

Cross-border.Care –

Study on cross-border cooperation: capitalising on existing initiatives for cooperation in cross-border regions

Main results

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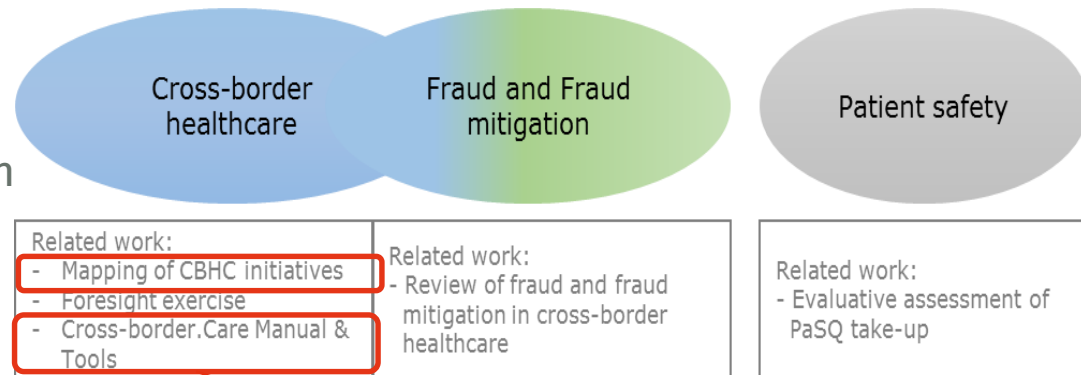


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Background and scope of the study

» 3 Major topics

- » Cross-border healthcare
- » Fraud and fraud mitigation
- » Patient safety



Today's foci of the presentation

» Project consortium

- » Cross-border & Patient Safety
- » Fraud and fraud mitigation
- » Organization and contracting

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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

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

What to expect from the presentation?

- » **Part I:** Mapping exercise
 - » Methodology
 - » Main results

- » **Part II:** Toolbox = Cross-border.Care Manual & Tools
 - » General information
 - » Introduction to Modules 1-4 incl. presentation of selected tools

Part I

MAPPING

of existing healthcare related cross-border initiatives

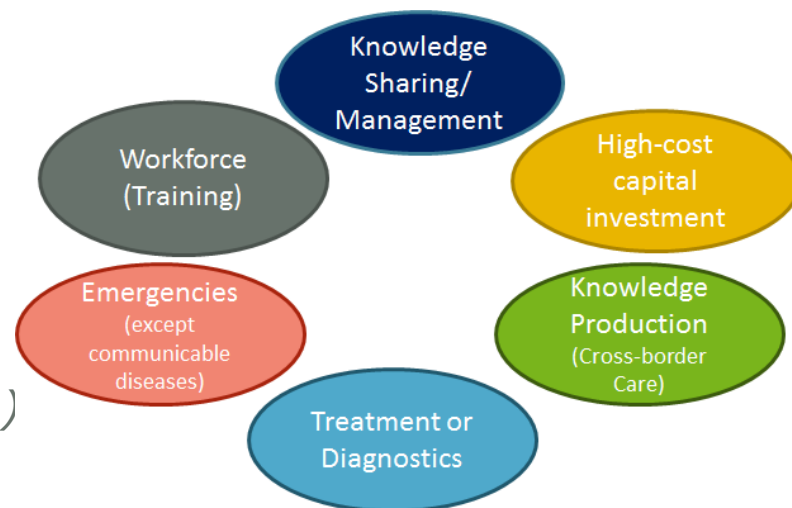
Aim of the mapping:

- » to present a **comprehensive picture of cross-border healthcare collaboration** across the European Union (EU) (based on Chapter IV of Directive 2011/24/EU) by mapping projects which received support by **European funding instruments**

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



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	Health and social care providers
#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


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 Health Programmes Database (primarily Joint Actions)
 - » EU Projects for Results

- » Expert and stakeholder consultation
 - » 14 out of 23 replied

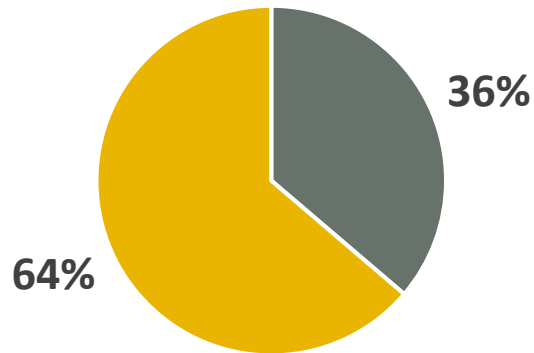
Analytical dimensions

- » Understanding of **regional differences** and **cooperati levels** (transnational, interregional, cross-border)
 - > „fluid“  „rigid“
- » Understanding of **thematic priorities**
 - ✓ Actors involved, e.g. workforce vs. patients
 - ✓ Distribution of typical activities, e.g. training vs. care provision
- » Distinction of **different perspectives**:
 - ✓ Possible incentives for CBC collaborations
 - ✓ Main target group(s)
 - ✓ System level: capital investment, research
 - ✓ Provider level: knowledge-sharing, training
 - ✓ Patient level: emergency care, improved treatment
- » **Financial information**: amount and distribution



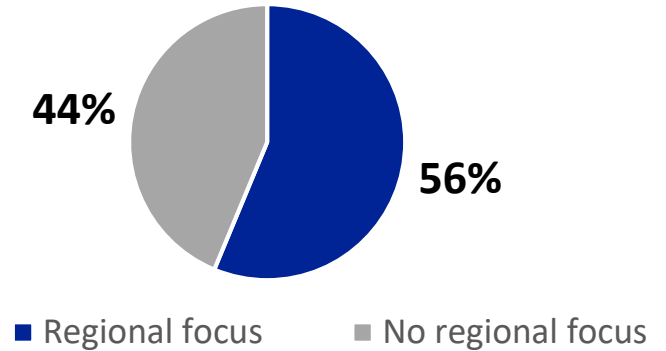
A glimpse of the results

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



■ Selected projects

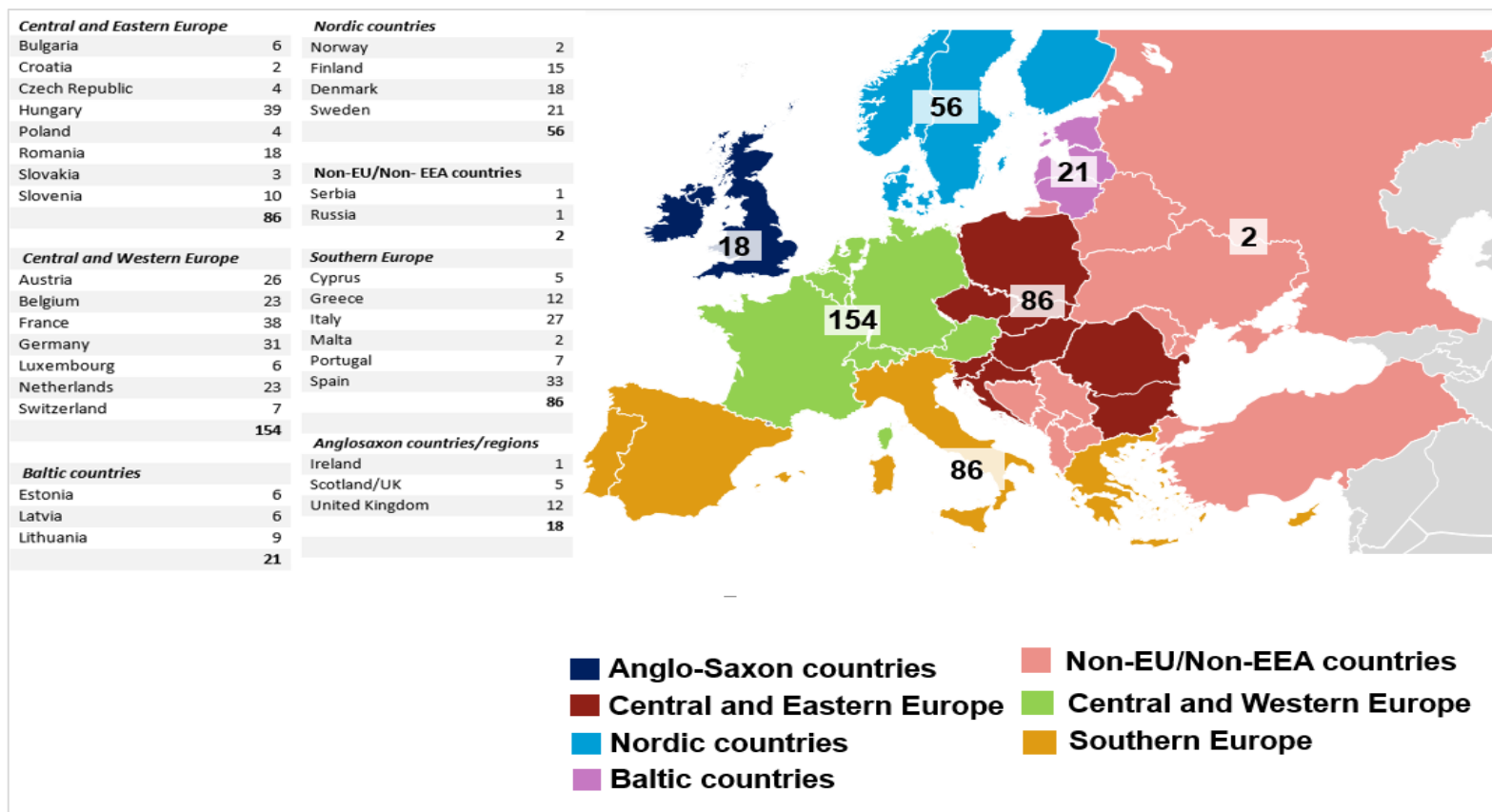
■ Non-selected identified projects (incl. duplicates)



- » 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



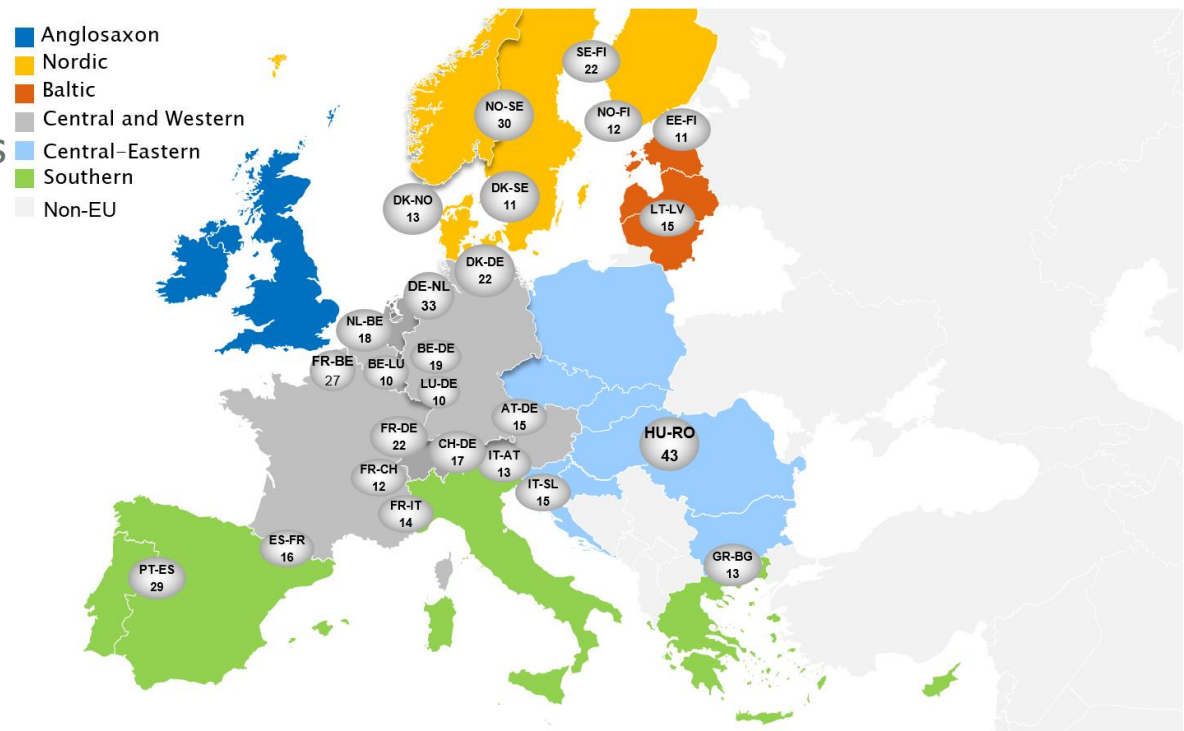
Note: Numbers in the graph refer to the total of cross-border care projects identified in the whole region subject to the respective colouring where the number is placed (e.g. 86 projects in Central and Eastern European countries, coloured in dark red). The table on the left side provides a more detailed split-up.

