

EUREGIO II

First Meeting

9 – 10 March 2009



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Health economist

WHAT IS HOPE?

The European Hospital and Healthcare Federation, is an international non-profit organisation, created in 1966.

HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organization and operation of hospital and healthcare services.

European Hospital and Healthcare Federation

HOPE is an excellent example of the diversity of European healthcare system

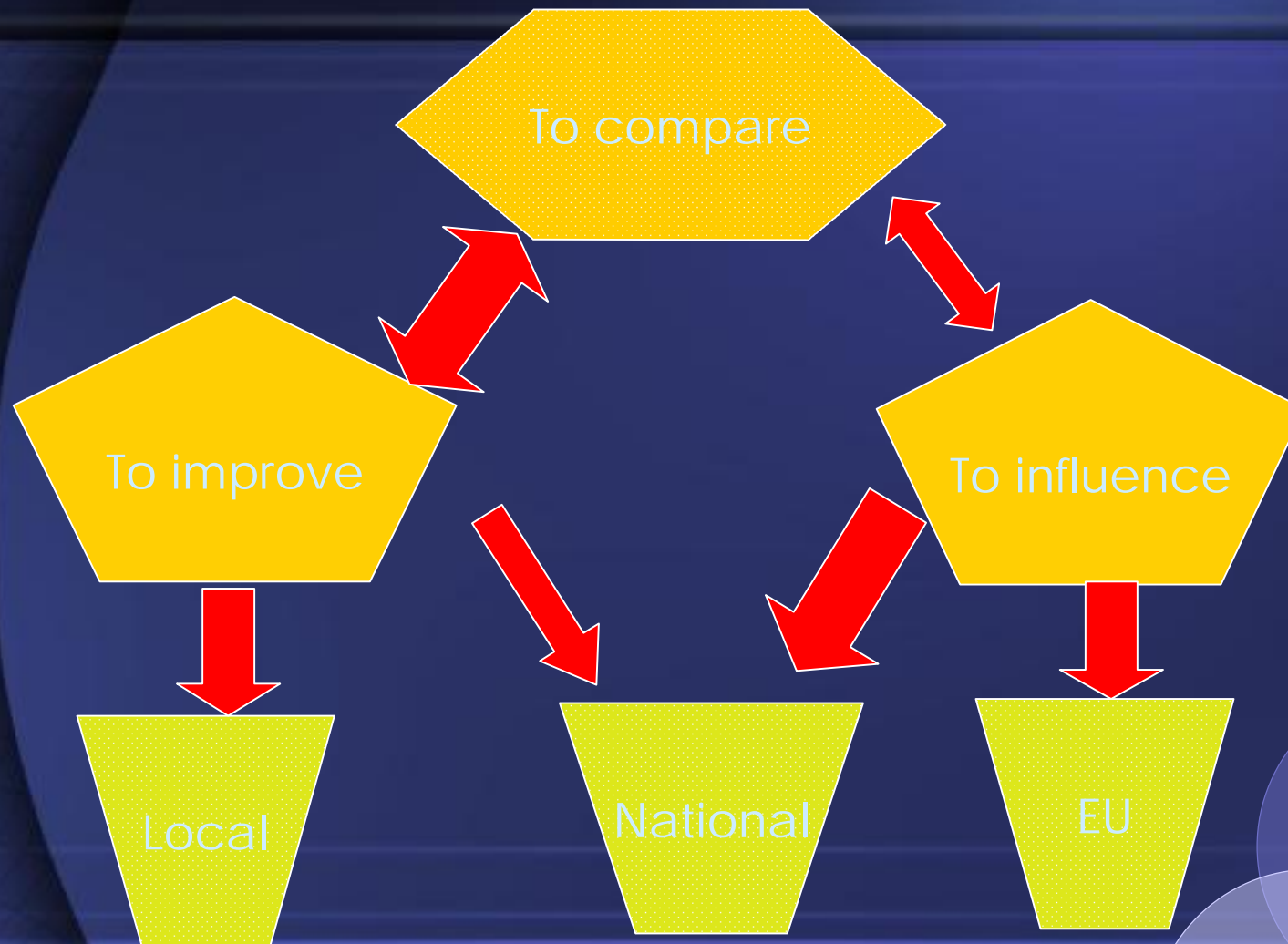
HOPE includes:

- National hospital associations
- Federations of local and regional authorities
- Representatives from the national health systems or ministries of member states of the EU

