Germany, the Netherlands

Boundless patient treatment in the Euregio Rhein-Waal

Duration of project: 03/1996 – 06/1999 (implemented in practice)

The context

In the German border area in Cleves, good quality basic medical care is expected. For the treatment and therapy of certain severe clinical conditions, patients were forced to travel to treatment centres up to 100 km away, for example in Düsseldorf. Just over the border, only 10 to 20 km away, is the St Radboud University Medical Centre, with possibilities for top quality medical care.

The project

Via the project “Boundless patient treatment”, on the basis of the first European contract between the German AOK Rheinland and the St Radboud University Medical Centre, care provision for German patients from the Euregio Rhein-Waal was undertaken. This treatment includes:

- Open heart surgery
- Multiple trauma treatment
- Radiation therapy
- Kidney transplants

Two years later, the health care insurance organisations VdAK, the BKKs and the IKK signed up to the agreement. In seminars, German and Dutch physicians exchanged ideas on processes, and treatment possibilities. Patients from Germany received brochures about their clinical condition, treatment and the process followed in the UMC St Radboud, in their own language. The medical expenses insurers established contact points, to provide information about the project and to offer active patient counselling.

Outcome

The project was implemented in the region, as a permanent facility. Since that time, it is now possible to obtain a referral to the UMC St Radboud for all clinical conditions requiring top-flight medical care. Since the project started in 1997, 700 patients have received oncology treatment. Radiotherapy at the UMC plays a central role. A doctor responsible for the German patients coordinates treatment programmes between referring physician, patient and UMC, together with other physicians, in particular with the Wilhelm-Anton-Hospital in Goch. As a consequence, excellent cooperation at a high level of medical expertise has been developed, to the advantage of the patients. The treatment of oncology patients takes place according to agreed treatment programmes, on the basis of interdisciplinary case conferences according to the Dutch example set by the integrated Cancer Centre.

Perspectives

On the basis of increased cooperation from the “Boundless Patient Treatment” project, which has continued to develop in a positive manner, an application is currently being processed for recognition as a cross-border breast cancer centre. Alongside the UMC St Radboud in Nijmegen, other hospitals involved are the Wilhelm-Anton-Hospital in Goch and the Bethanien Krankenhaus in Moers. The first steps in this cooperation were supervised in the framework of the model project “Mobility in cross-border health care”, focused specifically on telematic applications for the case conference system practiced according to the Dutch example. Alongside worthwhile expansion of cooperation in medical care, in the framework of the proposed further expansion (Interreg III a – phase two), preparations are underway for expanding the programme to establish a cross-border advice and information centre for oncology patients in collaboration between the medical expenses insurers, physicians and hospitals, and self-help groups in this field.

Project partners:
Germany: AOK Rheinland/ VdAK und AEK/ BKK-Landesverband NRW/ IKK Nordrhein
Netherlands: UMC Nijmegen St Radboud/ CZ Actief in Gezondheid

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Belgium, Germany, the Netherlands
(Integration) Zorg op Maat – (I)ZOM

Duration of project: 01/1997 – Open-ended project completion date

The context

In the mid-1990s, in the border regions between Belgium, Germany and the Netherlands, the problem emerged of local and/or urgent medical health care. In specific terms, waiting lists built up, and for certain treatments and therapies, facilities were either in short supply or unavailable. Alterations to European regulations on medical treatment over the border were reduced. The medical health insurers were fully conversant with the problems of their customers. They worked together on jointly creating solutions, together with service providers.

The project

By means of (I)ZOM, the opportunities for free access to health services across the border were created, locally and regionally. The range of services includes:

- inpatient and outpatient specialist treatment
- supply of medicines
- the supply of medical aids, with additional permission

Traditional EU processes were simplified and complex application and approval scenarios and routes for the insured/patients were shortened. Service and information is provided across the border, at special service points, by trained employees. For example, the office of the German AOK organization and the Dutch CZ organization in Vaals, the Netherlands (close to Aachen, Germany). Cooperative agreements and contracts were entered into between the parties involved, and practice-specific processes laid down (e.g. information exchange between treating organizations, via the Patient Pass card).

Outcome

(I)ZOM is active in the three European regions Euregio Maas-Rhein (B-D-NL), rhein-maas-nord and Rhein-Waal (D-NL). Thanks to close and reliable cooperation, medical health insurance providers offer facilities whereby their insured can receive health care over the borders, in the neighbouring country. This was achieved in a period when in Europe, in the health care sector, the space for cross-border care was extremely limited. 10.000 citizens have made use of these services; these numbers do not represent a patient flow of major relevance to the systems, but the situation does make life easier for citizens in the border regions.

Perspectives

The project was recently extended from 2004 to 2006. In Belgium, the project content is set to be implemented in law, in the future.

Project partners

Academisch Ziekenhuis, Maastricht • Alysia Zorggroep Rijnstate, Arnhem • AOK Rheinland, Düsseldorf • Apothekerkring Nordrhein, Düsseldorf • Apothekerverband Nordrhein e.V., Düsseldorf • Arbeidsvereniging der Krankenhäuser in Krefeld und im Kreis Viersen, Kempen • Ärztekammer Nordrhein, Düsseldorf • BKK Landesverband NRW, Essen • BKK futur, Krefeld • Canisius Wilhelmina Ziekenhuis, Nijmegen • Centre Hospitalier Universitaire, Liège • Christelijke Mutualiteit CM Limburg, Hasselt • CZ Actief in Gezondheid, Tilburg • IKK Nordrhein, Bergisch Gladbach • Kassenärztliche Vereinigung Nordrhein, Düsseldorf • Kliniken Duisburg/Wedau Kliniken, Duisburg • Krankenhausverbände Mittlerer Niederrhein e.V., Mönchengladbach • Laurentius Ziekenhuis, Roermond • Maasziekenhuis, Boxmeer • Marien Hospital, Wesel • Marienhospital gGmbH, Kevelaer • National Verbond des Socialistische Mutualiteiten, Brüssel • Rheinische Kliniken, Bedburg-Hau • RHV Regionale Huisartsen, Elst • Rijnstate Ziekenhuis, Arnhem • Sint Maartenskliniek, Nijmegen • Stiftung Krankenhaus Bethanien für die Grafschaft Moers • St. Antonius-Hospital gGmbH, Kleve • St. Bernhard Hospital, Kamp-Lintfort • St. Nikolaoas Hospital, Eupen • St. Nicolaas Hospital, Kalkar • St. Willibrord-Spital, Emmerich • Universitair Ziekenhuis, Aachen • UMC St Radboud, Nijmegen • VdAK/AEV-Landesvertretung NRW, Düsseldorf • VieCure Medisch Centrum voor Noord-Limburg, Venlo • Wilhelm-Anton-Hospital gGmbH, Goch • Ziekenhuis Oost Limburg, Genk

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Belgium, Germany, the Netherlands

Transparency in the cross-border aids supply structures

Duration of project: 01/2002 – 12/2005

The context

Insured make use of cross-border aids without knowing the respective supply structures, the quality and their own financial commitments. Doctors prescribe cross-border aids without knowing the respective market conditions in detail. Cost units finance cross-border health care without knowing the actual market conditions. And that in a market segment which is generally very intransparent because of heterogeneous structures and its multiplicity with such a broad range of products that they can hardly be counted, thus making it uneconomical because of over- and under-supply.

The project

The basis for cross-border health care is information and transparency for the participants. The project was set up with a general investigation of the aid supply - meaning the national specifications of the system - which followed the description of the most important similarities and differences. In the next step aids were selected which from a national point of view are of special relevance regarding costing and quantity aspects.

Whilst remaining closely oriented towards practice the three product ranges stoma care, incontinence products and orthopaedic outdoor shoes were selected for making a specific Euroregional comparison.

Analyses were carried out based on the product-specific indicators, in particular the principles governing when the insured are entitled to benefits, prescriptions for products and receiving them, their remuneration, as well as any self-participation and co-payment.

Outcome/Products

When the project is finished the participants will have clear and transparent information about the selected aids regarding legal principles, supply of the products, remuneration, co-payment, quality and guarantee. The project partners have expressed objectively recognisable pros and cons of cross-border utilisation of the aids based on the test results which show the Euroregional use for the participants. In addition, such comparison studies also offer an insight into the political institutions regarding growing European mobility which could be expected and which is being focused upon by the European Union Commission.

The principal purpose of the project is to improve information and increase transparency. A well-functioning information system must be developed so that the participants have access to information. Here, the Euroregional health portal which has also been developed within an Interregional III project will considerably assist in improving transparency.

Belgium, Germany, the Netherlands

Transparency in the cross-border aids supply structures

Duration of project: 01/2002 – 12/2005

The context

Insured make use of cross-border aids without knowing the respective supply structures, the quality and their own financial commitments. Doctors prescribe cross-border aids without knowing the respective market conditions in detail. Cost units finance cross-border health care without knowing the actual market conditions. And that in a market segment which is generally very intransparent because of heterogeneous structures and its multiplicity with such a broad range of products that they can hardly be counted, thus making it uneconomical because of over- and under-supply.

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Sweden, Finland

Crossborder dental care

Duration of project: 12/2002 – 12/2004

The context

Sweden and Finland shared a problem at their northermost border:

- Long distance to dentists
- Difficulty in recruiting
- Small patient base on both sides of the border

The project

What has happened during the project?