Bilateral contracts are spread across Europe, albeit mainly between neighbouring countries

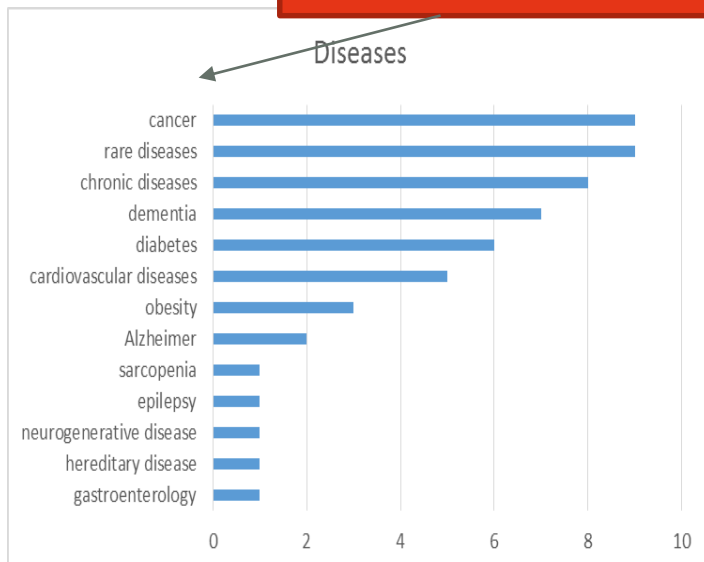
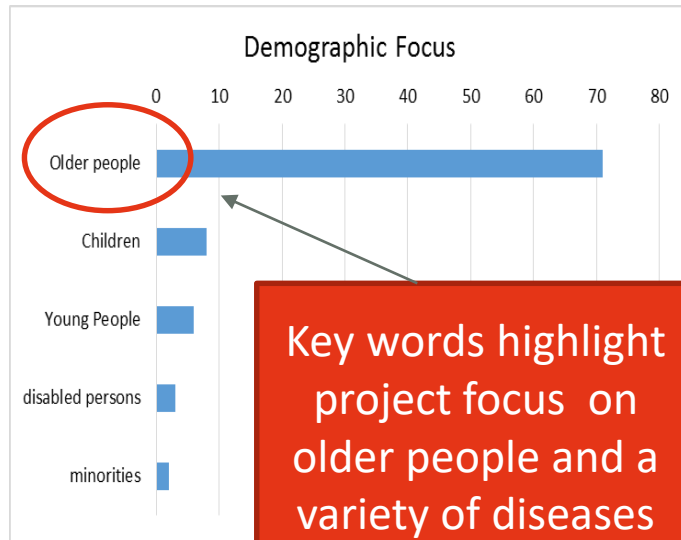
Country pairs in bilateral or multilateral cross-border care collaborations with at least 10 projects in EU/EEA countries:

» Top 5 country pairs:

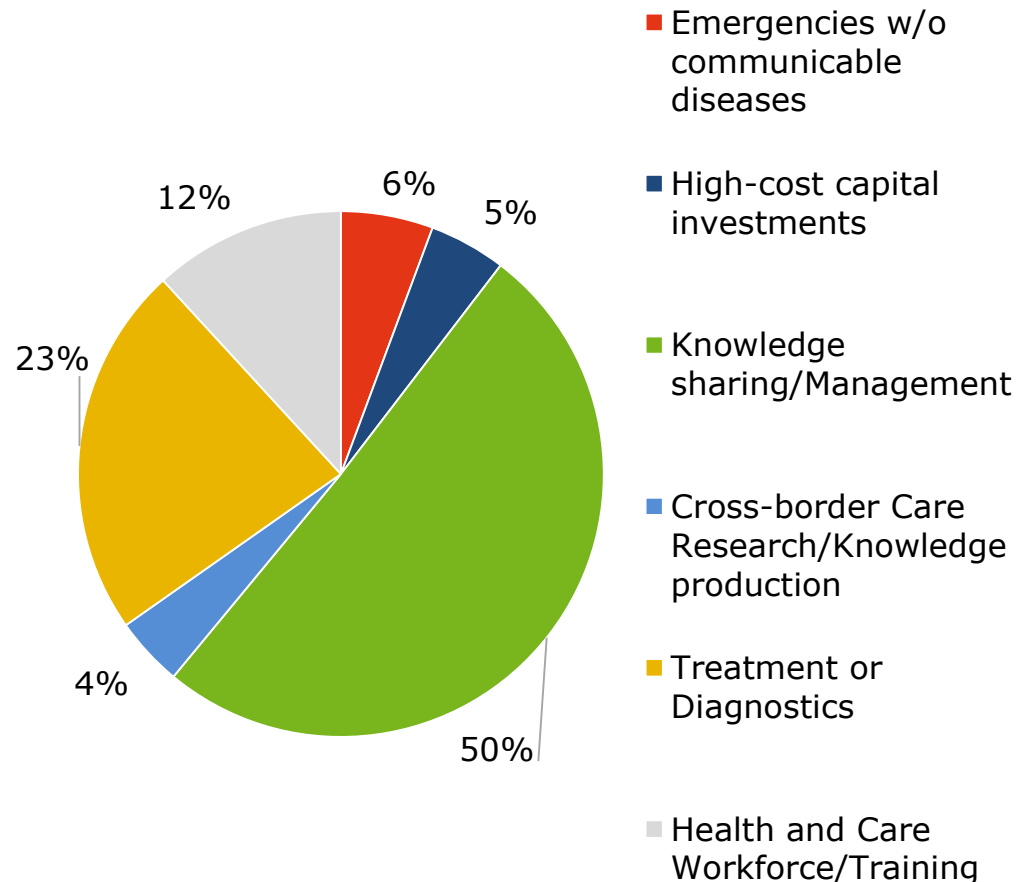
- » Hungary-Romania (n=43)
- » Germany-Netherlands (n=33)
- » Norway-Sweden (n=30)
- » Portugal-Spain (n=29)
- » France-Belgium (n=27)



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



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



Limitations

- » Cross-border projects outside the EU borders not included
- » cross-border projects related to communicable diseases not included
- » Difficulties in classifying (health system boundaries)
 - » 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

Conclusions I

- » Diverse picture of collaborations across Europe
- » Cultural, historical and geographical ties remain important
- » 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

Inventory list available under: https://goeg.at/study_on_cross-border_cooperation

Conclusions II

Based on upstream results of study

- » No “one size fits it all” solutions in CB healthcare collaboration
- » Collaboration in CB healthcare not trivial due to different motivations/interests of stakeholders, differences of HC systems, complexity of cooperation
- » Difficulty to reach sustainability of collaboration
 - » Almost half of projects investigated were discontinued

→ Need for provision of support for CB healthcare collaboration = starting position for Toolkit

Part II

CROSS-BORDER.CARE MANUAL & TOOLS

for supporting the start of cross-border collaboration in healthcare

Aim of the Manual & Tools:

- » provide **practice oriented support material for stakeholders** (i.e. healthcare providers, healthcare payers and local authorities) who are interested in starting cross-border collaboration

The Toolkit is designed as a Manual consisting of:

1. Tools related to **general project management information**

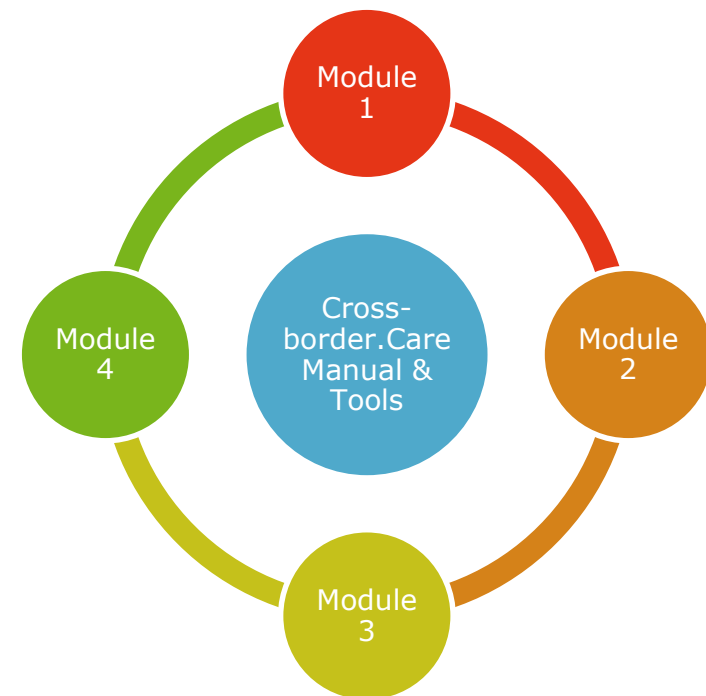
The Toolbox builds on results of upstream study results, especially a systematic inventory of cross-border collaborations in Europe (https://goeg.at/study_on_cross-border_cooperation) .

Introduction and general information

- » building upon guidelines developed by the European Commission [1] and adapted for Interreg projects [2]
- » following the project life cycle

Structure based on project life cycle → each module deals with different aspects of life cycle of CB collaboration

- » **Module 1:** Project preparation
- » **Module 2:** Project development
- » **Module 3:** Contracting
- » **Module 4:** Project implementation



[1] European Commission. Project Cycle Management Guidelines. Brussels: European Commission, 2004.

[2] INTERact. Project management handbook. n.d.

Introduction and general information

Who is the target group of the *Cross-border.Care Manual and Tools*?