OWNERSHIP IS THE BASIS FOR MEMBERSHIP

32 members from 27 countries

HOPE CORE ACTIVITIES



HOPE CORE ACTIVITIES

1. Knowledge and Exchange

1.1. Information

1.2. Exchange Programme

1.3. Conferences

2. Influence and Representation

2.1. Comparing to influence

2.2. Impact on hospitals

2.3. Influence

1. Knowledge and Exchange

1.1. Information

- ü Since 1998, an Official Reference Book "Hospital Healthcare Europe" has been published in collaboration with Campden Publishing Limited (London).
- ü HOPE also produces leaflets on a specific topic describing the situation in the various Member States as well as thematic books and reports on its seminars.
- ü Since February 2003 HOPE has been publishing a monthly newsletter presenting EU developments and national health care news.

1. Knowledge and Exchange

1.1. Information:

Some examples of topics for reports, seminars and publications

- è Organ transplants
- è AIDS/HIV
- è Patients' Rights
- è Cost Containment
- è Euro-Patient's Card
- è Hospital Management
- è Environment
- è Social Dialogue
- è Health Care Data
- è Role of the Hospital
- è Quality of Hospital Care
- è Health Promotion
- è Rationing in Healthcare
- è Cross border Health Care
- è Waiting lists
- è Emergency Care
- è Hospitals and Occupational Health
- è Accessibility and Solidarity in Health Care
- è Alternatives to Hospitalisation
- è Healthcare costs = investment
- è Healthcare as a growth factor

1. Knowledge and Exchange

1.1. Information:

Latest project and publications

è DRGs : GHM/GHS

è Hospitals in the 27 Member States of EU

è Patient safety (SIMPATIE-SANCO)

è Quality (MARQUIS-RESEARCH)

è EUNetPaS (S)

è DRGs (R)

è Mobility of healthcare professionals (R)

è Health and safety (EMPLO)

è Malnutrition (Private)

è Art and hospitals (CULTURE)

1. Knowledge and Exchange

1.2. Exchange Programme

The HOPE Exchange Programme is meant for Hospital Professionals who are prepared to participate in a 5-week managerial training courses in another European country (broader than the EU Member States) concluded by an evaluation meeting and a seminar on a specific topic.

The concrete organisation of these trainings is carried out by national co-coordinators involved, who work very closely with HOPE headquarters in Brussels, and with the host hospitals in their own country.

1. Knowledge and Exchange

1.3. Conferences

AGORA

1991: Paris
1993: Athens
1995: Brussels
1997: Odense
1999: Sevilla
2001: London
2004: Paris