- Dentists have been recruited
- The population both in Sweden and Finland has been informed of the new joint dental clinic
- Swedish personnel have been working in the Finnish clinic
- We have examined how national legislation and ordinances in the two states affect our work

The project received a grant of 110,000 € from Interreg III A Nord (2.2 cross-border regional and local resource mobilisation).

EU funded 60 % of the project, Sweden 30 % and Finland 10 %. Funding from the two states was distributed in proportion to the patient base.

The patient base on the Swedish side is approx. 1,200 patients, of whom 400 children, and on the Finnish side 400 patients, of whom 90 children.

Outcome/Products

We have opened a joint dental clinic in Karesuando, where both Finnish and Swedish patients are treated.

The distance to the dentist has been considerably reduced. For example, Finnish children now only need to cross the bridge to get to the dentist’s. Previously, the nearest clinic was 80 km away. In Sweden, the nearest clinic was 180 km away. Now the service is provided locally.

The population enjoys improved quality of life, since there is now convenient and safe dental care locally. Dental health has also improved.

Project Partners: Norrbottens County Council, Sweden, Muonio-Euwetoja health centre

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Only a bridge separates Sweden and Finland …
The context

The health sector is a significant economic factor in Central Europe. There is hardly another European region that has such important medical traditions, so many medical competence centres and such a high cross-border mobility of health professionals and patients. The enlargement of the European Union has a massive impact on existing healthcare systems. Especially in border regions, legislative changes result in higher mobility and, therefore, new challenges.

The project

“healthregio” aims at optimising the structure of healthcare provision and, thus, at developing a region for high quality healthcare services in Central Europe in the long term. A sound data basis, concepts and strategies are being prepared that will allow for optimising the healthcare service sector in the border regions of Austria, the Czech Republic, Slovakia and Hungary. “healthregio” is of high political relevance: it is for the first time that the health sector of this region is studied at a European level and hence, it constitutes a model project for the next enlargement of the EU.

“healthregio” assembles a multidisciplinary team of leading experts, policy makers and economic decision makers from all over Central Europe. Within two years, the representatives of diverse organisations from the public and private sectors, scientists and experts will draw up strategies and concepts to promote the sustainable development of the health sector in the border region.

“healthregio” serves to make visible the differences, resources and potentials of the healthcare systems with a view to re-organising the health sector jointly, e.g. by cross-border utilisation of infrastructures, improved access to healthcare services and cross-border knowledge transfer.

Priorities:
- Legislative changes and call for action in national systems
- Comparable statistical data on the region
- Mobility of patients & health professionals
- Education and training for health professionals

Outcome/Products

The project is structured in three phases:

Phase 1: The starting point of the project is a comprehensive sectoral analysis to identify the demographic, socio-economic and health-related characteristics of the border region as well as case studies for specific work packages.

Phase 2: On the basis of this analysis, the expert team will develop and publish recommendations for actions in the fields of economic and health policy.

Phase 3: The first steps will be taken to implement the results obtained in Phase 1 and 2.

Perspectives

“healthregio” provides policy makers and economic decision makers with a sound basis for successfully tackling this phase of radical change. Joint activities safeguard the favourable development of the health sector in the long term. A multiplicity of new cross-border projects and co-operations appear already, which develop out “healthregio,”

www.healthregio.net


Project Partners:
Nyugat-Magyarországi Egyetem - University of West Hungary, Hungary / Úrad Verejného Zdravotníctva Slovenskej Republiky - Public Health Authority of the Slovak Republic, Slovakia / The Regional Authority of South Bohemia, Social Affairs and Health Care Department, Czech Republic

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What cross-border services can I use?

How can I gain access to medical treatment across the borders?

What contacts can I establish?

Belgium, Germany, the Netherlands

Euregio Health Portal

Duration of project: 01/2002 – 12/2005

The context

Information and transparency on health care, in particular across the border in the neighbouring country, was the central theme of all European regional projects and activities. Citizens wanted to know more about the possibilities and systems in the neighbouring country:

- What cross-border services can I use?
- How can I gain access to medical treatment across the borders?
- What contacts can I establish?
- What projects in the region are interesting for me?

The Internet emerged as a useful information platform.

The project

The objective is to create a platform that grants citizens simple and rapid access to information about health care in the neighbouring country. The health partners in the European regions Maas-Rhein, Rhein-maas-nord and Rhein-Waal developed technical and content-based structures. In June 2005, a demonstration version was launched. Patients, insured and doctors and hospitals could then gain access to important and interesting information on health care at home and abroad.

Outcome

Health over the borders, now for you via Internet

Cross-border health services improve health care to the citizens in the border regions and European regions. The residents profit from short direct routes to specialists, competent, rapid assistance and simple administrative handling.

The Internet site at the following addresses

www.EuregioGesundheitsPortal.de
www.EuregioGezondheidsPortaal.nl

informs readers on medical health care in the nearby border regions in Belgium, Germany and the Netherlands. Check it out for yourself.

Perspectives

The demonstration version is the first step in recording experiences in terms of response, resonance and encouragement for further development. The Euregio Health Portal is being further developed:

- Additional, theme-based fields will be enlarged
- Updating, because health policy is in a state of flux
- Sustainability through optimised management can be ensured.

The portal offers a platform for further expansion into other border areas.

On 09-12-2005, the project will receive from Mr Karl-Josef Laumann, Minister for Employment, Health and Social Affairs of the Federal State of North Rhine-Westphalia, the first health prize 2005 in the project programme "Gesundes Land Nordrhein-Westfalen" ("A healthy State – North Rhine-Westphalia").

Project partners

Academisch Ziekenhuis, Maastricht
Alysis Zorggroep Rijnstate, Arnhem
AOK Rheinland, Düsseldorf
Apothekerkerammer Nordrhein, Düsseldorf
Apothekeverbond Nordrhein e.V., Düsseldorf
Arbeitsgemeinschaft der Krankenhäuser in Krefeld und in Kreis Viersen, Kempen
Ärztekammer Nordrhein, Düsseldorf
BK Landesverband NRW, Essen
BKK futur, Krefeld
Canisius Wilhelmina Ziekenhuis, Nijmegen
Centre Hospitalier Universitaire, Liège
Christelijke Mutualiteit Limburg – CML
Christelijke Mutualiteit CM Limburg, Hasselt
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Kassenärztliche Vereinigung Nordrhein, Düsseldorf
Kliniken Düsseldorf/Wadu Kliniken, Duisburg
Krankenhausverband Mittlerer Niederrhein e.V., Mönchengladbach
Laurentius Ziekenhuis, Roermond
Maasziekenhuis, Boxmeer
Marien Hospital, Wesel
Marienhospital gGmbH, Kevelaer
Nationaal Verbond der Socialistische Mutualiteiten, Brüssel
Rheinische Kliniken, Bedburg-Hau
RHV Regionale Huisartsen, Eslate
Rijnstate Ziekenhuis, Arnhem
Sint Maartenskliniek, Nijmegen
Stiftung Krankenhaus Bethanien für die Grafschaft Moers
St. Antonius-Hospital gGmbH, Kleve
St. Bernard Hospital, Kamp-Lintfort
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Germany, the Netherlands

Health Card international – GCi

Duration of project: 07/2000 – Open-ended project closing date

The context

In certain border areas between the Netherlands and Germany, despite overall good medical care, there were bottlenecks in urgent, local medical care. Various projects including (I)ZOM had examined the possibility of obtaining medical treatment over the border. Despite the improvements already achieved, patients and insured continued to complain about the complicated processes (e.g. obtaining permission for long-term treatments). The GCi (Health Card international) offered a solution with a chip card system abroad, that operated just as easily as the insured identification card at home. A one-off and unique project, anywhere in Europe.

The project

The project was launched in July 2000 in the Euregio Maas-Rhine. On request, the members of AOK Rheinland - Die Gesundheitskasse and CZ Actief in Gezondheid health insurance funds were presented for a period of two years with their own personal “Health Card international” quickly, and without complications. In mid-2002, the same model was expanded to take in the European regions Rhine-Maas-North and Rhein-Waal, and the project duration was also extended. Using this card, within the entire region, irrespective of which side of the border, patients can now gain access to:

- any specialist treatment
- supply of medication and
- any hospital treatment necessary in connection with specialist therapy

For example, a CZ-insured person, with his/her “Health Card international” can visit a specialist or clinic of his or her choice in neighboring Germany. Using the new chip card, handling and payment procedures for the treating physician there are the same as for his own country’s patients. The patient is not required to make any advance payment. In addition, thanks to a cross-border patient report, that was developed for this purpose, the new doctor in the Netherlands is able to provide targeted and continuous treatment. The same applies in reverse for the German AOK insured: with the GCi, without any problem, the insured person can obtain treatment in the Dutch part of the border region.

In close collaboration between physicians and clinics, pharmacists and hospitals, AOK Rheinland - Die Gesundheitskasse and CZ Actief in Gezondheid have succeeded in bringing about and securing these entitlements, in collaboration. By this means, the medical health insurers rapidly and without problems have overcome the European settlement processes which otherwise would last years, by immediate payment.

