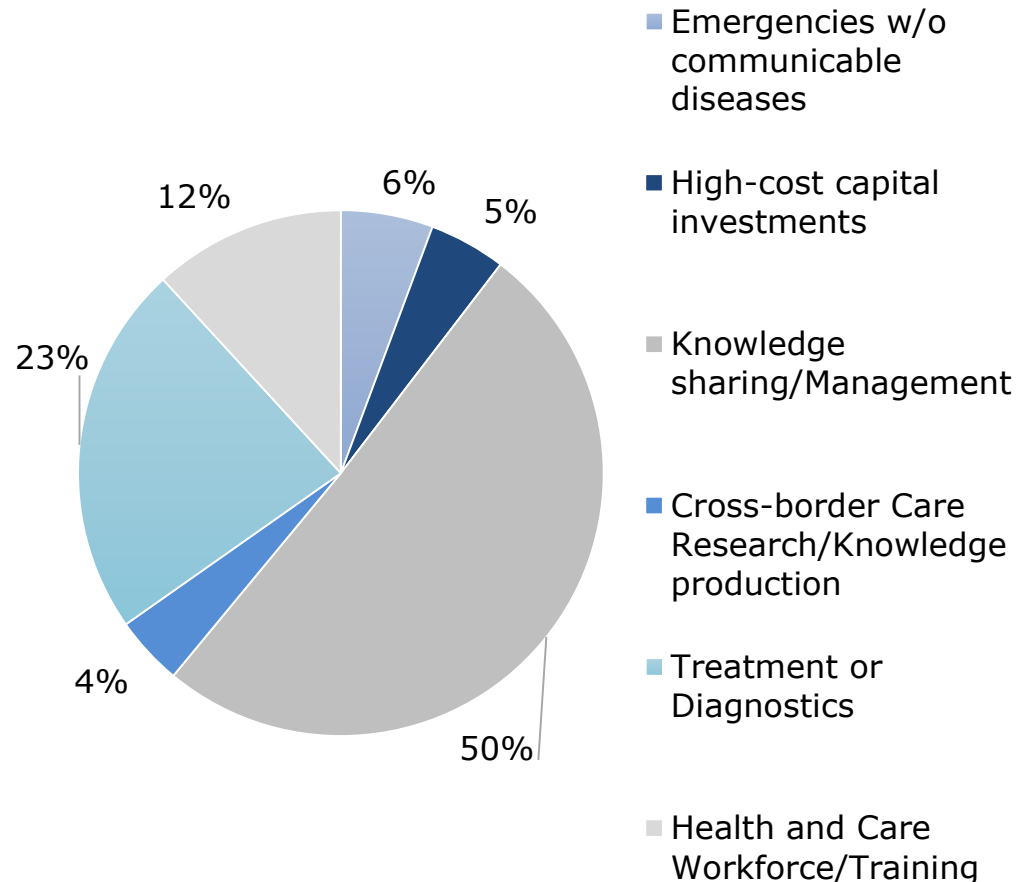- IT-SL 15
- FR-IT 14
- ES-FR 16
- GR-BG 13
- PT-ES 29

European Commission

Knowledge sharing and treatment collaborations prevail in identified cross–border care projects

Demographic Focus

Older people — ~72
Children — ~5
Young People — ~4
disabled persons — ~3
minorities — ~2

(scale: 0 10 20 30 40 50 60 70 80)

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

Diseases

cancer — ~9
rare diseases — ~9
chronic diseases — ~8
dementia — ~7
diabetes — ~6
cardiovascular diseases — ~5
obesity — ~3
Alzheimer — ~2
sarcopenia — ~1
epilepsy — ~1
neurogenerative disease — ~1
hereditary disease — ~1
gastroenterology — ~1

(scale: 0 2 4 6 8 10)

Primary thematic focus of EU-funded Cross-border Care Projects (2007-2017)

- 6%
- 5%
- 12%
- 23%
- 4%
- 50%

- Emergencies w/o communicable diseases
- High-cost capital investments
- Knowledge sharing/Management
- Cross-border Care Research/Knowledge production
- Treatment or Diagnostics
- Health and Care Workforce/Training

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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?

Source: pixabay.com

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

» <u>Step 1: Horizon Scanning</u>

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
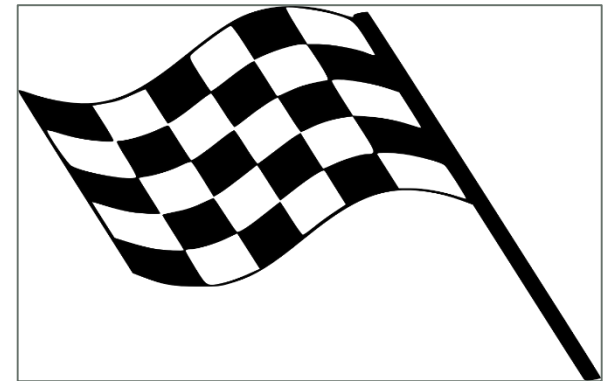
Source: pixabay.com