East/West Hospital Co-operation

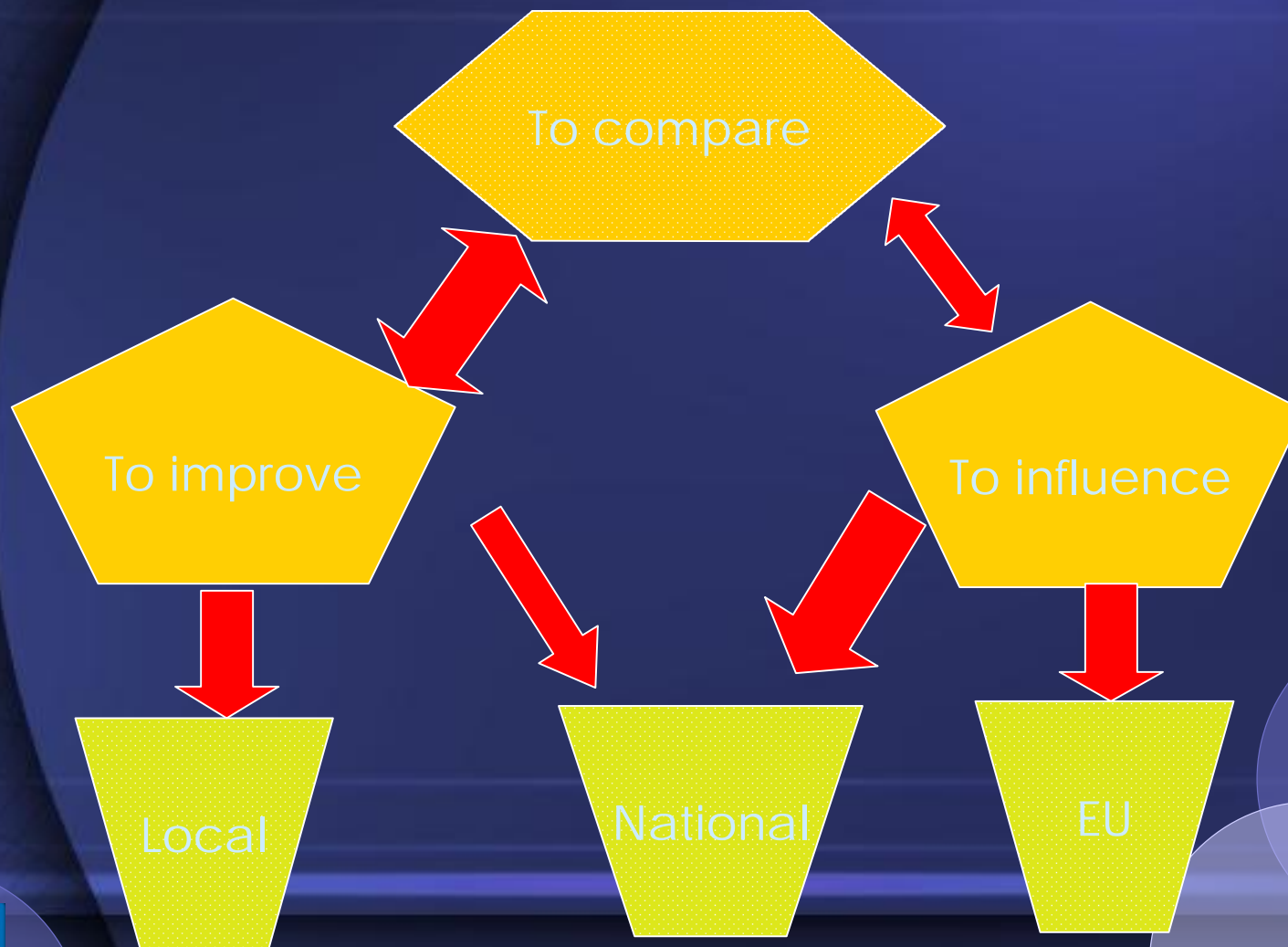
1990: Berlin
1992: Strasbourg
1993: Linköping
1994: Bucharest
1998: Bucharest
2002: Bucharest

Annual conferences linked to exchange programme

2005: Cardiff
2006: Viareggio
2007: Madrid
2008: Paris
2009: Lisbon

2. Influence and representation

2.1. Comparing to influence



2. Influence and representation

2.2. Impact on hospitals

The growing influence of the EU legislation on hospitals, even if still a marginal aspect compared to major national factors, lead the necessity to compare

The subsidiarity principle, today: Article 152

“Excluding any harmonisation of the laws and regulations of the Member States.

Community action in the field of public health shall fully respect the responsibilities of the Member States for the reorganization and delivery of health services and medical care.”

2. Influence and representation

2.2. Impact on hospitals

The present EU issues

Ê Political texts

Ê Technical texts

Examples of influence on hospitals

- Service Directive, SSGI and healthcare services
- Mobility of patients
- Medical devices: single use
- Needlestick injuries
- Advanced therapies
- Pharmaceutical Forum
- Organ donation and transplantation
- Working time
- Cohesion policy: structural funds
- E-health

2. Influence and representation

2.3. Influence

HOPE activities in influencing policies

Ê Information and co-ordination

Ê Information and position

Ê Permanent link

Ê Rapid reaction to:

