

Minutes of the 2nd EUREGIO II “ Solutions for improving health care cooperation in border regions” meeting in Lodz, Poland, 25th November 2009

1. Introduction

The 2nd EUREGIO II meeting took place at the 25th November 2009 in Lodz, Poland. The meeting was placed in the shadow of the EUPHA conference. This was based on the assumption many project members would join the EUPHA conference and that it would be comfortable for them to organize the EUREGIO II meeting at the same venue. This assumption did not hold. A couple of project partners – especially collaborating partners – did not attend, while most of the associated beneficiaries were present.

On the agenda was the status of the project and of the work packages as well as the next steps to be taken. Some actual political developments and possibilities to link the work of the project with other activities and projects were also discussed (see agenda, annex 1), e.g. by a presentation of Gloria Lombardi (HOPE) addressing “Potential Impacts of the Lisbon Treaty and the Directive on the application of Patient rights”.

At the beginning of the meeting it was decided to discuss the last topic of the agenda (managerial issues) after the topic “actual developments”. Because it was not possible for Martin Guillermo Ramirez (AEBR) to join the meeting, the topics “cross border activities and policies” (from the perspective of Association of European Border Regions) as well as the report about work package 2 “Dissemination of results” had to be taken from the agenda. Beside that the agenda was accepted.

2. Actual Developments

2.1 New project members

From the 20 November 2009 on Chibuzo Opara (Maastricht University) is the new project coordinator of EUREGIO II. He is a researcher with the Maastricht University and has a background in health policy, economics and management.

The former project coordinator Kai Michelsen has a new position within the Department of International Health at Maastricht University, but will stay involved in the project.

The Department of International Health at Maastricht University will hire additional staff to work for the project from January 2010 on (HTA expert, legal expert).

2.2 Cooperation with other projects and institutions

(Kai Michelsen)

At the Department of International Public Health currently a couple of modules are being developed for the Master of European Public Health. The modules address topics like Innovation, Dissemination, Diffusion, Adaptability and Transferability, Capacity Building, Change Management, Quality Management, Monitoring and Evaluation.

Further, beside the project EUREGIO II, the Department of International Health is involved in the project EUREGIO III. Here, beside others, a scientific background paper will be written within the next months. The content of this paper will have strong overlaps with the outline and topics of the modules and might also be of relevance for EUREGIO II.

There have also been some developments in establishing contacts with some other activities and projects in the Euregio Maas- Rijn and some other regions along the Dutch-German border (e.g. EMRIC+: emergency services, disaster control, MRSA project, cooperation between the University Hospitals Aachen and Maastricht, ideas to implement a foundation to support cross border activities). These contacts will be used to establish different forms of cooperation with the Department of International Health and are probably also of high value for EUREGIO II (case studies of Euregios, in depths interviews with experts, looking for partners to test local HTA guideline, see beyond).

Internal Evaluation

(Kai Michelsen)

Findings from the internal evaluation were presented. For work package 4 (Handbook to support cross border activities in border regions) it was mentioned that it is sometimes difficult to find materials (often grey literature) with information about activities and experiences in border regions. The AEBR will be asked for support.

It was also mentioned that the cooperation within the work package is not always good. Sometimes partners react late on requests and so not deliver materials in time or in an adequate manner. Therefore the work package leader needs more time and has to spend more resources than thought.

Regarding work package 5 it was stated that the time schedule might become challenging (see beyond) if activities would not start as planned with the beginning of the next year as planned now.

Not only for WP 4 but also for other work packages it was strongly recommended that the information flow between work packages should become better. It was suggested to place relevant materials at the protected part of the project's webpage and to send work package related e-mails in "cc" to all project partners. Because many of the project partners are located close to Maastricht, there are also opportunities for small meetings. Telephone conferences, Skype and other communication / conference platforms offer also further opportunities.

The question of a redistribution of resources was addressed. It was recommended to think about possibilities to redistribute person days to the work package 4 leader and maybe also to the HTA expert and the legal expert which should start their work in the beginning of the next year.

The progress of the project should be documented on the project's webpage. Work package descriptions should be actualized regularly. The descriptions of the status quo given for the internal evaluation will be integrated. Further, possibilities to make the webpage more interactive will be explored (wiki pages, blogs) as a trial to see the reaction generated from the web 2.0 crowd.

The budget and financial controlling

Financial opportunities to redistribute resources, mainly to the work package 4 leader, but also to the HTA expert and the legal expert, have to be checked.

Also, the second rate for the project has to be applied for.

Therefore, each associated beneficiary is asked to deliver a financial report to the project coordinator by 18th December 2009.

Amendment of the Grant Agreement

For a couple of reasons, an Amendment of the Grant Agreement is necessary. E.g. some persons have changed their positions, new persons started to work for the project.

Each work package leader is asked to check if the work on is work package is in line with the specifications and descriptions in the Grant Agreement or if eventually unforeseen developments have to be addressed in the Amendment.

This includes also an assessment of available resources (person days) and anticipated needs for more or less working days.

3. Work package 4: Handbook "Making effective use of INTERREG-funding in cross –border care"

(Renate Burger, GM)

A literature review concerning health related cross border activities in border regions has been started. AEBR will be asked for help with finding more literature / materials from the different Euregios.

A survey is currently being conducted in cross border regions across the EU. The questionnaires have been distributed to their members by AEBR and HOPE. It includes questions on the experiences, possibilities and problems in cross border activities and in the utilization of the EU structural funds. The effective use the structural funds to support activities which concern development of cross border health services will also be incorporated into the survey. Currently the first questionnaires return. If the rate of return is too low, relevant actors will be asked directly to fill in the questionnaire.