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

Source: pixabay.com

„Doing less more efficiently"

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
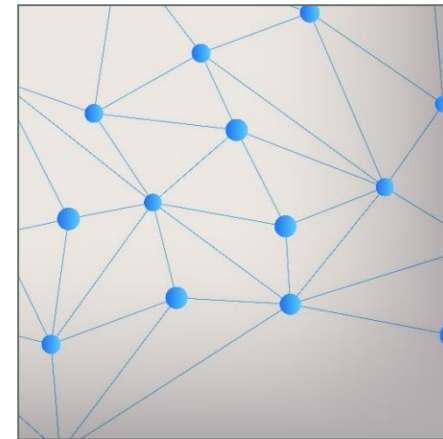
Source: pixabay.com

„Doing much more together"

European Commission

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?

Contact information

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Toolbox: Julia Bobek (julia.bobek@goeg.at)

ANNEX

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)

WP 0 – Kick Off and Inception

WP 1A – Mapping	WP 2 – Evaluation of take-up of PaSQ (European Union Network for Patient Safety and Quality of Care)	WP 3 – Fraud in cross-border healthcare
WP 1B – Forecast		

WP 1C – Toolbox
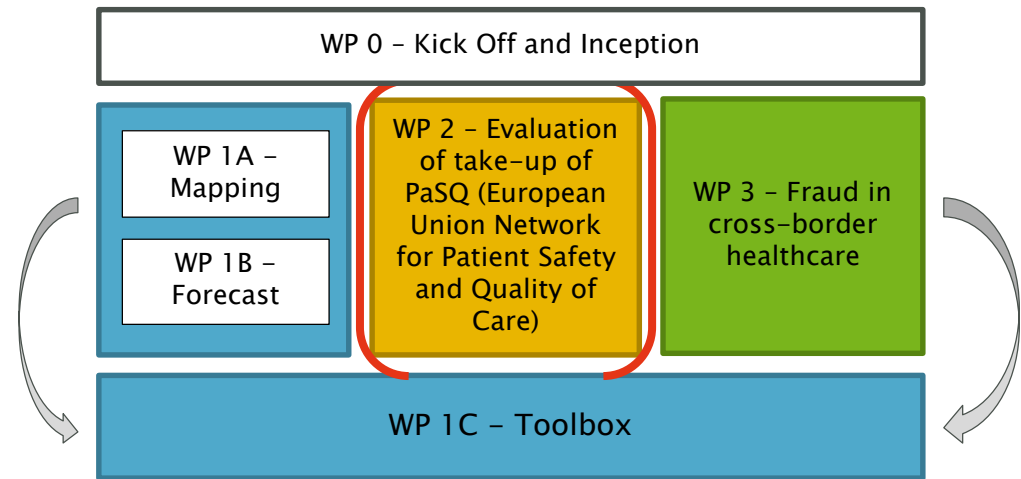
- » Project team
  - » Cross-border & Patient Safety
  - » Fraud and fraud mitigation
  - » Organization and contracting

Gesundheit Österreich
Forschungs- und Planungs GmbH

Maastricht University

SOGETI

Annex: Geographical matrix of cross-border care

Source: GOE FP

Annex: Search results

KEEP Database	
"cross-border"/health"	675

→ KEEP database 366

ESF Database	
"cooperation health"	15
"health"	15

→ ESF database 0

CORDIS Database	
„cross-border" AND „health" 87	

→ CORDIS 6

CF/ERDF (InfoRegio) Database	
„cross-border" AND „health"	57

→ CF/ERDF 10

EU Project for Results (PfR) Database	
"cross-border health"	71
"health border"	63
"health across borders"	38
"care health border"	29
"care across"	56

→ EU PfR Database 5

CHAFEA Database	
Joint Actions	47

Joint Actions 35

Stakeholder consultation	
Suggested Projects	14

Stakeholder consultation 1

Total projects considered (incl. duplicates) 1167

Total selected 423

Annex: Definition of thematic categories

Category name	Short description of category	Examples	Target group
#1 Health and Care Workforce/ Training	Competency training or intercultural education for health care staff; recruitment support for remote regions, capacity building, professional exchanges	RESAMONT, Boundless Care	Health and social care providers
#2 Emergencies except communicable diseases	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)	EMRIC+, coSAFE	Patients, general population
#3 High-cost capital investment	Collaboration regarding investments in specialised equipment, e.g. MRTs, imaging devices, cancer diagnostics, PET scans	Radiotherapy for Danish patients in Flensburg, Telemedicine Aachen – Maastricht	Hospital managers
#4 Research/ Knowledge Production	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	EUCBCC/ECAB	Researchers, interested public, policy-makers
#5 Knowledge sharing/ Management	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).	KFFB (Kræftforskning Femern Bælt), PHARMATLANTIC, Trans2Care	Not patients
#6 Treatment or diagnostics	telemedicine services, standard care, second opinion visits, planned and unplanned care (excl. initiatives covered under ambulance deployment in Category #2).	CoSante	Patients