ê find expertise

ê give mutual information

ê prepare positions

Ê Press relies

Ê Individual contact at a EU level



HOPE AND CROSS-BORDER COOPERATION

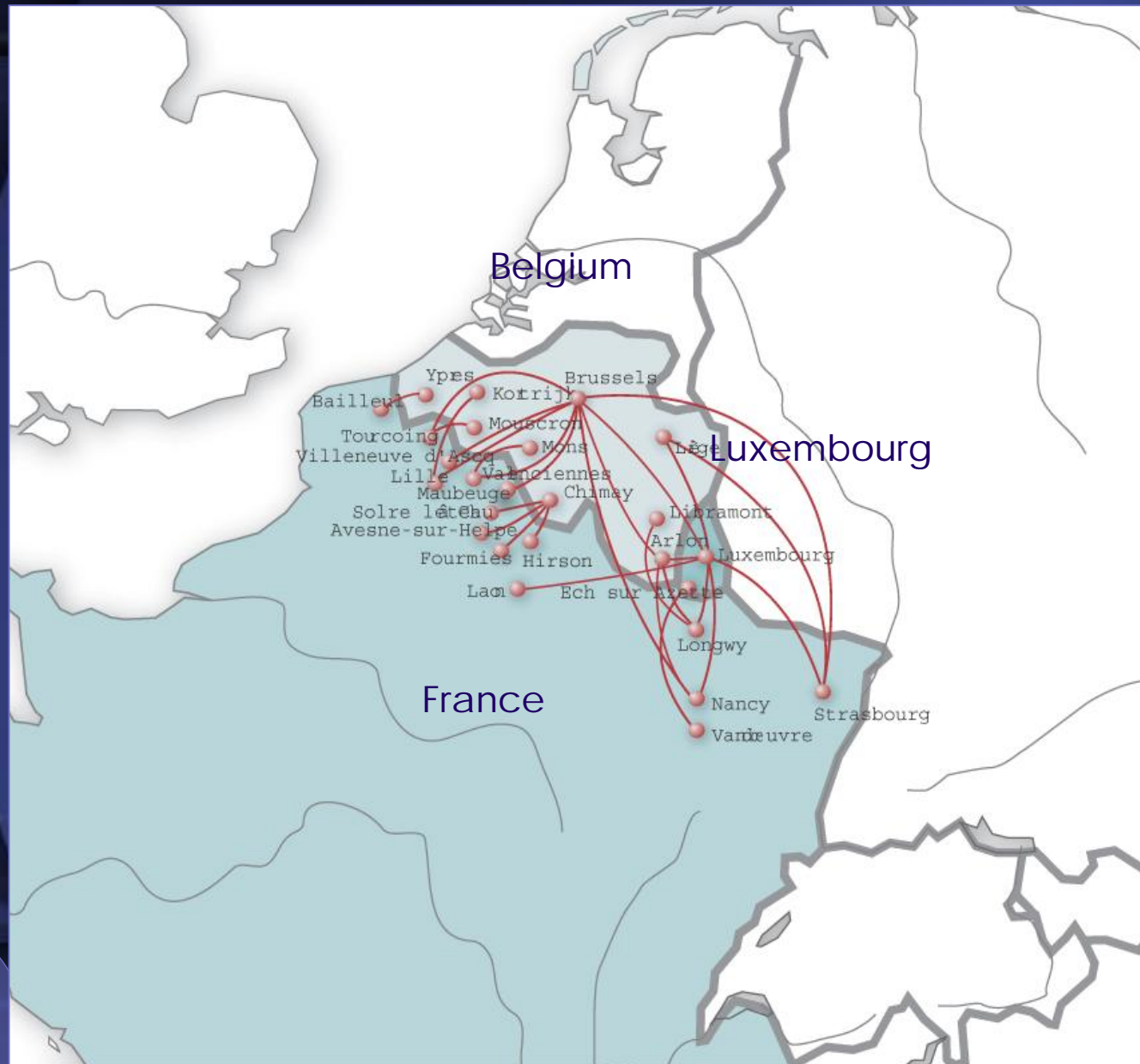
Cross border collaborations in the health sector is not new but is increasing

Some of them are initiated by professionals or institutions...
... others are organised by governments and insurance organisations.



HOPE survey on cooperation between hospitals in border regions

HOPE survey: main findings



HOPE survey: main findings



HOPE survey: main findings



HOPE survey: main findings



HOPE survey: main findings



HOPE AND CROSS-BORDER COOPERATION

HOPE survey : main findings

Reasons

- ü Emergencies
- ü Access problems
- ü Waiting lists/ Use of spare capacity
- ü European Court of Justice
- ü Small countries-specialist services
- ü Economic drivers
- ü Shared specialist staffing

Funding

- ü Interchangeable social security
- ü Joint capital investment
- ü Country to country agreements and contracts
- ü Multi country health insurance
- ü General context of strategic shift: Public - not for profit –private

Problems

- ü Quality Assurance
- ü Pricing structures
- ü Continuing care

EUREGIO II

Solutions for improving health care cooperation in border regions

General objective of the project

to stimulate and promote cross-border cooperation in health care in border regions by fostering the usability of various existing instruments and methods (structural funds, HTA, indicators)

Specific purposes

- ü Better use of resources in cross border health care
- è Test of HTA in small-size settings with multiple health care systems
- ü Building of a legal expertise to structure the legal framework
- ü Better use of structural funds
- ü Building a network to facilitate exchange

Main deliverables

- ü Handbook for the use of Interreg funding
- è Guideline for the use of HTA application in small-size settings with multiple health care systems
- ü Better use of structural funds

HTA

Health Technology Assessment

What is a Health Technology?