Outcome

The greatest outcome is value to all involved. But this is not all. Because this programme has directly put into practice the European ideology, the project has received numerous awards. As a result, it demonstrates that it truly does offer value for all involved:

The patients
- because irrespective of borders, they can obtain the health care they judge to be the best possible, close to home
- without having to overcome bureaucratic hurdles and cost traps.

The scheme is of value to the treating physician
- because in the event of long waiting lists, for example, the GP can arrange early specialist treatment for his/her patients abroad, even for long-term treatment
- because specialists can undertake for their foreign patients complete therapy programmes that promise success, without additional administrative difficulties and
- because, thanks to the cross-border patient report, for foreign patients, the treating physician can gain access to all information of previous medical examinations, treatments and regulations.

In addition, this project is also of considerable value to the medical insurance funds themselves:
- On the one hand, they provide their insured with excellent need-based services
- but at the same time they also reduce the bureaucratic difficulties which normally apply to approval and settlement of treatments abroad. These are cost savings which in the end favour the insured.

The figures speak for themselves: GCi cards issued since 2000 to:
- CZ insured 21,000
- AOK insured 4,100

In total, medical services over the border in Germany have been enjoyed by
- 4,000 CZ insured
- 800 AOK insured.

Such patient flows impose no burden on the system, but do offer massive advantages for the citizens, in their immediate vicinity.

Perspectives

The project was extended beyond 31-12-2005 to the end of 2007. The partners are continuing to develop the project in the interests of the citizens (internet solution, use of national health card abroad).

Project partners:
Physicians and hospitals in the Netherlands and Germany (NL, D), Kassenärztliche Vereinigung Nordrhein (D), Apothekerverband (D), CZ Actief in Gezondheid (NL), AOK Rheinland – Die Gesundheitskasse (D)

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Duration of project:
07/2000 – Open-ended project closing date
Belgium, the Netherlands

Contracting Belgian Health Care

Duration of project: 2001 – 2004 (ongoing)

The context

Dutch people living in the Dutch/Belgian border region have an international outlook. Belgian and Germany are much closer than Amsterdam or the Hague. Dutch living close to the border go to Belgium for shopping and leisure or even work there or visit their families on the other border of the river Meuse. Moreover for many of them the next-door hospital is situated abroad. What is more obvious than offering them easy access to cross border health care? With this project we did it.

Outcome/Products

The project provides CZ affiliates quick access to seven contracted Belgian Hospitals for elective healthcare on usual Dutch conditions. Annually about 10,000 CZ affiliates make use of the "Belgian route" and a patient survey in 2005 shows, that they highly appreciate this opportunity and they are very satisfied about the Belgian Health Care. The waiting-lists in the Dutch border region are getting back to normal.

In addition the project encourages a "healthy" competition between Dutch and Belgian care providers and offers CZ countervailing power in purchasing health care in the Netherlands.

Contracting health care is no common practice in Belgium. This way of demand-driven purchase of health care offers the Belgians a new view on their relationship between government, care providers and care insurers. Authorities of both countries are challenged to look for creative and non-bureaucratic solutions for problems due to the national health care systems.

Perspectives

The conducted contracts - as a result of the project - may offer input for European guidelines for contracting health care. The project stimulates the development of international web portals to make entitlement, authorisation and billing more efficient and urges authorities and care providers to synchronise their legislation and protocols. A web based information portal for patients and care providers concerning cross border healthcare will be the next step.

The project

Since the early nineties it was the aim of the health insurers Christelijke Mutualiteit (Belgium) and CZ Actief in Gezondheid (Netherlands) to break down state borders as an obstacle for easy access to cross border health care. Several euregional projects like Zorg op Maat and IZOM were launched to simplify the administrative and financial process and to deal creatively with national legislation.

Waiting-lists however for medical specialists in the Netherlands as from the early two-thousands urged CZ not only to facilitate cross border health care, but even to encourage their affiliates to cross the border to get care within an acceptable timeframe. The Belgian health care providers (and to a lesser degree the Germans) were an obvious possibility for the Dutch capacity problem.

Thanks to earlier common projects, the existing cooperation between both health insurers and the euregional network, quick access to Belgium health providers for Dutch patients appeared to be a possible and realistic option.

Approved by the authorities of both countries and supported by the Christelijke Mutualiteit (CM), Belgian hospitals were selected, conditions, quality and tariffs concerning elective care were negotiated and the results were concluded in contracts between Belgian hospitals, CZ and CM.

Moreover the administrative logistics and financial settlement were arranged by CZ and CM in accordance with Belgian procedures. Dedicated IT applications supported the implementation.

Project Partners: CZ Actief in Gezondheid, the Netherlands and Christelijke Mutualiteit Limburg, Belgium.

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Project Partners: CZ Actief in Gezondheid, the Netherlands and Christelijke Mutualiteit Limburg, Belgium.

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Finland, Norway, Russia

Pain Cultures, Methods of preventing and relieving pain in the Northern Region

Duration of project: 02/1999 – 03/2001

The context

People in Lapland share a common geographical, climatic and cultural background. This base has an impact on the lives and behaviour of the people in the north. Rovaniemi Polytechnic set out courageously to develop the contents of its pain education curriculum through a project, which emphasises the significance of the special features in the northern area.

The project

The project played an important role in contributing to the globalization of the health care education in Barents region. In addition, the project fosters mobility of staff and improvement of international relations. The aims of the project were:

• To establish a network of partners and experts regarding pain management.
• To plan and organise methods of collecting and producing written and video materials on pain cultures in the northern region, on self-treatment of pain and on official treatment methods. Further, to plan and organise the release of these materials.
• To get familiar with treatment methods of pain patients in Norway, Finland and Russia.
• In accordance with the gained results to plan and produce a 5-8 cu study module as part of Rovaniemi Polytechnic’s study programme on methods of helping pain patients.
• To plan methods of implementation for the study module in the partner countries.

Outcome/Products

• Peoples’ illustration/expression of pain in the north part of Finland, Norway and Russia
• The kinds of traditional methods of pain treatment people use in the Barents region
• Painwork seminars to acquire information about pain management and pain treatment
• Studies of pain management between Finland, Norway and Russia
• Quality manual for development of pain management
• Pain management network in Barents Region and Great Britain

Perspectives

The culture of pain has been internalised in invisible norms and values. The cultural visibility of pain comes forth in behavioural patterns and the cultural systems of value justify the culture related pain behaviour. Nursing intervention for pain management is a combination of scientific data, clinical expertise and the wishes of the patient. The goal of this combination is to reach the optimal process and results to manage the pain of the patients.
Standardization of Treatment in patients presenting HIV, HVC, HVB and other infectious pathologies

Duration of project: 09/2004 – 09/2006 (INTERREG III - Project 109)

The context

Historically the 2 departments of Nice and San Remo have been treating common HIV- patients for many years allowing them to participate in research studies not available in Italy.

New emerging epidemic pathologies such as SARS and Avian Influenza demand rapid treatment intervention. As travelers use Nice International Airport for both destinations, Italy and France, rapid exchange of patient data including x-rays, biological and microscopical data is requested. The use of tele-medicine reduces the risk of contamination by sending samples and thus accelerates treatment exploiting both departments facilities.

The project

3 components
1. Group Exchange programme
2. Installation of Video - and Tele medicine
3. Development of scientific projects

1. Groupe Exchange programme
   6 French groups travel to Italy-San Remo
   6 Italian groups travel to France-Nice

Each group exchange lasts 2 weeks
Each group is composed of
1 doctor + 2 nurses = 3 participants

A typical day
• 7.00: Leaving home-town (Nice or San Remo)
• 8.30: Arrival at destination
• 9.00-13.00: Participation in daily hospital work + lessons
• 13.00-13.30: Break
• 13.30-15.30: Tele-Communication, case discussions
• creation of a data base for scientific research
• 15.30: Debriefing and preparation of next day
• 16.00: Return to home-town

Each group is accompanied by a bilingual tutor

Outcome Products

Simultaneous Co-Treatment in real time of patients presenting difficult diagnostics or migrating patients in case of epidemics: SARS or Avian Influenza

1. Group exchange program enables to
   • detect differences,
   • exchange experiences and
   • take advantage of treatment possibilities offered in the different inter-regional departments

2. Tele-communication enables to
   • send anonymously laboratory data
   • View x-rays simultaneously
   • View histological results together
   • Discuss treatments
   • Create an anonymous data-base respecting secured transmission

3. Common clinical research protocols enable to
   • benefit from diagnostic measures if not available
   • evaluate 2 different health care approaches as well as in treatment and economic outcome

Perspectives

Congress in December 2006
• Document a 3 years collaboration
• Evaluate the outcome of the exchange
• Present first data of common clinical research protocols

Elaborate a visio – hotline for infectious diseases
• for other departments within the hospital
• for other hospitals in the regions

Enhance crossborder and international activities
• Establish net-working
• Co-operate with other inter-regional projects

Project Partners:
The University hospital of Nice Archet - Department of Infectiology, Head of Department Pr. Pierre Dellamonica
Hospital San Remo - Department of Infectiology, Head of Department Dr. Giuseppe Ferrea

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Common Cross-Border Hospital Cerdanya and Capcir

Duration of project: 2005-2008

Two States involved. France and Spain.
30,000 inhabitants.
Tourism attraction (peaks of 150,000 inhabitants during holidays). Ski, trekking ...
The Actual Hospital of Puigcerdà offers services for all the population (Emergencies and Obstetrics).
Very important offer of long term care.
Two Health Administrations, with two different health systems and two different cultures in the service use.