- » Healthcare providers, e.g. hospitals, clinics or doctors
- » Healthcare purchasers, i.e. funding healthcare services
- » Public authorities and middlemen, serving as intermediary between collaborating parties
- » *Exclusion of patients → not involved in organizational and financial set-up of CB collaboration in healthcare*

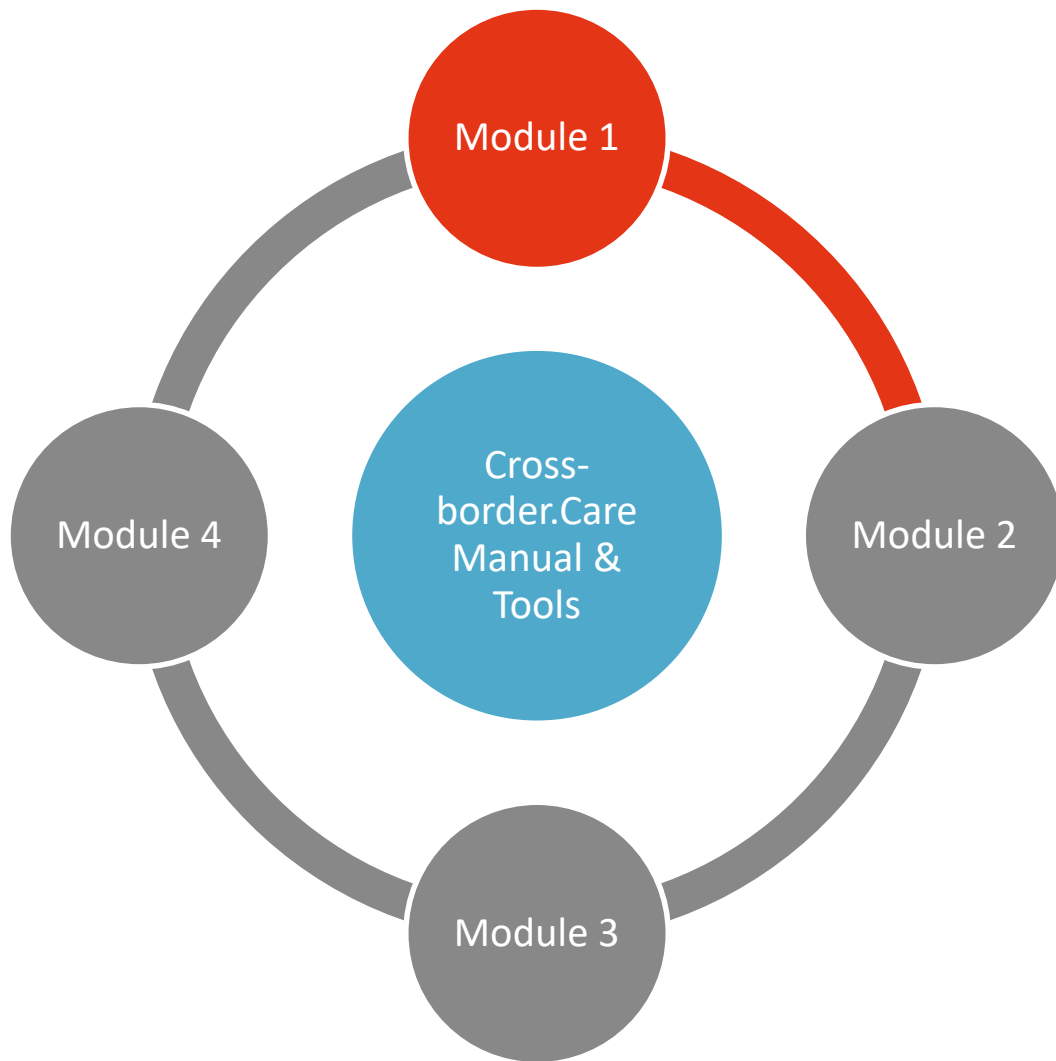
Introduction and general information

How should the *Cross-border.Care Manual & Tools be used?*

- » Modules build on one another → each stage needs to be completed in order to proceed; tools per module should facilitate proceeding into next life cycle stage

- » Flexibility:
 - » Integration of all tools into one Manual, but designed as self-standing support material
 - » No need to use every tool; users may focus on particular topics depending on experience

- » *Cross-border.Care Manual & Tools designed to provide an idea of what to consider when starting a CB collaboration project in order to make it a success*



PROJECT PREPARATION

Module 1: Project preparation

...consisting of 11 tools

...topics: development of project idea, building up project partnerships, identification/assessment of stakeholders and raising of project funding

Tool 1: How to identify the need for cross-border collaboration

Tool 2: Checklist: How to identify the right partners for setting up a cross-border care collaboration project

Tool 3: Assessment matrix for complementarity of cross-border care project partners

Tool 4: Checklist: Lead partner qualities

Tool 5: Guide to lead partner vs. project partner responsibilities

Tool 6: Checklist: Identifying stakeholders for cross-border care collaboration

→ **Tool 7: Stakeholder analysis matrix**

→ **Tool 8: Stakeholder management plan**

→ **Tool 9: Checklist: How to fund the cross-border care project**

Tool 10: Finalise the project concept with partners

→ **Tool 11: Final check ✓ Module 1**

Tool 7 & Tool 8

**STAKEHOLDER ANALYSIS MATRIX &
STAKEHOLDER MANAGEMENT PLAN**
INCL. INTRO

Based on the stakeholder matrix (see Tool 7: Stakeholder analysis matrix), users can identify four different types of stakeholders [1-3]:

- **Neutral:** the suitable strategy is to inform
- **Advocates:** the suitable strategy is to involve
- **Blocker:** the suitable strategy is to persuade
- **Sponsors:** the suitable strategy is to engage

Users will find people and organisations who are unlikely to put the planned collaboration project at risk, and instead have a **neutral attitude** towards the project. At the same time they do not represent an opportunity for the project. This group of stakeholders has a different set of priorities, so their capacity to affect results and their interest in the project and its outcomes are limited. Nevertheless, it is important to keep them in the information loop during the project, as they might move from a neutral position to playing a role closer to that of an advocate or blocker.

→ Fairly low degree of involvement at the stage of preparing the project

→ To be considered in the scope of project communication activities

Another group that users will identify are organisations and people that have certain expectations of the collaboration project. These can be described as the **advocates** of a specific collaboration project. Whether they become users of the project's output or beneficiaries of the project's results, this group should actively participate in the project from the very beginning.

→ These represent the target group of the project (i.e. (emergency) patients, healthcare personnel, healthcare providers etc.; they are not necessarily financially involved)

→ Fairly high degree of involvement at the stage of preparing the project

→ Survey their needs during implementation

→ Engage with them by means of initiatives (at different levels)

A group of stakeholders that negatively affect the project by means of active or passive decisions are the **blockers**. It is important not to disregard them. Instead they need to be persuaded of the value of the collaboration project so that their interest in it increases. Accordingly, a solid communication strategy that highlights how they benefit from the project, rather than a hypothetical approach, is crucial for conveying the message. Users need to identify stakeholders in this group at the very beginning of the project in order to build a targeted relationship. Special efforts are necessary if the blockers are internal stakeholders. Engaging such blockers might be most challenging.

→ Modest degree of involvement at the stage of preparing the project

→ Efforts should be made to gain their support (inform them of the benefits for them)

→ Survey their position during implementation

→ Engage with them by means of focused and targeted initiatives only

The last group of stakeholders consists of organisations or people that are pro-active players in the development of the project idea – **sponsors**. It is not uncommon for them to participate in decision-making and planning. These stakeholders might have been project partners, but were not chosen for various reasons (e.g. size of the partnership). As non-partners who are highly interested and capable of influencing the project, they can be involved as multipliers of the project. Users should therefore definitely involve them.

→ Fairly high degree of involvement at the stage of preparing the project

→ Be aware of their needs

→ Keep surveying their needs during implementation

→ Engage with them by means of initiatives (at various levels)

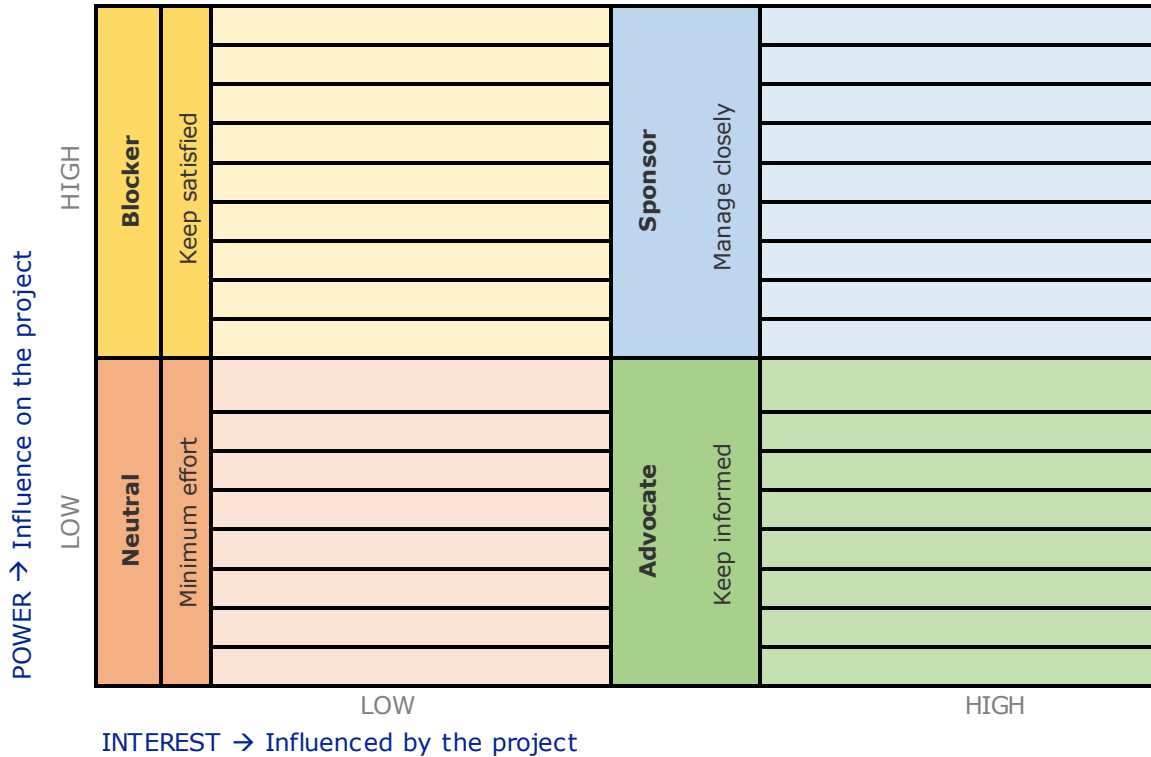
→ Include various activities in the project work plan

[1] INTERact. Project management handbook. n.d.

[2] Schmeer K. Stakeholder analysis guidelines. Policy toolkit for strengthening health sector reform. 1999: 1-33.

[3] Eskerod P, Vaagaasar AL. Stakeholder Management Strategies and Practices During a Project Course. Project Management Journal. 2014;45(5): 71-85.

Tool 7: Stakeholder analysis matrix



Source: [3, 4]

Sponsors	Key players with a high influence on the outcomes of the project. General strategy: Involve, engage and consult them regularly.
Advocates	Advocates are highly affected by the project. General strategy: Involve them and show consideration in order not to become a threat to them.
Neutral	Basically neutral, but a shift to any other position is possible. General strategy: Keep them informed.
Blocker	May hinder the work of the project and could be a risk to the project. General strategy: Engage and consult on area of interest, try to increase the level of interest.

- [1] Polonsky MJ. Stakeholder management and the stakeholder matrix: Potential strategic marketing tools. Journal of Market-Focused Management. 1996;1(3): 209-29.
- [2] Schmeer K. Stakeholder analysis guidelines. Policy toolkit for strengthening health sector reform. 1999: 1-33.
- [3] European Commission. PM². Project Management Methodology. Guide. Brussels: European Commission, 2016.
- [4] INTERact. Project management handbook. n.d.