"... prevention and rehabilitation, vaccines, pharmaceuticals and devices, medical and surgical procedures, and the systems within which health is protected and maintained."

What is a Technology Assessment?

"... a multidisciplinary field of policy analysis, which studies the medical, social, ethical and economic implications of development, diffusion, and use of health technology"

Source: International Network of Agencies for Health Technology Assessment (INAHTA)

<http://www.inahta.org/HTA/>

HTA

Health Technology Assessment

What is a Health Technology Assessment?

Health Technology Assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner.

Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value.

Examples of Health Technology

- ü Diagnostic and treatment methods
- ü Medical equipment
- ü Pharmaceuticals
- ü Rehabilitation and prevention methods
- ü Organisational and supportive systems within which health care is provided

Source: *European network for Health Technology Assessment (EUnetHTA)*

<http://www.eunetha.net/HTA/>

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Partners

- ü HOPE- European Hospital and Healthcare Federation
- ü AEBR – Association of European Border Regions
- ü Kreis Heinsberg region
- ü ERW – Euregio Rhein-Waal
- ü GM
- ü UM – University of Maastricht
- ü LIGA.NRW - Landesinstitut für Gesundheit und Arbeit NRW (Institute of Health and Work of Landes Nordrhein-Westfalen)

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Specific objective

Test of HTA in small-size settings with multiple health care systems

Outcomes

- ü Developing tools for cross-border HTA
- ü Supporting decision making and outcomes in the field of cross-border health service structures

Deliverables

1. Two rapid HTA case study reports
2. Guidelines for the use of HTA applications within the decision-making processes in cross border regions

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Deliverable 1: Two rapid HTA case study reports

Methods:

- To select two examples of cross-border activities
- To identify two (or more) cross-border regions to accept to work on a common HTA
- To test the methodology of HTA developed by EUnetHTA in the two examples

Results:

- Ø To examine the application of common core HTA methodology developed by EUnetHTA when implementing new technologies in cross border regions
- Ø Identify a (better) methodology which allows to conduct rapid HTAs by taking different health service structures into account

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Deliverable 2. Guidelines for the use of HTA applications within the decision-making processes in cross border regions

Methods:

- Systematic literature research
- Requesting the of knowledge of EUnetHTA experts
- Analysis of primary data surveys about HTAs already developed by the cross-border Countries
- Plus results of deliverable1

Results:

- ∅ Evaluation of various existing HTAs in border regions
- ∅ Identification of examples where national/regional HTA activities lead to different results and might hinder cross border health services

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Schedule

WORKING PACKAGE 5																														
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Calendar months	2008	2009												2010												2011				
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
WP 5 meetings (with experts)																														
Deliverable 1. Two rapid HTA case study reports																														
<i>Study and analysis of experience</i>																														
Deliverable 2. Writing Guidelines																														

WORKING PACKAGE 5

Usage of generic HTA in cross-border cooperation

Main issues

- ü The two rapid HTA: are they MINI HTA?
- ü The expertise: do you have HTA experts in your organizations?
- ü The test: which partners could help identifying hospitals/HTA Agencies in border regions?

MINI HTA

A management and decision support tool for the hospital service

In the practical reality in hospitals it is impossible to undertake a comprehensive HTA every time a decision is to be made. Local and regional decision-makers have demanded decision support tools that can work in the context of and be adapted to local and regional decision-making processes.

A mini-HTA is a form or a check list with a number of questions concerning the prerequisites for and consequences of using (new) health technology, in which:

- ü the questions are grouped according to the four HTA perspectives: technology, patient, organisation and economy
- ü the answers to the questions provide a brief, written basis for decisions based on experience
- ü the purpose is to provide (part of) the decision-making basis for a proposal to introduce a specific new health technology or in connection with changes in the indication for the use of existing technology
- ü both the preparation and the use of the decision-making basis may take place at local or regional level and be adapted to local or regional objectives, decision criteria and time schedules

Source: *Danish Centre for Health Technology Assessment (DACEHTA)*

<http://www.sst.dk/>

Thank You