Project Goals
1. To create one cross-border organization in order to build and to manage an acute general hospital care for all the population of Cerdanya and Capcir.
2. To create a new culture merging benefits of both systems.
3. To built a Common Hospital as a node of the health net. This net have to respond the rights and obligations of the citizens.
5. Hospital included in two hospital nets.

Main Problems
A. The different administrations (local, regional, state...) have different approaches, rhythms and general health policies. Different decentralization degree.
B. Communication difficulties: Between the administrations, between the different agents ...
C. Ideological weight of the project.
D. Difficulties to mobilize professionals and clients.
E. Different languages.

Main Strongholds
• Real need to promote an acute Hospital care in the area. Medical care and economic development needs.
• Political will of the local authorities.
• Progressive increase of activity for the French citizens in the actual Hospital of Puigcerdà.
• Progressive implication of professionals and local institutions from both territories.
• European policy promotes common projects and makes them feasible (health card free circulation etc).

Actuation Plan
• Increase the population, professionals and elected authorities participation in the project. Communication, information and training.
• Begin the hospital building process with the participation of the different administrations.
• Create the common cross border institution: Consortium.
• Create tools to be used by the Common Hospital: Clinical reports, clinical guidelines, protocols ...
• Professional’s common training program. Languages ...
• Development services in the Hospital of Puigcerdà that will become the node of the future common Hospital.
• Political agreement. Barcelona October 17th, 2005.
• Set up CTH Consortium - 6 months.
• Architects selection done.
• Tasks will begin at the end of 2006.
• Deadline expected at the end of 2008.
• Development services in the Hospital of Puigcerdà will become the node of the future common Hospital.

Functional Plan
• 50 beds
• 2 Operation rooms
• 2 Delivery rooms
• 10 Dialysis units
• Emergencies boxes
• Imaging (CT scanner)
• Laboratory
In relation with the existing services.

Project Partners
Generalitat de Catalunya. Departament de Salut. CatSalut
Ministère de la Santé et des Solidarités-Agence Régionale de l’Hospitalisation Languedoc-Roussillon
Ministerio de Sanidad y Consumo (Gobierno Español)

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Sharing the expertise of three health networks to the benefit of cancer patients


The context

Both countries have common challenges to take up in the field of cancer care delivery and organization. Two national cancer plans have been implemented, but both countries have much to learn from each other. Therefore a joint project has been set up between France and United Kingdom, and supported by the European Union. Three cancer networks take part to this project: Sussex Cancer Network, Kent & Medway Cancer Network, and Reseau Onco-Normand.

The project

The aims of the project are:

1. To increase the number of patients who will benefit:
   From a definitive pathway of care
   From a multidisciplinary team meeting

2. To improve communication:
   Between health professionals
   and between patients and health professionals

3. To improve the individualized patient follow-up

4. To improve the appointment planning and ensure the implementation of the treatment plan.

Main achievements

- Best practices in the field of multidisciplinary work
- Comparison of cancer pathways and follow-up protocols
- Sharing experience on “Breaking Bad News” policy
  - Patient’s involvement
  - Data sharing policy

Perspectives

- Dissemination of best practices across the three networks
- Service improvement strategy
- Exchange visits between the two countries
- Contribution to each national cancer plan.

Project Partners: Kent & Medway Cancer Network, United Kingdom, Sussex Cancer Network, United Kingdom, Reseau Onco-Normand, France, EU Commission Interreg funds

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Quality Circle of Hospitals in the Euregion Meuse - Rhine

Duration of project: 01/2003 – 12/2005

The context

The mobility of Euregional patients is facilitated by:
- Geographic nearness;
- Cross-border workers and movement of professionals from country to country;
- Free choice of health care provider guaranteed by agreement between insurance companies;
- Well equipped health regions with more than 50 acute hospitals and three University Hospitals.

The project

The Euregional Quality Circle has been set up by a group of 11 hospitals from all 5 partner regions of the Euregion Meuse-Rhine. We searched for an answer to numerous questions within a Euregional context:
- A feeling of (unfair) competition : increase the amount or ‘lose’ our patients?
- The European Reality : a threat or a challenge?

Our reply:
- Benchmarking for quality as a first step towards further Euregional co-operation
- Co-operation as an opportunity to share a mutual vision towards healthcare quality and CQI

As a first step, the participating hospitals shared their quality projects and policies, and the links with their national quality programs (Belgium, Netherlands, Germany). Secondly, a further comparison has been made of quality and safety items, like clinical pathways in certain pathologies and the prevention of falls; a first inventory showed significant differences and learning points between hospitals and regions.

Outcome/Products

- An Annual Euregional Quality Conference to share our experiences, results and exchange useful information
- Euregional Quality Charter for participating hospitals: Focusing on the quality of patient care and of the organisation, especially for the health care service to patients in Euregion Meuse-Rhine.

The Quality Charter will be signed by the directors of the Euregional hospitals involved in the Quality Circle in December 2005.

Following the perspective, aims and intentions of the Quality Charter, the Euregional Quality Circle will continue its current improvement activities during the upcoming 3 years (2006-2009).

The hospitals of the Euregional Quality Circle

Perspectives and aims

We want to connect like minded colleagues together, to share knowledge and generate momentum, to build our organisation’s capacity to change and to get meaningful and sustainable results towards quality improvement for our health care in the Euregion, by implementing the best available knowledge in specific areas (like: patient involvement, patient flow, patient safety, integrated care).

Members of the Euregional Quality Circle, May 2004

Project Partners: Sankt Nikolaus Hospital, Eupen (B); Klink St.Josef, St. Vith (B), ZOL, Genk (B); Ziekenhuis Hasselt, Verviers (B); AZ Vlaams Ziekenhuis, Hasselt (B); AZ Vesalies, Tienen (B); CHC, Liège; CHR, Liège; CHR de la Citadelle, Liège; CHU, Liège; CHU, Verviers (B); CHU, Sittard (NL); Maaslandziekenhuis, Sittard (NL); Luijkenhospitaal, Aachen (D); Marienhospitaal, Aachen (D); Medicozentrum, St. Anna (D); Makrozen.; Maastricht (NL); St. Nikolaus Hospital, Eupen (B); Contact: Marie-Anne Wolfs Sankt Nikolaus Hospital Hufengasse 4-8 4700 Eupen Belgium Phone: +32 87 599288 Fax: +32 87 599298 e-mail: m.wolfs@hospital-eupen.be
Belgium, Germany, the Netherlands
Chronos: an education in chronic psychiatry


The context

There is only little interest for chronic psychiatric patients. Besides medication, there are hardly any possibilities for treatment. Therefore, it is important that professionals who work with this vulnerable group of patients, work from the view of rehabilitation.

Chronos is an education for professionals to become a life coach for those patients. For the professionals the most difficult issue is: “How to cope with chronic psychiatric patients and their families?” The starting-point is the wish to care for the other, without any reservation. This takes at lot of time, energy, patience and empathy.

The project

Four psychiatric hospitals in three different countries in the “Euregio Maas-Rhine” are participating in Chronos (see below). Before the project started, the participating institutes had already been working together for many years. Dr. Petry, psychiatrist in Maastricht, is the initiator of the project.

The project is financed for the main sum by Interreg (EU), but also by the local governments and by the institutions as well. Chronos is an education for professionals in psychiatry to become a life coach for chronic psychiatric patients. Besides medical and psychiatric issues, a lot of attention is paid to social and cultural aspects and the role of the patients’ family.

Essential in Chronos are the basic assumptions of rehabilitation: The common acting with each other within the triad (patient, family and professional) is a search into the past, a search for personal time and personal space and an attempt to understand the changes of time and space within the psychosis. It is the start of a long journey that leads to rehabilitation. During four weeks a year the students follow lessons. Twice a year, they work in one of the other institutes for a period of three weeks. Four times a year joint patient discussions take place, organized by one of the participating institutes.

Outcome/Products

- Education for professional workers to become life coaches in chronic psychiatry
- Improvement of the quality of life chronic psychiatric patients inside the clinic and outside the clinic
- Restoring the triadology between a patient, his or her family and the professional
- Combining experience and knowledge in the “Euregio”
- Support for other institutes to participate in the education program after July 2007.

Perspectives

At the end of the period 2004 – 2007, that is financed by Interreg, 16 students will have finished the educational program of Chronos. We hope to be able to continue this education in chronic psychiatry. If so, professionals of other institutes will be able to participate.

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Project Partners:
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Belgium, Germany, the Netherlands

Implementation of a MRSA protocol in cross border hospitals

Duration of project: 01/2000 – 12/2003

The context

• Methicillin or Multi Resistant Staphylococcus aureus (MRSA) is difficult to treat with available antibiotics and the prevalence of Glycopeptide resistant MRSA is increasing.
• The MRSA-prevalences are in:
  - Belgium: 25%
  - Germany: 15%
  - the Netherlands: <1%

The project

• The “Seek and Destroy” MRSA policy as implemented in the Netherlands resulted in a “difficult” transfer of patients admitted in a hospital abroad for more than 24 hours to a Dutch hospital.
• These patients will be isolated until the MRSA status of the patient is known.
• The aim of the project is:
  ⊗ To facilitate transfer of patients between the different hospitals in the Euregio.
  ⊗ To harmonize the different MRSA protocols in the participating hospitals.
• To achieve the aims regular meetings were planned with the medical microbiologists, the infection control nurses and the infection control practitioners of the participating hospitals to discuss and to harmonize in a stepwise approach the:
  ◦ microbiological protocols
  ◦ isolation procedures
  ◦ screening protocols

Flowchart for patients presented to the azM

MRSA in Europe

Outcome/Products

• Screening of all patients from one of the participating hospitals to the azM during their stay (throat, nose, perineum and wound)
• Dependent on the MRSA status additional measures will be taken.