In-depth interviews in 5 key stakeholder/ regions are currently prepared. Guidelines are currently developed by the project partners. The interviews will commence from January on. HOPE and AEHR will provide support for the selection of key stakeholders in the regions. In some cases, it might be necessary to finance professional translators. Possibilities to organize a respective budget have to be checked.

The project partners will conduct the in-depth interviews for their regions and use the information to produce case studies about their region. The case studies will be used to motivate further actors to deliver information about their regions. The material will be used for articles, to be published as a special edition for the European Journal of Public Health. The opportunity to publish might be an incentive and motivate experts to deliver inputs of value for EUREGIO II. The case studies and articles will also be used to generate text modules and examples for the Handbook. The draft version of the handbook should be available at the end of 2010. A feedback process with key stakeholders will be organized in 2011. It was discussed to make part of the work from work package 4 available online for comments, contribution and critique from fellow researchers and the public.

The handbook will give support for the development of cross border health care projects in border regions. The introduction will give a short description of the Euregio II project and explains the continuity with Euregio I. This will be followed by a section on INTERREG which will explain relevant regulations concerning structural fund INTERREG. It will have input from relevant literature and internet searches as well as 2 scientific papers. The next section will deal with cross border health care in Europe with a detailed description of 2 to 3 regions. EUREGIO Rhine-Waal, Central Europe and possibly a new member state. This section will deal with a range of issues from the history of cross border health projects to models of good practice and reasons why certain projects failed. The focus of this section will be to put to highlight different developmental stages of cross border health care, problems and challenges and problems affecting it and the peculiarities in different regions. It will also try to show different indicators and criteria needed for effective cross border health care projects.

The analysis and summary of the results of the survey and in depth questionnaires will identify criteria for models of good practice and projects that failed. It will also demonstrate barriers to effective cross border cooperation important to national and regional systems and barriers to funding programmes within Europe.

All project partners are asked to deliver materials which might be of relevance for the handbook. They should preferably deliver materials in the form of summaries.

4. Work package 5: Usage of generic HTA in cross-border cooperation

(Gloria Lombardi, HOPE)

The project partners were briefed on the methodology and steps to achieve the successful completion of the work package. This was followed by a discussion on the issues and challenges which face the work package.

The work package will start with an analysis of state of the art regarding the development of the HTA in local settings and cross border environments. In cooperation with work package 4 the needs for local HTA's are examined as part of the survey being conducted for work package 4. Additionally, interviews with local decision makers (e.g. hospital managers) will be conducted to learn about opportunities and need to support their decision making processes.

Descriptions of different HTA products and the findings from the interviews will be used to develop a guideline for local HTA' s. The guidelines are to be tested in a first step within two or more decision making processes in border regions of The Netherlands and Germany. In a second step, they will be tested in New Member States of the European Union. Following this they will be revised and a final assessment and validation of the guidelines will be carried out with HTA experts.

Possibilities to get in contact with EUnetHTA members were discussed.

Annex 1: Agenda for the Second Meeting

Date: 25th of November 2009 (optionally working groups on the 26th)

Location: Andel's Hotel Conference Centre (Room „Velour”); ul. Ogrodowa 17; 91-065 Łódź; Poland (<http://www.andelslodz.com/en/home/>)

17:00-17:15	Welcome (Helmut Brand) The agenda for the kick off meeting
17:15-18:15	Actual developments <ul style="list-style-type: none"> • New project members • Cooperation with other projects and institutions • Findings from the internal evaluation (Kai Michelsen) Potential Impacts of the Lisbon Treaty and Directive on the application of patient rights (Gloria Lombardi) Cross border activities and policies (Martin Guillermo-Ramirez)
18:15 – 18:30	<i>Break</i>
	Presentation and discussion of work packages
18:30 – 19:30	WP 4: Making effective use of the structural fund Interreg <ul style="list-style-type: none"> • Short presentation of the current status of WP 4: Comparison timetable – previous results • Discussion of deficits and challenges within the realisation of WP4 as well as of possible approaches • Development of an interview-guideline for the in-depth-interviews (structure and content) (Renate Burger/Martin Wieland, GM)
19:30 – 19:45	Break
19:45 – 20:30	WP 5: Use of generic HTA in cross border cooperation <ul style="list-style-type: none"> • Actual developments, debates, events (Hans-Peter Dauben, DIMDI) • Current and planned activities within WP 5 (Gloria Lombardi, HOPE)
20:30 – 20:45	WP 6: Legal aspects (Kai Michelsen)
20:45-21:00	<i>Break</i>
21:00 – 21:30	WP 2: Dissemination of results (Martin Guillermo-Ramirez, AEBR) WP 7: European conferences and networking (Gudula Ward, LIGA.NRW)
	Project Management Issues
21:30 – 23:00	<ul style="list-style-type: none"> • The budget and financial controlling • Amendment of the Grant Agreement

Annex 2: List of Attendants

1. Helmut Brand (Maastricht University, UM)
2. Kai Michelsen (Maastricht University, UM)
3. Chibuzo Opara (Maastricht University, UM)
4. Hans-Peter Dauben (Deutsches Institut für Medizinische Dokumentation und Information, DIMDI)
5. Thea Remers (Euregio Rhein-Waal, ERW)
6. Renate Burger (Gesundheitsmanagement Burger-Wieland OG, GM)
7. Gloria Lombardi (HOPE)
8. Gudula Ward (Landesinstitut für Gesundheit und Arbeit Nordrhein-Westfalen, LIGA.NRW)