Tool 8: Stakeholder management plan

Once all stakeholders of relevance to the cross-border collaboration project have been identified and classified (i.e. neutral, advocates, sponsors, blockers), it is important to analyse their influence on the collaboration in detail and prepare a strategy on how to engage them within the project.

By filling in this template (also available as an Excel file) of the stakeholder management plan, different stakeholders (blockers, neutral, advocates, sponsors) can be analysed in detail and strategies for how to deal with them can be developed (including engagement measures and responsibilities). As stakeholders' positions might change over time, the management plan should be regularly updated.

NAME OR GROUP	ROLE	PREDISPOSITION				MOTIVATION/DRIVERS	ANTICIPATED IMPACT	MILESTONES	ENGAGEMENT	RESPONSIBLE PARTY	DATE DUE	STATUS
	<i>Neutral, Advocate, Blocker, Sponsor</i>	<i>Current commitment profile: resistant, ambivalent, neutral, supportive/committed</i>				<i>Why is the stakeholder interested in the collaboration project?</i>	<i>What impact is the stakeholder likely to have on the collaboration?</i>	<i>At what point in the collaboration project is the stakeholder's involvement expected?</i>	<i>How should the stakeholder be engaged in the collaboration project?</i>	<i>Who is responsible for stakeholder engagement (project lead, project partner)</i>	<i>Task/involvement needs to be completed by</i>	<i>What is the status of engagement (ongoing, finished, planned)</i>
		-	0	+	++							
		-	0									
			0									
					++							
				+								
				+								
					++							
		-										
PREDISPOSITION TOTALS		2	2	2	2							

Tool 9

EXTERNAL PROJECT FUNDING

Not all cross-border collaboration projects can be started without any external funding support. Project partners are therefore advised to seek programmes that provide financial support. The checklist is designed to provide guidance on what to consider in the fundraising process.

Please put a cross ('yes', 'no') beside those points that you have already considered in the fundraising process.

Criteria to be considered in fundraising	Yes	No	Comments	Consequences in the case of 'No' (impact on other criteria, whole project, the timeline etc.)
<ul style="list-style-type: none"> • Have you identified all programmes likely to be compatible with your cross-border collaboration project? 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you finalised a systematic list of programmes that might provide funding? 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Is the level of activity addressed by your projects compatible with the programme considered? (i.e. local, regional, national or international) 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you selected programmes based on topics/problems addressed by your projects? (i.e. social, economic, environmental) 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you considered who runs the project? (i.e. ministries, local authorities, Euroregions, Eurodistricts etc.). 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you considered the geographical area of operation when deciding on a programme? 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you selected those programmes whose aims and objectives reflect the aims and objectives of your cross-border collaboration project best? 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you prepared the application for funds according to the programme's requirements? 				<i>Please think about the consequences if the criterion is not considered</i>
<ul style="list-style-type: none"> • Have you sent the application for funds to the programme? 				<i>Please think about the consequences if the criterion is not considered</i>

Tool 11

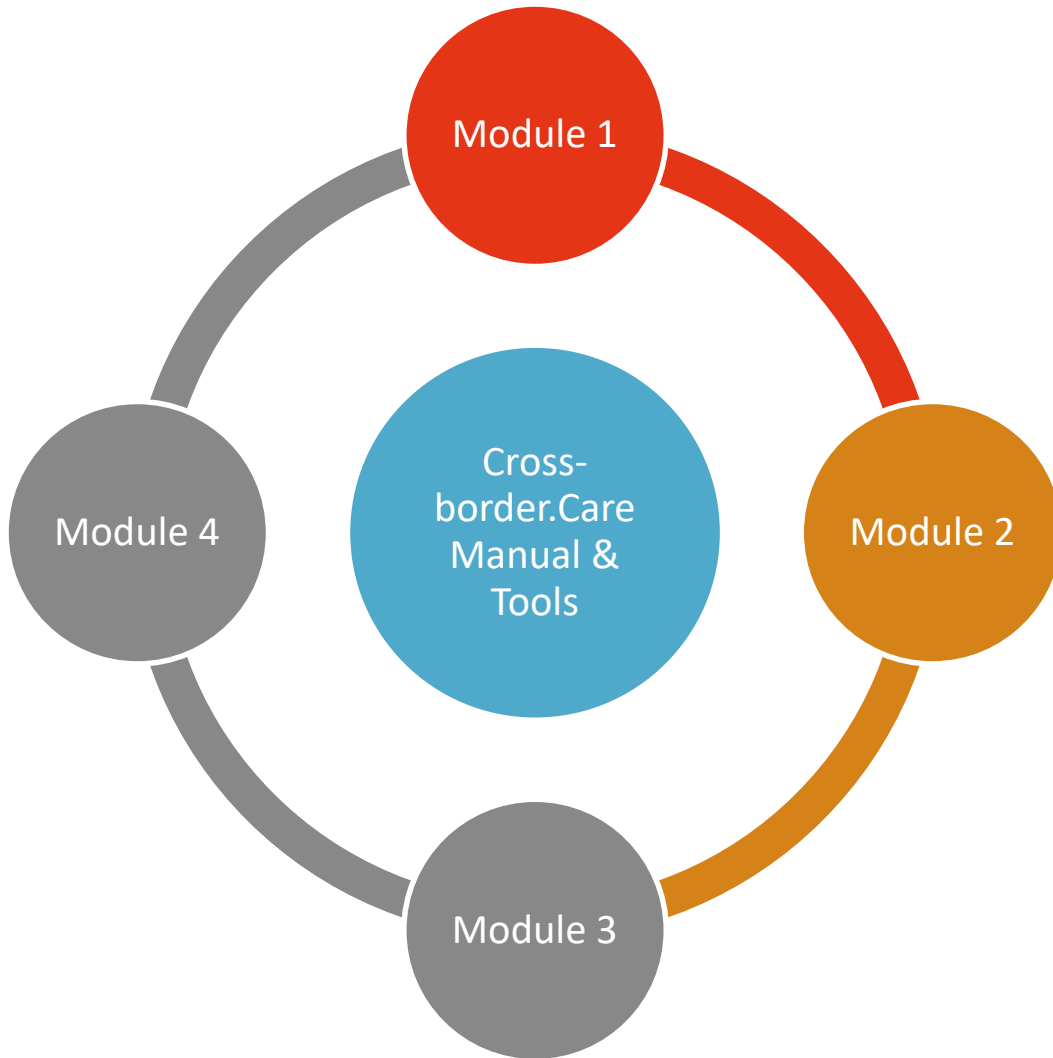
EXAMPLE FOR FINAL MODULE CHECK

Tool 11: Final check ✓ Module 1

Before you proceed to Module 2, please check whether you have considered the main topics in Module 1.

Topic	Criteria	Yes	No	Comments	Consequences (impact on other criteria, the whole project, the timeline etc.)
Generate cross-border collaboration idea	<ul style="list-style-type: none"> Specific need or demand for target group has been identified Tool 1: How to identify the need for cross-border collaboration				<i>Please consider the consequences if the criterion is not fulfilled</i>
	<ul style="list-style-type: none"> Partnership is based on expertise (experience and competence in the field), necessary capacity and cooperation Tool 2: Checklist: How to identify the right partners for setting up a cross-border healthcare collaboration project				<i>Please consider the consequences if the criterion is not fulfilled</i>
	<ul style="list-style-type: none"> The mix of partners takes into account how they complement one another Tool 3: Assessment matrix for complementarity of cross-border healthcare project partners				<i>Please consider the consequences if the criterion is not fulfilled</i>
	A trustworthy partnership has been established.				<i>Please consider the consequences if the criterion is not fulfilled</i>
Analyse Stakeholders	<ul style="list-style-type: none"> Project stakeholders have been identified and analysed Tool 7: Stakeholder analysis matrix				<i>Please consider the consequences if the criterion is not fulfilled</i>
	<ul style="list-style-type: none"> The stakeholders have been engaged in the process in line with their interests and attitudes towards the project Tool 8: Stakeholder management plan				<i>Please consider the consequences if the criterion is not fulfilled</i>
Project fundraising	<ul style="list-style-type: none"> Is there a clear need for external funding? 				<i>Please consider the consequences if the criterion is not fulfilled</i>
	<ul style="list-style-type: none"> External sources for raising funds have first been identified Tool 9: Checklist: How to fund the cross-border healthcare project				<i>Please consider the consequences if the criterion is not fulfilled</i>
Draft cross-border collaboration	<ul style="list-style-type: none"> The project idea has been drafted into a project plan defining: <ul style="list-style-type: none"> joint objectives partnership structures based on tasks and responsibilities lead partner vs. project partner responsibilities Tool 10: Finalise the project concept with partners				<i>Please consider the consequences if the criterion is not fulfilled</i>

PROJECT DEVELOPMENT



Module 2: Project development

...consisting of 15 tools

... topics: specification of project content, development of work plan, project budget and financing, establishing working culture and communication

Tool 12: Checklist: Specify the content of Health and Care Workforce and Training collaboration

Tool 13: Checklist: Specify the content of Emergency Care collaboration

Tool 14: Checklist: Specify the content of High-Cost Capital Investment collaboration

Tool 15: Checklist: Specify the content of Knowledge Sharing and Management collaboration

Tool 16: Checklist: Specify the content of Treatment or Diagnostics collaboration

→ **Tool 17: Template: Work plan structure**

Tool 18: Template: Schedule

→ **Tool 19: Checklist: What kind of costs should be considered when preparing the project budget?**

Tool 20: Checklist: What kind of supporting documents are needed per cost type?

→ **Tool 21: Template: Project budget sheet**

Tool 22: How to organise the project decision-making

Tool 23: How to organise communication

Tool 24: Ground rules for communication in a multinational and long-distance environment

Tool 25: Checklist: Project information flow

Tool 26: Final check ✓ Module 2

Tool 17

PROJECT WORK PLAN

Tool 17: Template: Work plan structure

As the backbone of each project, the project work plan details:

- What work will be carried out?
- Who will carry out the work?
- In what order will the work be carried out?
- How much time will it take to carry out the work?

Do's and don'ts in work package planning

- ✓ Cluster activities in a logical way and in chronological order
- ✓ Make sure that it is clear why activities are grouped and what is achieved by completing the work package
- ✗ Avoid putting too many activities in one work package, as these will be difficult to monitor during implementation
- ✗ Avoid vague statements, as

This template provides a generic overview of information to be covered in your work plan. Details on how to fill it out are provided below.