Perspectives

• Harmonization of the MRSA protocols in cross border hospitals of the Euregio, resulted in:
  i. easy transfer from abroad to the azM,
  ii. considerable reduction in the number of isolation days in the azM,
  iii. cooperation between the different hospitals
  iv. the setup of a Euregional Microbiological Network.

Project Partners:
Dr. S. Lemmen, Klinikum Aachen; Dr. G. Coppens, Ziekenhuis Oost-Limburg Genk; Dr. K. Magenerman, Virga Jesse Ziekenhuis Hasselt; Dr. J. Craeghs, Véritable Ziekenhuis Tongeren; Dr. E. Stobberingh, azM Maastricht
Germany, the Netherlands

State-of-the-Art Medicine along the Borders of Europe

Duration of project: 06/2004 - open end

The context

Health care and, in response, health care institutions are in a state of flux. The Universitätsklinikum Aachen (UKA) and the University Hospital Maastricht (azM) designed new strategies to adapt to future developments in the health care environment. Cooperation with other health care organizations is of utmost importance. As a consequence, strategic alliances in form of inter-organisational cooperation occur. The purpose of these structures is to secure market positioning and to ensure competitive advantage.

At the same time health systems and health policies in the European Union are getting more interconnected than ever before. This is mainly facilitated by the increased movement of patients and professionals across the border in recent years, but also by rulings of the European Court of Justice. There is an obligation to establish free movement rules in the European health care sector. Furthermore, the European Commission develops a policy to establish Centres of Reference for top-clinical and top-referral care on a European scale.

The cooperation

After several years of loose cooperation, in June 2004 the UKA and the azM signed an alliance agreement. The two medical centres intended to work closer together in a structured way.

The UKA and the azM are characterized by a similar geographic position. Both hospitals are located excentric in their own country, near the Dutch-German border, and are part of the Euregio Meuse-Rhine. The distance between both partners is only a mere 30 kilometers.

Both the UKA and the azM have designed new strategies to cope with the future developments in the health care environment. Wherever applicable, the strategies of the two clinics are going to be synchronized. The UKA and the azM strive for complementary health care, establishment of Centres of Reference on both Euregional and European level, exchange of employees and joint research projects. Furthermore, the heads of medical departments could have dual personnel responsibilities for both hospitals.

The projects

Vascular Surgery:
Professor Michael Jacobs, head of the department of General Surgery in the azM, started a Clinic for Vascular Surgery in the UKA in October 2005

Pediatric Cardiothoracal Surgery:
Children in the azM, who are indicated for Cardiothoracal Surgery, will be referred to the UKA

Transplantation Medicine:
Co-operation in patient care and research, formation Transplant Center

Integration of IT-Systems:
Electronic patient records with two-way access and video-conference system between both hospitals

Other projects: Nuclear Medicine, Nephrology...

Perspectives

At long sight, both hospitals could merge and establish an Euregional Centre of state-of-the-art medicine and research.

Project Partners: Universitätsklinikum Aachen (UKA), Germany and academish ziekenhuis Maastricht (azM), The Netherlands

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The context
Learning from each other and with each other is the central theme in the project. Every participating partner has got their own goals, which they try to reach by learning from the other partners. Furthermore, every partner helps the other partners by the implementation of their goals.

The project
Goals of the Caritas in Germany:
- Building of nonsubstance related treatment in ambulatory and clinical therapy

Goals by Tactus in the Netherlands:
- Building of self-help groups by the Kreuzbund model

Goals of the Kreuzbund in Germany:
- Building of nonsubstance related self-help
- Easy access for younger people in self-help

Outcome/Products
TACTUS (NL):
- INTACT self-help for the addicted and their relatives
- Training programmes for professionals and self-help volunteers

CARITAS (D):
- SKOLL self-control training
- Non substance related rehabilitation therapy

KREUZBUND (D):
- Non substance related self-help
- Easy access for younger people in self-help

Perspectives
All the goals within the project will be reached and more. There will be a during cooperation between the partners within the exchange of knowledge and experience between the partners.

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Spain, Portugal

Alcoholismo – Prevention and Treatment of Alcoholism

Duration of project: 01/2003 – 12/2005

The project

General objective: To increase coordination and cooperation between the North of Portugal and Castilla y León with the intention of fighting alcoholism. Coordination areas: Primary prevention, treatment and social integration.

Specific objectives:
- To improve formation and an exchange of experiences with regard to alcohol problems
- To provide early diagnosis, treatment and specialist treatment for people with alcohol problems in the cross-border region
- To implement an evaluated prevention programme
- To develop information and prevention campaigns on alcoholism in the general population

Target groups:
- Persons of all age groups including children up to 14 years of age.
- Specific target group: Primary health care professionals and alcohol risk drinkers and patients with alcohol dependence, families with alcohol problems.

Activities:
- Questionnaire-based survey about alcohol consumption in the Bragança district and about specific characteristics of alcoholics in primary health care.
- Collection of data on alcohol consumption in a school survey in Castilla y León.
- Professional formation in primary care to improve services for hazardous drinkers by means of brief interventions.
- Sensitization campaign about alcohol intake and driving (leaflet and posters).
- Implementation of programme on the prevention of alcoholism in families: Universal Programme (MONEO), Selective Programmes (ALFIL, DÉDALO).
- Residence-based specialist treatment and rehabilitation for alcoholics (CRA) in Zamora.
- Development of seminar between cooperation partners.

Outcome/Products

Formation:
- 57 professionals for the prevention of alcoholism in families, Moneo and Dédalo Programmes (Castilla y León).
- 11 professionals for the ALFIL Programme (Castilla y León).
- 45 primary health care professionals (Bragança).

Sensitization and prevention:
- 176,000 posters and leaflets (Portugal).
- Elaboration and edition of programmes on alcohol prevention in families (Moneo, Dédalo, Adaptation of the ALFIL Programme).

Treatment:
- Brief interventions with risk drinkers, Zamora.
- Year 2003: 1,275 patients; year 2004: 1,377 patients.

Infrastructure:
- Improvement of the Zamora CRA installations.

Research:
- Research about alcohol intake in the general population in Bragança.
- Characteristics of primary care patients with alcohol problems in Bragança.

Perspectives

Innovative character:
- Evaluation of and experimentation with work model between primary health care professionals.
- Elimination of border barriers to increase the residents’ access to treatment in the cross-border region.
- Validation of a pilot scheme on the prevention of alcoholism in families living in a specific area with severe alcohol problems.

Activities that continue:
- Universal Family Programme (MONEO) and Selective Family Prevention Programmes (ALFIL, DÉDALO).
- Risk Drink Attention Service in Primary Health Care.
- Residence-based treatment of alcohol patients living in the cross-border area.

Cross-border Partners

Project Partners: Consejería de Familia e Igualdad de Oportunidades Junta de Castilla y León, Spain/Administração Regional de Saúde do Norte, Portugal

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Epi-Rhin – A Transborder Reporting Scheme for Communicable Diseases

Duration of project: 09/2001 – Ongoing

The context
The Franco-German-Swiss Upper Rhine Conference was set up with the aim of institutionalising cross-border cooperation in the Upper Rhine region. The legal basis are the tri-national agreements of Bonn 1975 and Basel/Bâle 2000. It works in a range of fields to study and facilitate cross-border contacts. Following a proposal of its Working Party on Health, EPI-RHIN, a transborder reporting scheme for communicable diseases was established in September 2001.

The project
EPI-RHIN operates as a decentral information system under the guidance of the Upper Rhine Conference Working Party on Health Politics. In brief, the system aims at the rapid trans-border exchange of epidemiologic intelligence with relevance to the public health service. German, French, and Swiss Public Health Authorities shall complement the existing national schemes for reportable diseases by direct local contacts. EPI-RHIN partners are public health service physicians & staff who are locally responsible for the management of disease notifications and for the investigation of outbreaks, including the tracing and treatment of exposed contact persons (Germany: Amtsärzte; Switzerland: Kantonsärzte/Médecins cantonaux; France: Médecins inspecteurs de santé publique). If, based on professional judgment, a report received may require public health action in a neighboring country, local partners are notified. If the responsible person is unknown, regional coordinating contact partners in Liestal, Strasbourg or Stuttgart assist. Annual workshops focus on topics of common interest. In urgencies, ad-hoc meetings may be summoned. EPI-RHIN does not interfere with existing reporting systems and abides by national regulations for data protection.

Outcome/Products
An ongoing platform for the rapid exchange of epidemiologic information between local and regional public health authorities, with outreach to the non-mandated hinterlands.

Annual Workshops
(in cooperation with the Euro-Institute Kehl)
Public Health in a Transborder Context: Control of Reportable Diseases in the Upper Rhine Region (2003).

