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Cross Border Care – What works

EUREGIO

- European Regions
- Evaluation Report May 2007
- E4 billion Interreg initiative

Why do people cross borders

- Services closer to home
- Lower waiting lists
- Access to improved care
- Access to treatment not available in home country
- Better use of resources
- Reduced cost
- Emergency coordination
- Patient choice in the health market

Examples of good practice (why did they work)

- Meuse-Rhine (DE,NL,BE)
- State of the Art Medicine (DE,NL)
- Joint Hospital (FR,ES)
- Integrated Emergency Services (DE,NL,BE)
- Telemedicine (DE.PL)
- HIV Treatment (IT,FR)
- Dental Care (FI,SE)

Promoting factors

- Strong reliable partners
- Professional commitment and support
- Sensibly resourced project team
- Good project plans
- Agreements about financing mechanisms
- Resolution of any language barriers
- Real and obvious need and benefit

Hindering Factors

- No agreement about funding mechanisms
- Competition problems
- Incentives wrong
- Significant tariff variation
- Low political interest and support
- Problems about legal certainty
- National/Regional tensions

Cross Border or EU wide ?

- Transforming small scale examples of effective cross border collaboration into an EU wide system presents enormous challenges;
- No consistent IT systems
- Political will is weak or opposed
- GDP investment levels vary widely
- Health status variation is wide (Life expectancy)
- Potential health gain from EU wide step is unclear

There is a place for regulation

- Professional recognition

There is place for EU funding

- Structural funds for capital investment
- Health is an economic generator not a drag on national treasuries
- Seed money—short term

There is a role for EU coordination in the health sector

- Infection surveillance and control
- Emergency services coordination
- Perhaps Rare Disease Networks

No Need for a Directive

- Bureaucratic cost
- Government level agreements better
- If trend away from publicly managed service providers continues this may change as Health moves away from a service that needs managing to an industry that needs regulating

Undesirable and impracticable [next ten years]

- Single EU IT system
- EU wide DRG system
- EU wide tariffs
- EU wide detailed regulation or accreditation of health providers
- EU wide quality standards
- For any of the above health status and national health investment levels need to be more closely aligned than they are at present.

EU Role

- Facilitate collaboration between countries
- Develop a powerful public health vision and give it teeth
- Appoint an EU Director of Public Health with a seat on the Commission and brief to include leading on health impact assessments of wider policies
- Build a powerful EU health mirror which displays health trends across the EU.

Conclusion

- The EU can add value to cross border service development and improvement.
- Good progress has been reported from past initiatives.
- They should be continued