	What is the overall objective of the cross-border collaboration project					
Objectives	<i>Please describe</i>					
Work package 'title'	What is the purpose and (specific) objective of the work package?					
	<i>Please describe</i>					
	What are the main activities that will be carried out during the project (per work package, including timeline)?					
	Activity	Description	Target group	Responsibility (project partner)	Allocated budget	Timeline
	<i>Please describe</i>	<i>Please describe</i>	<i>Please describe</i>	<i>Please describe</i>	<i>Please describe</i>	<i>Please describe</i>

Source: GOE FP based on [1]

Objectives	<ul style="list-style-type: none"> • What are the specific objectives in order to achieve the overall goal of the collaboration? • Indicate which work package the specific objective(s) relate to
Work package description	<ul style="list-style-type: none"> • The work package title should reflect its content • Indicate the purpose and objectives of the work package
Activities and outcomes	<ul style="list-style-type: none"> • Output-based planning of activities is a pragmatic and easy approach, i.e. take the outputs that have already been identified as the basis and then, as a second step, identify the activities and resources that are needed to achieve those outputs
Target groups	<ul style="list-style-type: none"> • Describe the target group or stakeholders and how they are engaged within the project • Focus only on those who have an impact on the project
Responsibility (project partners)	<ul style="list-style-type: none"> • Define the responsibilities of the project partners • Who takes the lead of a respective work package and is therefore responsible for its delivery?
Budget	<ul style="list-style-type: none"> • Indicate a budget per work package or if possible per activity
Timeline	<ul style="list-style-type: none"> • Indicate the timeline per activity and globally per work package

Tool 19

PROJECT BUDGETING: WHAT KIND OF COSTS TO BE CONSIDERED?

Tool 19: Checklist: What kind of costs should be considered when preparing the project budget?

In the budget sheet (see [Tool 21 Project budget sheet](#)) different budget lines (i.e. types of costs) are considered. In order to know what kind of costs to consider when planning the budget, the main cost types are presented and explained below. Please be aware that it is a generic overview of cost types and specific requirements may apply to your project.

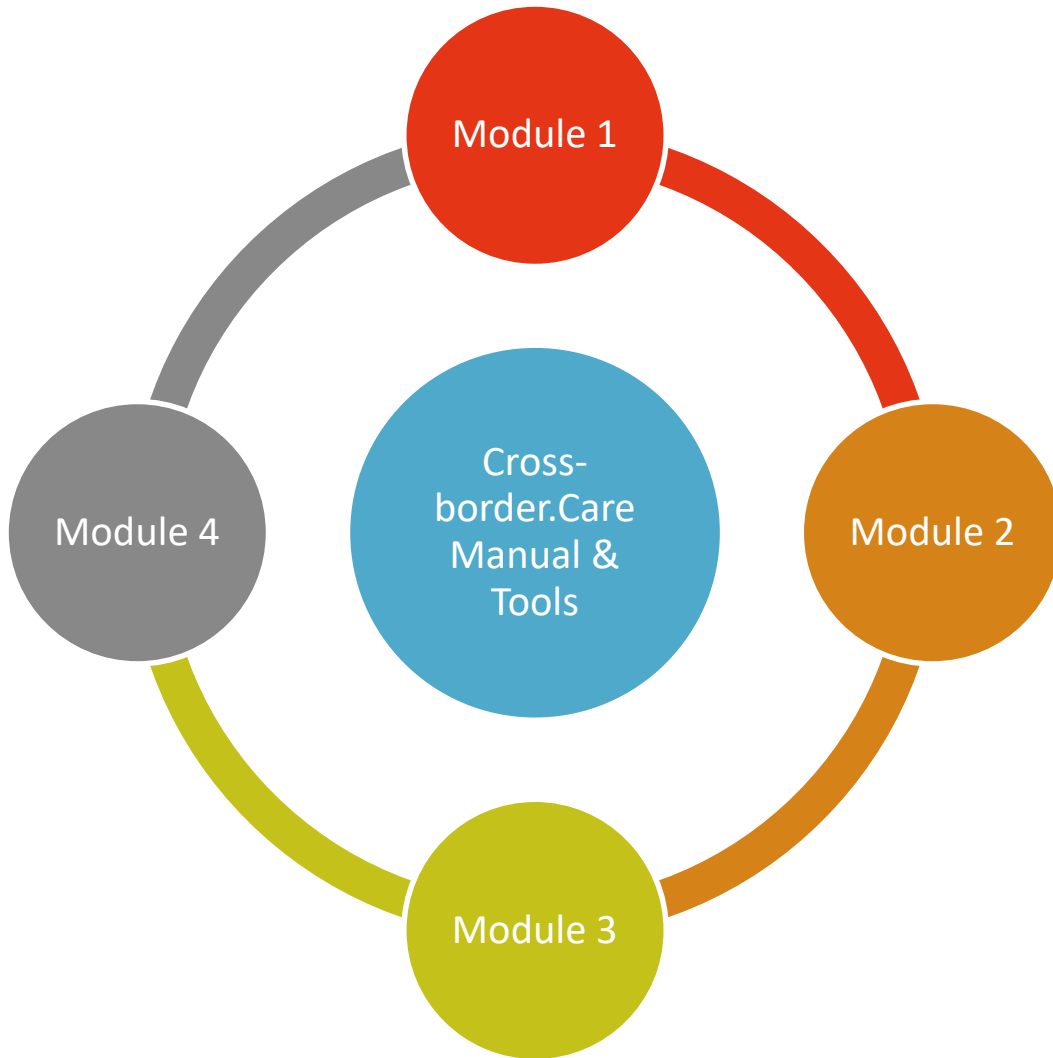
This checklist provides an overview of costs to be considered when preparing the project budget. Further explanation per cost type see below.

Cost types	Detailed information
Staff costs	<ul style="list-style-type: none"> • Must relate to activities which would not be carried out in the absence of the project • Includes only project-related costs • Overhead costs, office and administration costs and travel expenses are not included <p>To be considered:</p> <ul style="list-style-type: none"> ✓ National regulations on social security, holiday fund ✓ Arrangements for maternity/paternity leave, sick leave, overtime ✓ Timesheets for staff working on an hourly basis ✓ National regulation(s) on number of working hours
Office and administration	<ul style="list-style-type: none"> • Can cover direct and indirect costs • Does not include office equipment (furniture, IT hardware and software etc.) and audit costs • Forms of reimbursement – either on the basis of real costs or a flat rate, for example, (up to) 15 % of staff costs
Travel and accommodation	<ul style="list-style-type: none"> • Clear link to the project, e.g. participation in project meetings, site visits, seminars etc. • Travel and accommodation of external experts are not covered under this cost type
External expertise and services	<ul style="list-style-type: none"> • Work by external experts and service providers that is essential to the project • Payments are made on the basis of contracts and against invoices <p>To be considered:</p> <ul style="list-style-type: none"> ✓ Additional costs related to external experts (e.g. travel and accommodation) are to be covered under this cost type ✓ If you have applied for funding, there might be rules related to tendering ✓ Ensure a full audit trail for contracting: <ol style="list-style-type: none"> 1. Evidence of selection process 2. Contract or written agreement 3. Invoices or requests for reimbursements 4. Outputs of the work of external experts 5. Proof of payment
Equipment	<ul style="list-style-type: none"> • Costs are subject to applicable public procurement rules, so project partners must ensure compliance with those rules <p>To be considered:</p> <ul style="list-style-type: none"> ✓ Inclusion of full equipment costs (proof of sole use for project) vs. annual depreciation (during the project period) only ✓ Eligibility of second-hand equipment ✓ Eligibility of equipment purchased before the project period

Tool 21

PROJECT BUDGET SHEET (EXTRACT)

CONTRACTING



Module 3: Contracting

...consisting of 5 tools

...topics: clarification of legal topics, e.g. partnership agreements, legal form for operation of CB collaboration

→ **Tool 27: Checklist: Milestones to project partner agreement**

→ **Tool 28: Checklist of minimum requirements for a project partnership agreement**

→ **Tool 29: Guide to deciding which legal form to take**

→ **Tool 30: Decision tree for choosing the appropriate legal form for cross-border collaboration**

Tool 31: Final check ✓ Module 3

Tool 28

PROJECT PARTNERSHIP AGREEMENT

Tool 28: Checklist of minimum requirements for a project partnership agreement

At the beginning of a cross-border collaboration project, it is important to agree on duties and responsibilities before, during and after the collaboration. These should be stated in a project partnership agreement. In any case, a partnership agreement that fulfils at least minimum requirements needs to be developed and signed by all project partners to foster mutual agreement about the project process.

The following checklist provides guidance on the content to be covered when drafting a project partnership agreement.

Topic	Content	Comments
Definitions of project partners	<ul style="list-style-type: none"> • Lead partner (LP): the project partner who takes overall responsibility • Project partner (PP): any institution participating in the project financially and contributing to its implementation 	
Subject and duration of the agreement	<ul style="list-style-type: none"> • Arrangements governing the relations between the LP and all PPs in order to ensure sound implementation of the project 	
Budgetary allocation	<ul style="list-style-type: none"> • The overall budgetary allocation, based on a subsidy contract, partners' shares, arrangements for 'shared costs' 	
Project steering committee	<ul style="list-style-type: none"> • Depending on the complexity of the project, a decision-making body, composed of representatives of the LP and all PPs, might be necessary 	
Financial management, verification of expenditures and liabilities	<ul style="list-style-type: none"> • Each PP is responsible to the LP for guaranteeing the sound financial management of its budget • Procedures and deadlines for payments to PPs, accounts to be used, generated revenues or spending plan • Consequences/penalties in the case of failures to deliver and irregularities • Recovery obligations and procedures, i.e. procedures for reporting irregularities, procedures for withdrawal and recovery of unduly paid amounts, deadlines for repaying funds 	
Internal and external communication	<ul style="list-style-type: none"> • Agreement on internal and external communication flows, e.g. LP is responsible for external communication (ensures that the project achievements are communicated to the relevant stakeholders), PP prepares and presents deliveries and achievements as requested; both communicate within their networks 	
Cooperation with third parties and outsourcing	<ul style="list-style-type: none"> • In the event of outsourcing, the PPs will remain solely responsible towards the LP 	
Working language	<ul style="list-style-type: none"> • The working language of the partnership needs to be agreed on • Unless there is a common language, different languages should be treated equally 	
Other topics depending on individual circumstances	<ul style="list-style-type: none"> • In the case of external project funding through national or European authorities, other/additional requirements might apply 	

Tool 29 & Tool 30 – legal form of CBC collaboration

GUIDE ON LEGAL FORM

DECISION TREE ON LEGAL FORM

Tool29: Guide to deciding which legal form to take

Cross-border collaboration develops in stages from rather loose collaborative networks to contractual agreements. However, it does not necessarily reach the stage where the implementation of joint management bodies or the establishment of joint infrastructure are necessary [1]. Often a partnership agreement or memorandum is sufficient for cross-border collaboration projects. However, if the collaboration is sufficiently mature, a legal framework is important to ensure the validity of activities undertaken in the scope of the cross-border project. Usually, collaboration develop over time and this development goes beyond the project life cycle depicted in the *Cross-border.Care Manual and Tools*. Nevertheless, **Tool 29** is included to give users an idea of what CBHC collaboration may look like.

Cross-border collaboration arrangements can be summarised in [2]:

Informal arrangement for cross-border collaboration: a lot of cross-border collaboration projects between healthcare providers and local authorities are of an informal nature, as they do not involve any binding legal decision. Such informal arrangements can have a direct impact on the provision of care to the target population.

Cross-border collaboration agreements (bilateral, multilateral): informal cross-border collaboration arrangements may evolve into cross-border cooperation agreements. This is the simplest and least formal instrument for cross-border collaboration projects. Usually such an agreement is based on specific issues the collaborating parties are facing or a framework agreement might be concluded stating the parties' willingness to cooperate with one another. Collaboration agreements may be drawn up under national law or international inter-State agreements. However, the provisions of the agreement are implemented under the sole responsibility of the signatories.

As the number of cross-border collaboration activities increases, necessitating extensions of the agreements, cross-border partners may seek more formal arrangements. That often entails establishment of a legal cross-border collaboration body.