Perspectives
Goal for 2006:
The creation of a common communicational platform for the exchange of scientific information in the Internet.

Figure 1. Mandate Area of the Upper Rhine Conference, Local Public Health Service Departments (red) and Regional Coordinating Partners (yellow) which cooperate in EPI-Rhin


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The project

The project commenced in September 2004. Initially it was important to establish links with a variety of Northern Irish and Republic of Ireland governmental bodies. Priority issues were then identified. These included the publishing of a draft cross border food borne illness plan and also the organisation of a two day conference to raise awareness of the health risks associated with exposure to Legionella and also to develop an understanding of the differences in structures and legislative requirements in the control of Legionella between Northern Ireland and the Republic of Ireland. As a result of feedback received from the conference a cross border plan for the investigation and management of Legionnaires’ disease was developed. This is a concise directory identifying key personnel responsible for the co ordination of an outbreak on a cross border basis.

Mapping of cross border water distribution networks has also been carried out and issues such as avian influenza and infection control have been prioritised.

The next issue to be examined is that of zoonotic infections and their control on a cross border basis.

Outcome/Products

The project will develop cross-border policies and management plans for the prevention and control of communicable disease and for other related health protection issues. Micro organisms do not recognise borders. When such an incident occurs, a co-ordinated response involving relevant professionals from both sides of the border is required. The development of plans and policies by this project will help to deliver this coordinated response. The main outputs of the project will be the productions of various policies and plans covering areas such as food poisoning, water contamination, Legionnaires’ disease etc. The project will also provide training and mock exercises for the relevant professionals so that they are aware of and familiar with the policies and plans.

Perspectives

It is hoped that this project will open opportunities, build capacity and partnership with health professionals from both sides of the border. The adoption of common policies in areas where there is a mutual cross border benefit is one of the main successes of the project.

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Spatial risk assessment for Lyme borreliosis and tick-borne encephalitis (TBE) in the trans-border area between Italy and Slovenia: Preliminary results

Duration of project: 01/2005 — 06/2007

The context

The tick *Ixodes ricinus* is the principal vector of Lyme borreliosis and tick-borne encephalitis (TBE). The infection rate of these vector-borne diseases has increased significantly since the 1980s and is now particularly high in the Friuli Venezia Giulia region (Italy) and the cross-border area with Slovenia. Identifying areas of major infection risk can therefore represent a useful tool of prevention for the local authorities. The principal aim of this project, financed by INTERREG III A, is to develop a potential risk map for Lyme borreliosis and tick-borne encephalitis (TBE) infection. Here we present preliminary results of the first year of this project and explain the research plan for the coming years.

The project

The study area comprises the region of Friuli Venezia Giulia in Italy and a strip along the western border of Slovenia. In this area, a total of 15 sampling sites were identified for tick collection. Sites were selected if they satisfied two criteria: (1) Lyme borreliosis and/or TBE was present at the site; (2) the site was characterised by homogeneous vegetation. Sampling was carried out three times during 2005 in spring, summer and autumn. Ticks were collected by the blanket dragging method covering an area of 100 m² in each sampling site. They were identified and divided into larvae, nymphs and adults (male and female). Moreover, for each site air temperature, relative humidity and canopy data were collected.

Outcome/Products

RESULTS 1: TICK ABUNDANCE

During the first year, a total of 2443 ticks were collected: 1049 in spring, 1055 in summer and 340 in autumn. On the whole, 1226 (50%) were larvae, 852 (35%) nymphs and 355 (15%) adults (185 male and 170 female).

The seasonal variation of the patterns of abundance of nymphs and adults shows a high peak in spring followed by a progressive decrease in summer and autumn. On the other hand, larvae showed a peak in summer. However, there was a great variability in the number of recorded larvae within each season; therefore a clear-cut seasonal pattern could not be recognised.

RESULTS 2: RATE OF INFECTION WITH *Borrelia burgdorferi*

Looking at the average number of ticks collected (nymphs and adults) per sampling site in comparison with the average number of ticks identified and divided into larvae, nymphs and adults (male and female). Moreover, for each site air temperature, relative humidity and canopy data were collected.

RESULTS 2: RISK OF INFECTION BY *Borrelia burgdorferi*

The calculation of the risk of infection takes into account the abundance of ticks found in different places and their percentage of infection. In the figure nearby it is possible to observe that the risk of infection by *Borrelia burgdorferi* is very high in 3 out of 4 stations inside the carsoic area but it diminishes gradually moving towards the alpine landscape.

Perspectives

The activities planned for next year will consist of:
- genotyping *Borrelia* species;
- testing for infection with *Rickettsiae*;
- testing for presence of TBE virus, work in part already being concluded.

To create a potential risk map we will consider five variables that are known to be relevant in determining the distribution of ticks. The variables taken into account will be: (1) temperature, (2) relative humidity and (3) vegetation indices, all derived from satellite images and/or, the first two parameters from the interpolation of data from climatic stations; (4) maps representing the distribution of deer and other mammal species, if available; (5) maps representing vegetation ecosystems. Spatial distribution of ticks will be analysed by statistical methods seeking correlation between tick abundance and environmental factors within a geographical information system (GIS) using a raster map.
France, Germany

Disasters management – SAGEC

Duration of project: since 06/2004

The context

The disaster of Giessen (Belgium) revealed the difficulty in managing crisis into transborder and in particular finding beds specialized for the treatment of severely burned patients. One can identify two significant obstacles: the knowledge of the health system of the neighbor and the barrier of the language.

The project

We developed a multilingual software (French, German, English) allowing to put in network the emergency call centers and the hospitals from Alsace (France) and Bade-Wurtemberg (Germany), to exchange in real time the availability of beds and humans and technical resources. The software can also be used daily to find a specialized bed (PICU).

The data are automatically directed towards the authorities who take charge of the situation.

A private memo pad allows a fast exchange of information and the constitution of a “ship’s log”.

Hospitals, wards, call centers, fire services, doctors, EMS have each one a private access to the software and can share information with the command center.

Interested people can try a demo site at http://jean-claude.bartier.free.fr/
login: user
password: user

Outcome/Products

The software SAGEC.

The software works under GPL licence. It uses a client/server architecture, based exclusively on open source software (apache, mySQL, PHP).

It works under Windows, Linux and macOS. A simple Internet connection is sufficient to reach the system anywhere in Europe.

SAGEC can exchange data with other systems. At this time it supports XML-RPC protocol.

Perspectives

To promote emergency data exchanges between emergencies call centers
To extend the network to all the burn centers in Europe.

Project Partners: DRK Freiburg (Germany), DRK Lörrach (Germany)

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Belgium, Germany, the Netherlands

EUMED: Cross-border emergency medical assistance in the Meuse-Rhine Euroregion


Meuse-Rhine Euroregion

- Region with many borders (three countries, languages, cultures and emergency relief systems)
- Heavily industrialised region with many high-risk sites and major traffic arteries
- High population density
- Top medical care standard (3 university hospitals)

In the event of emergencies and serious accidents: cross-border cooperation is vital

Services responsible for (medical) emergency make agreements concerning:

- Available accident & emergency capacity (ambulances and hospitals)
- Criteria and methods for calling in assistance from neighbouring regions
- Receipt of assistance from neighbouring regions
- Deployment of assistance from neighbouring regions
- Transport of casualties to hospitals (incl. abroad)
- Admission to hospitals
- Patient tracking, from site of emergency to psychological and social after-care
- Means of communication
- Contacts with media
- Administrative scaling-up
- Coordination at site of emergency
- Recognisable officials
- Joint evaluation
- Specialisations

Outcome/Products

Euroregional ambulance assistance plan
Euroregional casualty distribution plan
Euroregional training

Context

Implementation by Eucrew Maas-Rijn:

Cross-border alliance in the field of education, training and exercises

Project partners: Germany: Stadt Aachen, Kreis Aachen, Kreis Heinsberg, Kreis Düren, Kreis Euskirchen, Klinikum Aachen
Belgium: Province de Liège, Centre hospitalier Universitaire de Liège, Centre hospitalier régional La Citadelle Liège, Ziekenhuis Oost-Limburg Genk
The Netherlands: GHOR Zuid-Limburg, Traumacentrum Limburg, Academisch Ziekenhuis Maastricht

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Cross-border Network for the primary prevention of drug addiction in the Euroregion Pomerania

Germany, Poland

Duration of project: 02/2002 – 12/2003

The context

Initiated by an increase in social problems within the population of the city of Greifswald, the county Ostvorpommern and the region Szczecin, the regional centre for the prevention of drug addiction and conflict management together with the universities of Greifswald and Szczecin decided to build cross-border networks to improve measurements regarding the primary prevention of drug addiction.

Because a high degree of influence on children and young persons is ascribed to both parents and school teachers a strong emphasis of the project was put on training and qualifying these persons for actively working towards the prevention of drug addiction.

The project

The project „Pomerania“ is based conceptionally on the “Theory of Reasoned Action” which states that our attitude plays a decisive role in the way we behave. The focal point within the prevention of drug addiction is therefore put on helping young people to look at their own attitude towards the consumption of drugs more critically in order to develop changes in their behaviour.

The aim of this project in a cross-border region lies in strengthening young persons through the combined and coordinated efforts of all people associated with them. Parents, teachers and students were introduced to the prevention of drug addiction in special courses.