Cross-border collaboration bodies governed by public law: local healthcare providers and local authorities may establish legal cross-border collaboration bodies if bilateral or multilateral agreements between the Member States they belong to allow for it. The law of the country where they are officially headquartered governs such bodies. Tasks they may perform usually include cross-border governance, cross-border healthcare provision and cross-border management of public facilities such as hospitals.

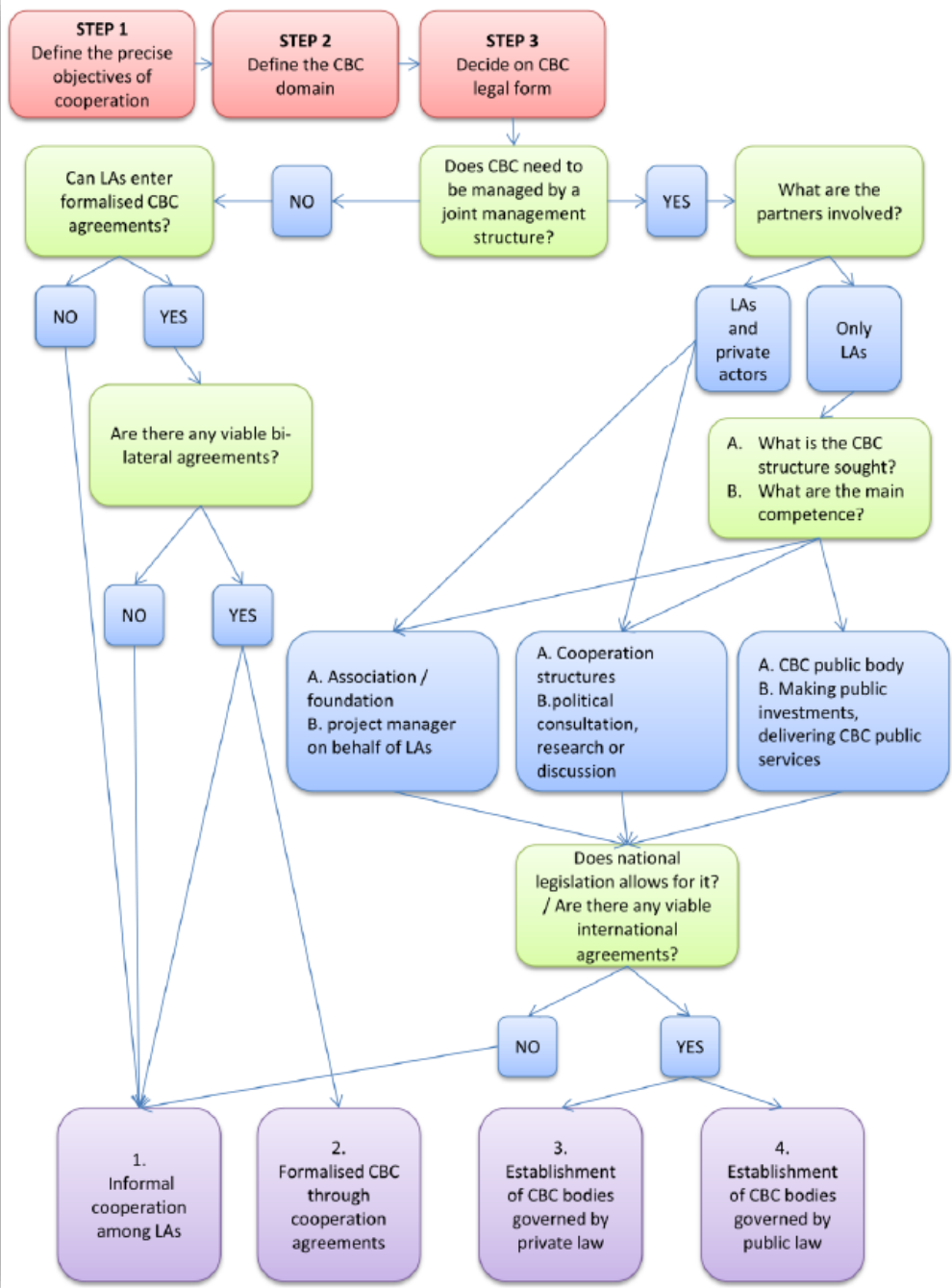
Regulation (EC) No 1082/2006 of the European Parliament and Council (5/07/2006) on the establishment of a European Grouping of Territorial Cooperation (EGTC) offers local communities and EU authorities a legal instrument that forms the legal basis for the establishment of a cross-border collaboration entity with legal personality [3].

The EGTC tool is a standard of reference, because it may be used in the entire European Union as well as on its external borders, which gives it high visibility in Europe. Established by an EU regulation in 2006, which was amended in 2013, the EGTC is a legal entity that has the ability to manage cross-border projects on behalf of its members. Using the EGTC requires choosing the national law that will govern it (the law of the country where the registered office is located). It can manage intangible (including cross-border governance) or tangible (equipment, infrastructures or joint services) cooperation projects in its members' common areas of competence. It can also take on the role of managing authority for European territorial cooperation programmes or be the vehicle for tools for integrated territorial development (2014-2020 period) [4].

(See hospital Cerdanya in the related report section 6.5.2.3.)

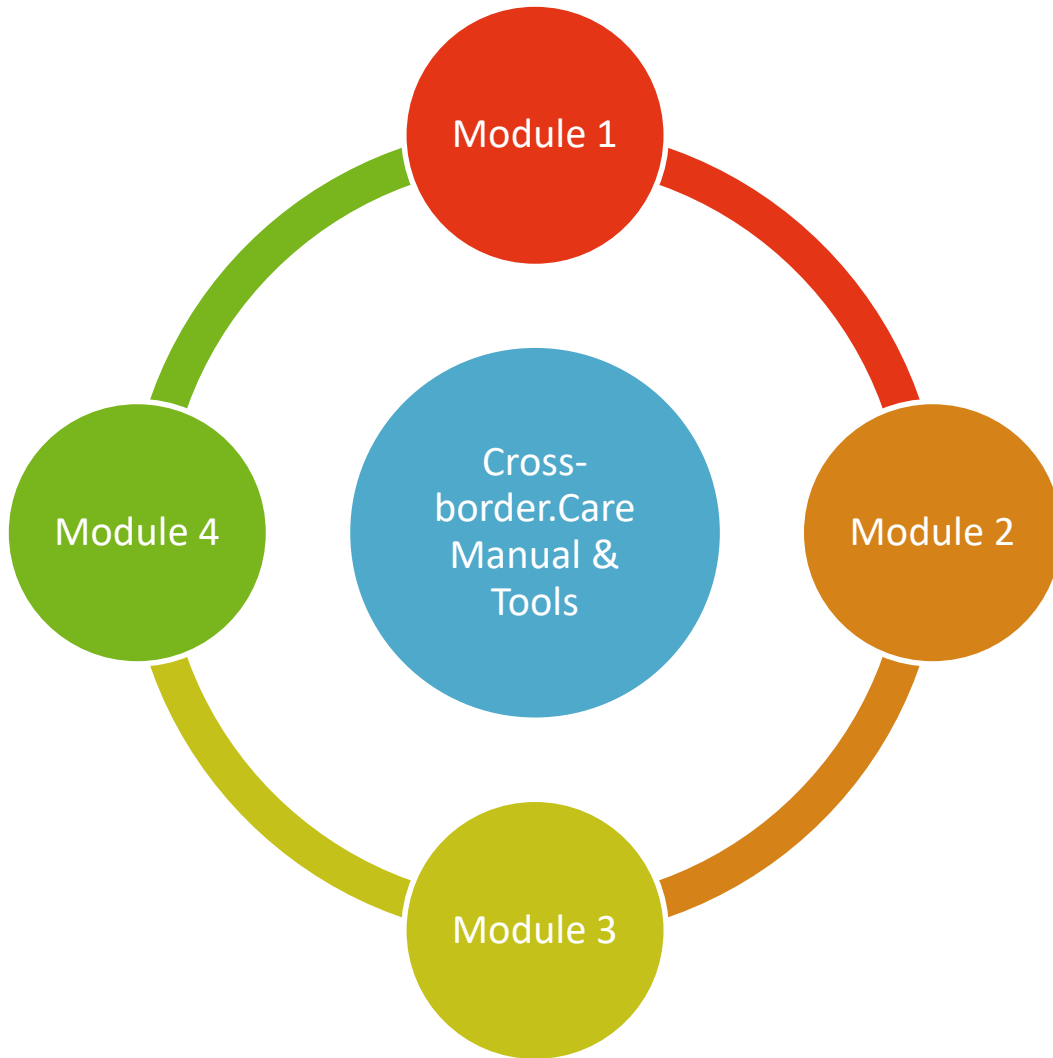
Cross-border collaboration bodies governed by private law: these are often not-for-profit structures governed by the (private) law of the Member State where the headquarters of the body are located. Such cross-border collaboration bodies may take the form of an association (or foundation) that acts as an 'operator' or 'project manager' on behalf of healthcare providers and local authorities. Such bodies are easy to set up, but their remit is often limited to promotion, lobbying and management of cross-border projects.

The decision on which legal form to take is a strategic one. It not only reflects the development of the cross-border collaboration, but also the political compromise that allowed the collaborating partners to develop the collaboration process. Before project partners decide to establish a legal body for cross-border collaboration, it is advisable to take sufficient time to study all the relevant legal aspects extensively. An in-depth legal impact assessment might be useful at this stage. Furthermore, it is advisable (unless required by law) not to decide too early on the exact legal form of the cross-border collaboration. Instead it should be the logical consequence of many other elements.



LA = local authority; CBC = cross-border cooperation

[1] Council of Europe, Del Bianco D, Jackson J. Cross-border Cooperation Toolkit. Strasbourg, 2012.



PROJECT IMPLEMENTATI ON

Module 4: Project implementation

...consisting of 9 tools

...topics: horizontal tasks related to project implementation, e.g. execution and monitoring of work plan, financial management, risk management

Tool 32: How to keep the project implementation on track

Tool 33: Checklist: Types of project modifications

Tool 34: Basics of financial planning

Tool 35: Checklist: How to avoid financial management problems

→ **Tool 36: Risk management – Introduction and instructions**

→ **Tool 37: Risk management matrix**

→ **Tool 38: Risk management template**

Tool 39: Final check ✓ Module 4

→ **Tool 40: Further reading**

Tool 36 & Tool 37 & Tool 38 – Risk management

INTRO

RISK MANAGEMENT MATRIX

RISK MANAGEMENT TEMPLATE

Tool 36: Risk management – Introduction and instructions

Risk management pre-assessment

Introduction

The purpose of the risk management pre-assessment is to identify potential risks associated with the planned project before the start of the project and to define potential prevention and mitigation strategies for the listed risks. Prevention strategies help to prevent identified risks from occurring in the course of the project, while mitigation strategies help to reduce their impact on the project if they do occur. Pre-assessment of risks and underlying strategies help ensure a rapid response to events that occur in order to exercise control at the earliest stage.

Instructions for the risk management pre-assessment

1. Please turn to the Risk management template (Tool 38) and fill in the potential risks associated with your project in the first column of the risk definition ('risk').
2. Please rate each of the listed risks by categorising them using the Risk management matrix (Tool 37) and fill in the impact, probability, level and rating key you attribute to each risk in the Risk management template (Tool 38).
3. Define the responsible stakeholder and state the organisation and name. This helps you to distinguish between the responsibilities of the various stakeholders involved in the project and indicate/communicate their respective responsibilities.
4. Develop potential prevention and mitigation strategies. The overall coordinator of the project is tasked with ensuring execution of prevention and mitigation strategies.
5. Inform stakeholders and responsible persons (responsible and executing persons) about the current status quo and request written confirmation of risk management pre-assessment.

Source: GOE FP based on [1-3]

[1] European Commission. Project Cycle Management Guidelines. Brussels, 2004.

[2] Datta S, Mukherjee S, editors. Developing a risk management matrix for effective project planning--an empirical study. 2001: Project Management Institute.

[3] Chapman C, Ward S. Project risk management: processes, techniques, and insights: Wiley; 2003.

Tool 37: Risk management matrix

Once risks have been identified, they need to be assessed on the basis of their probability of occurrence and their impact on the project. This can be done by using a risk assessment matrix (see Tool 37). A suitable risk management strategy (including risk prevention and risk mitigation) needs to be developed according to the given rating (low, medium, high risk).

Risk Rating Key	LOW ACCEPTABLE	MEDIUM ALARP (as low as reasonably practicable)	HIGH GENERALLY UNACCEPTABLE	EXTREME INTOLERABLE
	OK TO PROCEED	TAKE MITIGATION EFFORTS	SEEK SUPPORT	PLACE EVENT ON HOLD

		Risk impact on Project			
		ACCEPTABLE Little to no effect on project	TOLERABLE Effects are felt, but not critical to outcome	UNDESIRABLE Serous impact to the course of action and outcome	INTOLERABLE Could result in disaster
PROBABILITY	Low Probability Risk is unlikely to occur	LOW 1	MEDIUM 4	MEDIUM 6	HIGH 10
	Medium Probability Risk will likely occur	LOW 2	MEDIUM 5	HIGH 8	EXTREME 11
	High Probability Risk will occur	MEDIUM 3	HIGH 7	HIGH 9	EXTREME 12

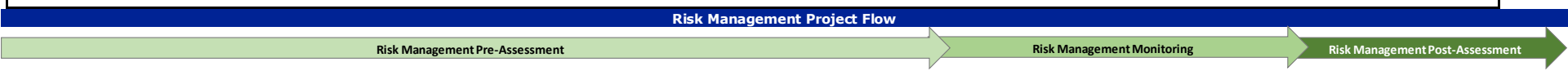
[1] European Commission. Project Cycle Management Guidelines. Brussels, 2004.

[2] Datta S, Mukherjee S, editors. Developing a risk management matrix for effective project planning--an empirical study. 2001: Project Management Institute.

[3] Chapman C, Ward S. Project risk management: processes, techniques, and insights: Wiley; 2003.

Tool 38: Risk management template

This template is designed to help users manage the identified and assessed risks (see [Tool 37](#)) related to the implementation of a cross-border collaboration project. The template is available in Excel format.



*Please fill in based on the matrix results (Tool 37)

Risk definition					Stakeholder definition	Risk prioritization and mitigation			Risk Post-Assessment		
Risk	Risk impact*	Probability*	Risk Level*	Risk Rating Key*	Order	Application of prevention/mitigation strategy	Rating of prevention/mitigation strategy	Supporting factors of risk prevention/mitigation	Hindering factors of risk prevention/mitigation process	Best practice advice	
Risk Management Post-Assessment											
Risk Post-Assessment											
						Supporting factors of risk prevention/mitigation process	Hindering factors of risk prevention/mitigation process	Best practice advice	Rating of prevention/mitigation strategy	Name	
						e.g. predefinition of potential successors with related qualification profile	e.g. unavailability of successor, successor with non-equal qualification profile	(depending on the project outcome, e.g. predefinition of successor allowed for a quick replacement with minimal project delays)	highly successful, successful, unsuccessful, not successful	XY	

*Please fill in

e.g. human resource (broad definition) be further specified

thorough HR planning, personnel turnover

replacement personnel with similar qualification

e.g. predefinition of potential successors with related qualification profile

e.g. unavailability of successor, successor with non-equal qualification profile

(depending on the project outcome, e.g. predefinition of successor allowed for a quick replacement with minimal project delays)

highly successful, successful, unsuccessful, not successful

XY

(depending on the project outcome, e.g. predefinition of successor allowed for a quick replacement with minimal project delays)
e.g. unavailability of successor, successor with non-equal qualification profile

Tool 40

FURTHER READING

Tool 40: Further reading

Toolkits - cross-border cooperation in general

Centre of Expertise for local government reform & Institute of International Sociology Gorizia.

Leadership 2017: practition/ Eurodiaconia. Toolkit on European Funding and Project Management 2016: <https://www.eurodiaconia.eu/>

Mission Of
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2012.

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Toolkits – general project management

Eurodiaconia. Toolkit on European Funding and Project Management 2016:
<https://www.eurodiaconia.eu/>

Schmeer K. Stakeh
reform. 1999: 1-33.

Trisan. Realisierung
<https://www.trisan.de/grenzueberschreiter>

European Commis
Commission, 200
delivery-methods-pr

European Commis
Commission,
[/publication/0e3b4e](https://publication/0e3b4e)

INTERact.
<https://www.ewt.gov.uk/>

Chapman C, Ward S
2003.

Datta S, Mukherjee
planning--an empiri

Eskerod P, Vaagaas
Course. Project Man

Legal documents

European Union. Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union. Official Journal of the European Union. 2012: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=EN>

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, (2005): <http://eur-lex.europa.eu/LEXUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:EN:PDF>

European Commission. Regulation (EC) No 883/2004. 2004: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:166:0001:0123:en:PDF>

Research on cross-border healthcare cooperation

Glinos I, Wismar M, Eds. Hospital and Borders Seven case studies on cross-border collaboration and health system interactions. Copenhagen: WHO; 2013: http://www.euro.who.int/_data/assets/pdf_file/0019/233515/e96935.pdf

Wismar M, Palm W, Figueras J, Ernst K, Van Ginneken E, Eds. Cross-border Health Care in the European Union. Brussels: European Observatory on Health Systems and Policies; 2011: http://www.euro.who.int/_data/assets/pdf_file/0004/135994/e94875.pdf

Glinos IAW, M.; Palm, W. Cross-border collaboration in health care: when does it work? European Journal of Public Health. 2014; 24(suppl_2): http://www.euro.who.int/_data/assets/pdf_file/0009/263538/Cross-border-health-care-in-Europe-Eng.pdf?ua=1

Delecousse E, Leloup F, Lewalle H. European cross-border cooperation on health: Theory and practice; Luxembourg: Publication Office of the European Union; 2017: http://ec.europa.eu/regional_policy/en/information/publications/brochures/2017/european-cross-border-cooperation-on-health-theory-and-practice



Source: pixabay.com

At a glance

- » 1 Manual = 4 Modules = 40 Tools
- » Project management support for starting CB healthcare collaboration
- » All Tools are available in Word or Excel format
 - » Download of separate documents (per Tool):
https://goeg.at/study_on_cross-border_cooperation
 - » Full study report: <https://publications.europa.eu/en/publication-detail/-/publication/52088b97-3234-11e8-b5fe-01aa75ed71a1/language-en>

THANK YOU FOR YOUR ATTENTION!

DO YOU HAVE ANY QUESTIONS?



Contact:

Julia Bobek: julia.bobek@goeg.at

Part III (ANNEX)

FORESIGHT MODELLING of cross-border care

Aim of the foresight modelling:

- » 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?

Past-Present-Future considerations

» **Part A: Driving factors of Cross-Border Health Care (CBHC)**

- » What has been driving CBHC in the past?
 - » Evidence from previous studies (desk research)
 - » Good practice experiences
- » What may be driving CBHC in the future?

„Horizon Scanning“

» **Part B: Identifying possible future paths/senarios of CBHC (by 2030)**

- » Which aspects/drivers may be changing?
- » Which aspects/drivers remain constant?
- » Which aspects/drivers are constantly changing?

„Foresight Exercise“

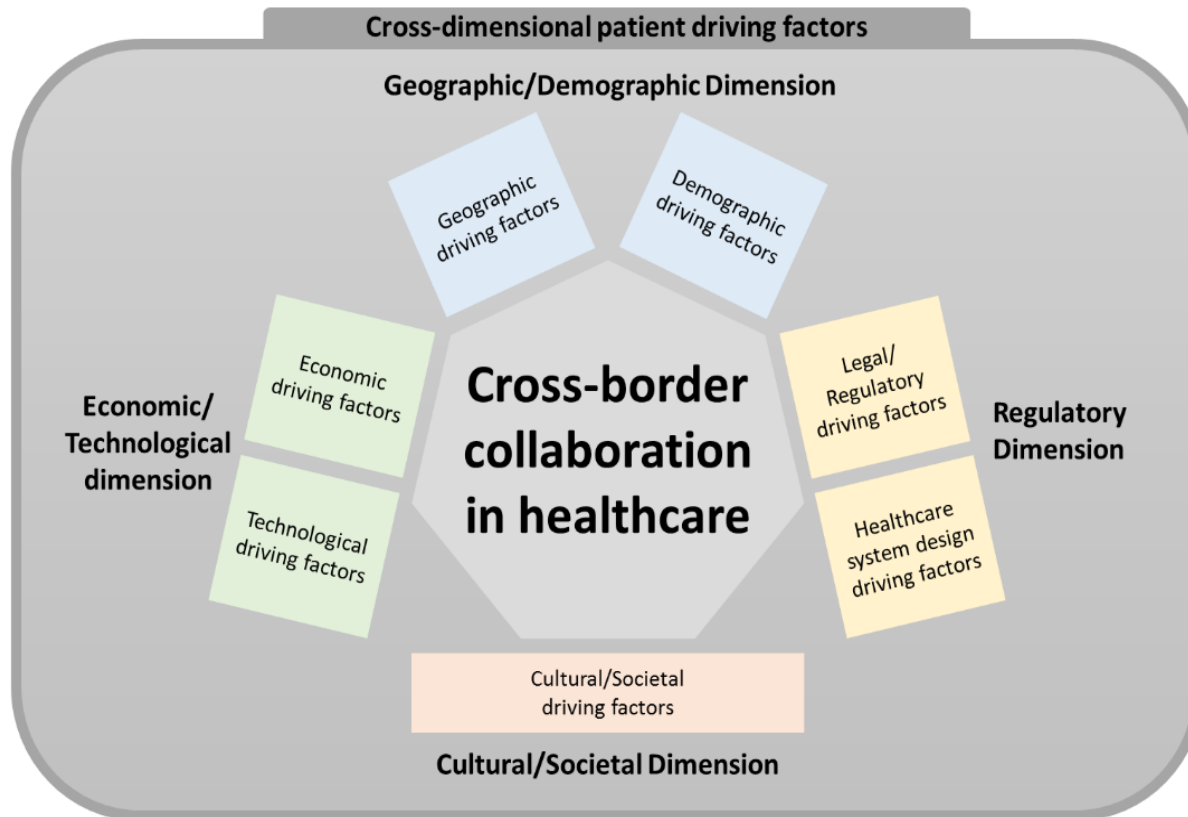
» **Part C: Policy recommendations**

Methodology

- » Application of a combination of **horizon scanning** and **foresight modelling**
 - » Systematic scan for potential and actual key driving factors for cross-border collaboration in healthcare
 - » Collection of driving factors: Literature and data review using the “STEEPLE framework” (i.e. social, technological, environmental, economic, political, legal and ethical factors)
 - » Identification of key drivers: Clustering and analysis of driving factors presented in Impact/Certainty-Matrix
 - » Agreement on a set of key indicators to monitor developments
 - » Scenario-building
 - » Draft scenarios (story lines)
 - » Validation of scenarios
 - » Analysis of future (policy) scenarios
 - » Identification of critical challenges (SWOT tables)
 - » Development of policy options and recommendations for cross-border collaboration in 2030
 - » **Stakeholder involvement throughout the work package**

Part A: Horizon scanning

Clustering different driving factors



Examples:

- » Geographical proximity (number of borders)
- » Cultural proximity (shared history, language, culture)
- » Characteristics of health care systems (availability in national systems)
- » Economic situation (cost containment, austerity)

Source: GÖ FP

Part B: Foresight modelling

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)

Assumptions

- » 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 scenarios

The development of scenarios was done in three subsequent steps.