Another major aim of the project was to integrate universities more closely into the process of the primary prevention of drug addiction and to qualify university students to become multipliers in the prevention of drug addiction. To achieve this, curricula were developed for educating and communicating competences in the subject and the methods of the prevention of drug addiction. These included basic and advanced courses as well as a test of the acquainted skills within a period of practical training lasting one year.

The educational period lasted from April to June 2002 with two seminars of two days and a total of 30 hours per week and term. A total of 30 students took part in the programme, 15 from the university of Greifswald and 15 from the university of Szczecin.

The major contents of the seminars were

1. to communicate a theoretical basis for the prevention of drug addiction
2. to communicate methodical instruments regarding an overall view of the subject and possibilities of applying these methods in the prevention of drug addiction
3. exemplary work and exercises to acquire personal practical competences. During the educational programme participants were given the possibility to test their newly acquainted skills on students, parents and teachers under the supervision of mentors on six schools per country. At the end of the two-year project each participant received a certificate.

Outcome/Products

1. Successful and common education of German and Polish students. Founded on a curriculum, which was created cooperatively and under regard of current scientific perception, central competences of preventive work with addiction problems were adopted by the participants.
2. Focussed preventive arrangements on pupils of the 5./6. classes, which resulted in a stabilisation/change of mental attitudes.
4. Development of pedagogical competencies in performance of the students and ability to constructive cooperation of teachers and educationalists of the involved schools.
5. Transparency of problems in parental work. Active inclusion of parents in preventive work with drug addiction problems.

Perspectives

In accord with local and school authorities, the aim of this project is to focus on prevention of legal and illegal consumption of drugs in our part of the Euroregion Pomerania. The experiences of the first phase resulted in a cooperation of different regional partners. Under the guidance of the RSK, the communal expert in prevention programs, the second part of the project has just began. The medical and psychological sphere will be secured by the Ev. Krankenhaus Bethanien der Johanna-Odebrecht-Stiftung, the most important psychiatric and addiction hospital in the eastern part of our country Mecklenburg-Vorpommern. Our Polish partners participate in the production realization by the medical counterpart, the Pomorska Akademia Medycyny im. Szczecina.

The faculties of education sciences of the Uniwersytet Szczeciński will bring in the necessary pedagogical and educational knowledge, while the Bildungszentrum Greifswald and the Centrum Kształcenia Praktycznego Koszalin can be pointed out as regional experts in educating disadvantaged juveniles. Again, the most important partner will be found in the children, parents and teachers on both sides of the northern German-Polish border.

The project is structured into three phases. In the investigation phase, 14-year-old Polish and German pupils and disadvantaged juveniles will be interviewed about their consuming habits of legal and illegal drugs. The results will be crucial for designing a curriculum of educating advisers as “prevention” experts. Based on the curriculum, teachers, students and parents will be trained together and therefore will be enabled to interact in the second phase of the project. In the third phase the new advisers will use their knowledge in specific schools of the project.

The connection of pedagogical, psychological, medical and organisational competences and the usage of scientific perception of theory and practice combined in one project represents a promising attempt to secure a high standard of preventive work with addiction problems in our region.
Germany, Belgium, (the Netherlands, Scotland, Wales)

The Class Moves!®
Klasse in Bewegung!®
De klas beweegt!®


The context

School entrance examinations in Kreis Heinsberg showed a lack of motorical skills, which we considered as too high. So we decided to implement “The Class Moves!”®, a programme which has been developed in the Netherlands by physiotherapist Elise Sejthoff.

First step was a common project with the German Speaking Part of Belgium, in which the material was translated into German and the pedagogical and motorical effects of the programme were evaluated. At this time “The Class Moves!”® was already used and evaluated in Scotland, Wales, Flanders and the Netherlands.

The project

““The Class Moves!”® aims to encourage children to engage in different types of physical exercises on a daily basis. It consists of a number of playful and joyful moving and relaxation exercises for use with kindergarten and primary school children.

The exercises are grouped by theme and are listed on a wall-mounted monthly calendar, which follow a stage-related development plan.

The age of the German speaking material ranges from 4 - 6 years up to 9 - 10 years. There is a calendar for each year. Each year devotes another motif, for example 3rd year calendar “circus”. The monthly themes are the same for every school year, for example in September “expressing emotions” or “stability” in February. There are exercises for moving, relaxing and body sensation at each monthly page.

The appealing illustrations stimulate pupils and teachers to move and relax within the classroom whenever it fits or the situation calls for it. The children are moving on, beside or under their chair and table.

Within the exercises the individual creative differences of children’s moving abilities appear. The interaction between pupils and teacher increases the pleasure of playing with these differences and teaches to respect them.

The handbooks give background information to teachers. They comprise a description of the aim of each exercise, give proposals of lessons and a description of the sensomotorical development.

The aims of “The Class Moves!”® are:
- Improvement of the moving abilities
- Improvement of learning capability by
  - improved concentration
  - improved atmosphere in the class
  - improved motivation of pupils
- Improved motorical skills

Project Partners:
Kreis Heinsberg, Gesundheitsamt, Germany
German Speaking Part of Belgium
Fysio Educatief, Amsterdam, Netherlands

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Fax: +49 2452 135395
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Results

Motordetical evaluation

In school year 2000/2001 528 first class pupils were tested. 268 belonged to the calendar group and 260 to the comparison group. 5 items: standing and jumping at each leg, going backwards at heels, diadochokinesia, finger-thumb-opposition, were tested before and 6 months after starting the program. The calendar group gained a better development of motorical skills, yet it was not statistically relevant.

Pedagogical evaluation

The pedagogical evaluation was based on questioning headmasters, teachers, parents and pupils. In conclusion we may say that the programme was well received by teachers, pupils, headmasters and parents. It can be easily integrated in the curriculum, exercises a positive influence on lessons and is a suitable method to promote daily mobility at school.

Perspectives

In school year 2000/01 “The Class Moves!”® was offered to 10 primary schools each in Kreis Heinsberg and German Speaking Part of Belgium. The following year it was offered to all of the 59 primary schools and 121 kindergarten in Kreis Heinsberg. Up to now the calendar is used in 34 schools and 19 kindergarten in Kreis Heinsberg.
Germany, Denmark

Health and Activity in Schools


The context
Health promotion for socially underprivileged pupils especially for 12 to 16 year old pupils who are out of condition.

The project

Details from Lübeck, Germany
Participants:
- Pupils from 5. classes of
  - Two extended elementary schools + one special school
  - Each school offers 2 courses of 1½ hours per week in the afternoon
  - In each case for one whole school year
Implementation:
- Experts for dietetics/exercise/relaxation exercises
- Observance of quality standards by arrangement with all health insurance schemes in accordance with § 20 SGB V
- Workshops with experts, school management, teachers and members of the German-Danish steering committee
- Cross-border exchange of pupils
- Evaluation by the Institute for Social Medicine of the University Schleswig-Holstein, Campus Lübeck
- Networking (e.g. Network Dietetics, Healthy Cities Network...)

Details from Storstrøm, Denmark
Participants:
- School year 2003/2004: 60 young people from 5 municipalities
- School year 2004/2005: Additionally 7 municipalities
- School year 2005/2006: Additionally 12 municipalities
- Overall project 2003 – 2006: 24 municipalities with 240 pupils
Implementation:
- Exercise courses instructed by the Danish sports clubs
- Each pupil has 6 motivation sessions with the school nurses
- Workshops with experts from the sports clubs, school nurses and members of the German-Danish steering committee
- Cross-border exchange of pupils
- Networking Danish Sports Association DGI, Healthy Cities Network in Denmark

Outcome/Products
- Intensive cross-border cooperation in an EU-region (qualified personnel, pupils and administration)
- Development of a cross-border best-practice-model for the prevention of overweight (and the health consequences thereof), exercise deficits and violence
- Validation of the results of the project through scientific supervision (evaluation)

Perspectives
Integration of the model in the teaching curricula of the individual schools.