- » **Identification** of most **important driving factors** for CBHC and evaluation of **degree of uncertainty** associated with the development of each driving factors (→Horizon Scanning)
- » Based on the driving factors and horizon scanning **four potential future scenarios were drafted** (+ one scenario building upon the status quo)
 - » Scenarios are listed in ascending order with respect to the extent of collaboration from Scenario 1 to Scenario 5.
 - » Different types of cross-border collaboration in healthcare are assumed to be fostered in the scenarios
 - » Scenarios are not mutually exclusive
- » A SWOT analysis was carried out by Experts, which allowed to refine the description of the scenarios

Scenarios (1/2)

Scenarios/ Driving Factors	Scenario 1 Status quo (carrying on)	Scenario 2 Regional collabora- tion within and across countries (together with cross- border neighbours)	Scenario 3 Empowered Patients (letting them do, bottom- up)	Scenario 4 Strategic networks (doing much more to- gether)	Scenario 5 Member States' payer network (responsible together, top-down)
1. & 2. Geo- graphical/de- mographic driv- ing factors	<ul style="list-style-type: none"> Lower national and European access barriers, National patient population/epidemiology 	<ul style="list-style-type: none"> High importance of regional networks Geographic proximity Regional patient population/epidemiology Lower regional access barriers 	<ul style="list-style-type: none"> Limited geographic barriers EU patient populations/ EU-wide epidemiological characteristics 	<ul style="list-style-type: none"> Lower influence of geographic factors Clustered patient population/epidemiology Selective reduction of access barriers 	<ul style="list-style-type: none"> 'Fluid borders' European infrastructure of payer organisations Only selective access barriers remain
3. Cultural/ Societal driving factors	<ul style="list-style-type: none"> National and EU-wide patient mobility, National and EU-wide health professional mobility 	<ul style="list-style-type: none"> Cultural identification Selective patient mobility (e.g. specific treatments) Selective health professional mobility 	<ul style="list-style-type: none"> EU-wide patient mobility (patient-induced) High level of patient choice HC professional training capacities oriented on patient flows 	<ul style="list-style-type: none"> Set-up of centralized mechanism to facilitate healthcare e.g. exchange of electronic health records Lower importance of cultural proximity Encouraged health-professional mobility 	<ul style="list-style-type: none"> EU-wide patient mobility (payer-induced) Health professional mobility (payer-induced)
4. Legal/ regulatory driv- ing factors	<ul style="list-style-type: none"> TFEU/ TEU unchanged, bilateral agreements, health care/Health policy is national responsibility 	<ul style="list-style-type: none"> TFEU/ TEU unchanged Bilateral agreements Health care/Health policy remains primarily national responsibility Main legal aspects are responsibility of MS Informal agreements 	<ul style="list-style-type: none"> TFEU/ TEU unchanged Bilateral/ multilateral agreements Health care/Health policy remains primarily national responsibility National contribution by providing information access Reinforced patient rights in regulatory frameworks 	<ul style="list-style-type: none"> TFEU/ TEU unchanged Multilateral agreements Health care/Health policy remains primarily national responsibility Regulated competition Brokering organisations facilitating patients' healthcare use abroad possible Opt-in of MS incl. legal or formal agreements Third country involvement possible 	<ul style="list-style-type: none"> TFEU/ TEU unchanged Bilateral and multilateral agreements Health care/Health policy remains primarily national responsibility Liberalized competition between insurers EU-wide capacity sharing incl. platform for information exchange on capacities

Scenarios (2/2)

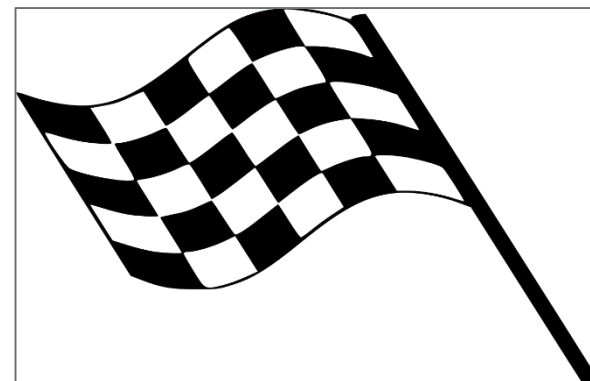
Scenarios/ Driving Factors	Scenario 1 Status quo (carrying on)	Scenario 2 Regional collabora- tion within and across countries (together with cross- border neighbours)	Scenario 3 Empowered Patients (letting them do, bottom- up)	Scenario 4 Strategic networks (doing much more to- gether)	Scenario 5 Member States' payer network (responsible together, top-down)
5. Healthcare System design driving factors	<ul style="list-style-type: none"> Public funding, national pooling of HC resources, enforcing national specialised units/health professional training, national quality & safety standards, strong participation in ERNs 	<ul style="list-style-type: none"> Collaborative regional R&D Regional joint financing; improved quality and safety Joint regional HC professional training Creation of more highly specialised regional mechanisms Creation of regional specialised networks 	<ul style="list-style-type: none"> Increased utilisation of HC providers Higher level of OOP payments Reimbursement HC professional training/ R&D orientating on demand driven HC Creation of specialised networks driven by patient demand 	<ul style="list-style-type: none"> Opt-in MS incl. budgetary agreements Clustered R&D Clustered financing Clustered HC professional training Specialised units throughout HC cluster Clustered quality & safety standards Creation of highly specialised networks (such as ERNs) 	<ul style="list-style-type: none"> Potential rise of 3rd party intermediaries and private for-profit and not-for-profit healthcare insurance providers Joint financing of payers R&D collaboration at EU-level Exchange of quality & safety standards between payers EU-wide specialised HC units (payer-induced) Creation of highly specialised networks
6. Economic driving factors	<ul style="list-style-type: none"> Continued problems of healthcare funding, price increases, national pooling of resources, adaptation HC supply/demand 	<ul style="list-style-type: none"> Clustering of regional HC resources across borders Joint investments on regional level Balance of prices accounting for different price levels Selective regional innovation 	<ul style="list-style-type: none"> Increased OOP expenses if health services and related expenses (e.g. travel costs) not covered by MSoA Price-levels decisive Increased competition between providers Demand-driven innovation 	<ul style="list-style-type: none"> Market harmonization between participating MS Clustered investments Clustered resource pooling Balance of prices accounting for different price levels Clustered innovation 	<ul style="list-style-type: none"> EU-wide capacity building (payer-induced) Potential joint investments at EU-level Payer-induced innovation processes
7. Technological driving factors	<ul style="list-style-type: none"> Information database on national level, increased networking within MS, nation-wide network for telemedicine solutions 	<ul style="list-style-type: none"> Information database on national level Selective information exchange (e.g. regarding electronic health records) based on bilateral agreements Small scale telemedicine solutions between regional collaborators 	<ul style="list-style-type: none"> Database/platform incl. all patient-relevant data & health services (regulatory and patient provision) Telemedicine solutions induced by health professionals to meet patient needs 	<ul style="list-style-type: none"> Clustered databases and platforms Selective, clustered information exchange Increased use of telemedicine solutions within cluster 	<ul style="list-style-type: none"> European payer databases & platforms incl. patient data, knowledge exchange, training Telemedicine solutions used for cost-effectiveness IT solutions supporting capacity building and sharing Use of IT infrastructures for joint procurement

ERNs= European Reference Networks; MSoA= Member State of Affiliation; TFEU=Treaty on the European Union; TFEU = Treaty on the Functioning of the European Union

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

Scenario II: Regional collaboration within and across countries

Focus on:

- » Focus on regional collaboration
- » Optimised use of resources and capacities on regional level
- » Low(er) regional access barriers
- » Informal (bilateral) agreements
- » Regional joint financing and investments
- » Joint regional training initiatives for health care staff
- » Highly specialised regional units and networks
- » **Selective regional collaboration (innovation, data exchange, etc.)**



Source: pixabay.com

“Together with cross-border neighbours“

Scenario III: Empowered patients

Focus on:

- » Patient networks and platforms
- » Demand driven healthcare
- » Limited geographic barriers across the EU
- » Telemedicine solutions oriented on patient needs (eHealth Patient Platforms)
- » Patient`s choices and patient`s rights
- » Specialised networks and training for health care staff driven by patient demand
- » Better quality via increased provider competition
- » Possible undercapacities (through lower demand)
- » Information asymmetry might exclude less empowered patients



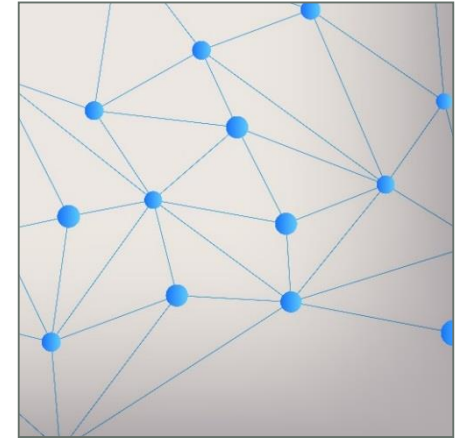
Source: pixabay.com

„Letting them do
(bottom-up)“

Scenario IV: Strategic networks

Focus on:

- » Healthcare clusters throughout Europe
- » Multilateral agreements
- » Possibility to opt-in for EU member states
- » Regulated competition
- » Small scale to large scale (primary care to high cost capital investment)
- » Centralized mechanisms for data exchange
- » Encouraging health professional mobility
- » Clustered financing, R&D, health care professional training
- » **Selective collaboration**
- » **Higher formal requirements and transactions costs**
- » **Imbalance in access (inequity outside the cluster)**



Source: pixabay.com

„Doing much more together“

Scenario V: Member States' payer network

Focus on:

- » European infrastructure of payer organisations
- » Payer-induced patient mobility
- » Joint financing, investments and R&D
- » Pooling of knowledge and experience
- » Use of infrastructure for joint procurement
- » European payer database platforms
- » Cost-effective telemedicine solutions implemented
- » **Selective barriers for providers and patients (High patient involvement necessary through unilateral perspective)**



„Responsible together
(top-down)“

Conclusions

- » It is likely that those CBHC scenarios will be most relevant for policy-makers in the next two decades where either
 - » geographical and/or cultural proximity play a role,
 - » or where gaps in availability of health care services drive patients to seek care abroad
- » The concept of 'fluid borders' remains central in determining CBHC in the EU
- » Regionally driven collaboration requires less political commitment
- » A country's or region's peripherality and relative geographical isolation were also found to be drivers for CBHC
- » Each of the scenarios represents certain equity-efficiency trade-offs (e.g. geographical inequities may increase as a consequence)
- » Scenarios present different aspects of possible future CBHC but are not mutually exclusive