Project Partners: Hansestadt Lübeck – Germany and Storstrøms Amt – Denmark
This project is supported by the EU within the INTERREG III A Programme and health insurances of Lübeck.
Belgium, Germany, the Netherlands

Cross-border cooperation in the Euregion Meuse-Rhine to decrease risky behaviour by adolescents

Duration of project: 10 / 2001 – 12 / 2005

Project information
Based on sequence health promotion procedures:

Phase 1: Survey and research (epidemiological diagnosis)
- Quantitative study (Youth Survey 2001/2002)
- Qualitative study (2003/2004)
  - Regulation and tolerating policy
  - Cross-border influence
  - Pre-conditional aspects and possibilities to preventive programmes

Phase 2: Development and implementation (2004-2005)
- Interpretation study-results
- Best practice public health
- Development and implementation of cross-border prevention activities
- Structural cross-border co-operation
- Recommendations on policy level and prevention level
- Evaluation

Youth Survey (2001/2002)
- Monitoring prevalence of risky behaviour and pre-conditional aspects related to prevention of risky behaviour
- Target group: all 14- and 16-year-old pupils of secondary schools in the regions of the project-partners
- 46,000 adolescents from 269 schools
- Structured inquiry form were filled out in class during school-time
- Subjects in inquiry form: School (results, truancy, tease), healthiness, use of medicines, use of drugs and alcohol, smoking habits, leisure activities, gambling, petty crime, exercise, sports, safe sex, eating habits (breakfast, fruit, vegetables), oral hygiene
- Dutch inquiry form translated into German language

Report

Qualitative Study (2003/2004)
Aim of the study
- Analyses related factors in the regions
  - Differences and similarities in legislation and regulation
  - (Tolerated) Policy
  - Prevention structures
  - Political and organizational priorities
  - Social acceptance towards stakeholders
  - Cross-border influence
- Make an inventory of (local) practiced and possible prevention activities
- Best-practice Public Health

Methods
- Review of the literature/internet and local documents
- Interviews with experts in local PH organizations and related institutes/departments (n=175)
- Inventory of preventive programs and activities (n=128)
- Datamatching with Youth Survey and (statistical) analyses

Report
"Risicogedrag adolescenten in euregionaal perspectief"; download: www.adolescenten.nl

Recommendations (2004)
- Set up and support cross-border network of professionals
- Promote professional competence
- Development methods for employ best-practice-public-health
- Based on results Youth Survey
- Small-scale cross-border co-operation prevention activities
- Policy-making by commitment well-known governors
- Monitoring risk-behaviour adolescents (4-years period)

Conversion and implementation (2005)
- Cross-border workgroup "Prevention"
- Euregional "Month of Prevention" (may 2005)
  - Declaration of intent governors and press-activities
  - Sporting activities and integrated health education
  - Discussion-groups (youth-panels)
  - Film festivals for target groups
  - Stop-smoking discotheque
  - Training professionals

Results Youth Survey (2001/2002)

<table>
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<th>Percentage of adolescents</th>
<th>Belgium</th>
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<th>NL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad healthy feelings</td>
<td>6,7</td>
<td>3,1</td>
<td>6,7</td>
</tr>
<tr>
<td>Smoking</td>
<td>3,1</td>
<td>3,3</td>
<td>3,1</td>
</tr>
<tr>
<td>20 or more glasses of alcohol in one week</td>
<td>10,5</td>
<td>13,8</td>
<td>9,6</td>
</tr>
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<td>Drunkies in the last 4 weeks</td>
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<td>Other hard drugs last 4 weeks</td>
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<td>3,3</td>
<td></td>
</tr>
<tr>
<td>Play truant last 4 weeks</td>
<td>11,4</td>
<td>16,3</td>
<td>10,4</td>
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<tr>
<td>Badgering last week</td>
<td>1,0</td>
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<tr>
<td>Having unsafe sex</td>
<td>2,9</td>
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Cross-border cooperation in the Euregion Meuse-Rhine to decrease risky behaviour by adolescents

Duration of project: 10 / 2001 – 12 / 2005

Recommendations (2004)
- Set up and support cross-border network of professionals
- Promote professional competence
- Development methods for employ best-practice-public-health
- Based on results Youth Survey
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- Policy-making by commitment well-known governors
- Monitoring risk-behaviour adolescents (4-years period)

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- Euregional “Month of Prevention” (may 2005)
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Russia, Finland
From Drug Route to Therapy Chain


The context

New situation both in Finland and Russia: Especially near the border drugs and other abuses and sexual transmitted diseases increased threateningly. Nurses and other specialists did not have knowledge and skills enough to educate school aged people and others about dangers of drugs and other negative living habits. We needed soon new methods and materials and cooperation models between specialists, parents and target groups both in Finland and the Republic of Karelia.

The project

From Drug Route to Therapy Chain Interreg III A Karelia project was one of the three Interreg III projects in Finland. Two others were Kolarctic Interreg project in Lapland and East-South Finland Interreg project in Lappeenranta.

The main objectives of our project were
• to support knowledge and skills to minimize problems of drug and other negative affects near the border
• to support cooperation and network and build new models to manage
• to support the local implementation of abuse strategies
• to plan and prepare new materials about abuses and sexual transmitted diseases

The main target group was 13 – 18 aged people and people who are working with them, both in Finland and Russia.

Outcome/Products

New intervention models for preventive work against drugs and other abuses and communicable diseases.

Health education and trainings for teachers, public health nurses, nurses and other interested people and students.

Research concerning school children’s habits and knowledge about drugs and communicable diseases both in Finland and Republic of Karelia and Murmansk.

Prepared materials in Finnish and in Russian; booklets, PP, handicrafts for teachers and other interested.

Internet –sheets together with other Interreg project.

Possibilities for students to practice and make their final papers in the project.

Health fares – model to Russia.

Many new and effective cooperation partnerships both in Finland and in Russia.

Perspectives

Further development and implementation of the new models and created activities among young people against drug and other abuse and sexual diseases.

Continuing research and cooperation with the members of developed networks both in Finland and in Karelia.

Spreading good practices also to other countries via new projects.

Project Partners: Savonia Polytechnic in Finland and Kelveala, Kostamus and Segezha in Russia

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Finland, Norway, Russia, Sweden

**Psychosocial Well-being of Children and Youth in the Arctic**

**Duration of project:** 12/2003 – 11/2006

**The context**

At least two schools in each participating country contrasting cultures and environments - rural / urban, Sami / dominant population.

**Participating schools:**
- Finland: Kortkalo School, Vaaranlampi School and Kortkalo Secondary School in Rovaniemi and Svetitiä School in Inari
- Russia: Murmansk School N3, Lovozero Secondary School and Lovozero Boarding School
- Sweden: Eight schools in Luleå and Jokkmok School
- Norway: Schools in Finnmark County

**The purpose of the project**

- is to strengthen cooperation across borders among universities, institutes, schools, and people working with children and youth.

**The specific aim of the project**

- is to develop a supranational network model for improving the psychosocial well-being, social environment and a sense of security for school-aged children in the Barents region - the model will make it possible to transfer national practices from one country to another.

**The principal objective of the project**

- is to develop and implement interventions for promoting psychosocial well-being of pupils in the participating school communities, - principles of development work are dialogue and shared learning between researchers and practitioners, and between different countries

**Outcome/Products**

1. A supranational network of the psychosocial well-being of children and youth in the Barents region

2. New practices and functional models connected with the psychosocial well-being of schools in the Barents region

3. Training seminars about “Promoting psychosocial well-being of school-aged children in the Barents region”


5. Research and project reports connected with carrying out the ArctiChildren project.

Project Partners: University of Lapland, Faculty of Education, Rovaniemi Polytechnic, School of Health and Social Services (Finland), Finnmark University College, Department of Culture and Social Sciences, Faculty of Education and Liberal Arts (Norway), Murmansk State Pedagogical University, Department of Social Work and Social Pedagogies (Russia), Luleå University of Technology, Department of Health Science, Faculty of Educational Sciences (Sweden)

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Unlimited Help for Self-Management of Children and Teenagers with Asthma Bronchiale

Duration of project: 04/2004 – 04/2008

The context

The law about the Introduction of Disease Management Programmes in Germany from 22 Dec. 2004 demands an asthma training programme which is evaluated, specific for target groups, structured and published. The training programme of the “Arbeitgemeinschaft Asthmaschulung im Kindes- und Jugendalter e.V.” is able to implement these criteria all over southern Germany by the help of “asthma-training teams” and pediatrics of the region. There is no comparable structure in the Austrian country “Vorarlberg”.

The project

By means of international knowledge transfer an asthma training network will be installed in the participating regions of southern Germany and Austria. The efficiency of this structured asthma training programme will be evaluated by a study design on a high evidence level.

With help of questionnaires the following parameters will be evaluated:
- Anthropometric data (age, sex, country, school, characteristics of the parents, familiar atopic disorders, allergisations, soziodemographic factors, smoking)
- Rosier-score to find out the functional severity
- Schöttke-score to find out the perception of symptoms, to proof the ability of self-management and to evaluate the psycho-social consequences
- KINDL-questionnaire for evaluating the quality of life related to health

Impartial medical parameters:
- $V_{CO2}$, $FEV_1$, $MEF_{25-75}$, $P_{max}$
- PEF by means of electronic Peak-Flow-Meters
- Consumption of drugs

Literature:
§ Osnabrücker Asthmabatterie, Schöttke H., Universität Osnabrück
° Ravens-Sieberer U., & Bullinger M., Quality of Life Research, 1998; 7: 653

Outcome/Products

Expected quantified results
- Creation of 4 international asthma-training teams
- Education of 8 accredited “asthma trainers”
- 36 asthma self management courses with about 216 participants of 3 different age groups

Expected results of the evaluation
- Efficiency of the structured asthma training programme with improvement of:
  - impartial medical parameters
  - self management
  - quality of life for the children and their families

Perspectives

Long-term objective is the foundation of a regional health network by linking this programme to other prevention programmes such as obesity or atopic dermatitis.

Project Partners:
- Landeskrankenhaus Bregenz - Abteilung für Kinder- und Jugendheilkunde, Austria
- Asthmaakademie Baden-Württemberg e.V., Germany
- Arbeitgemeinschaft Asthmaschulung im Kindes- und Jugendalter e.V., Germany
- Landratsämter Bodenseekreis und Ravensburg - Fachbereiche Gesundheit, Germany
- AOK – Die Gesundheitskasse – Allgäu-Oberschwaben, Germany

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The Euroregion POMERANIA extends over three areas: the northwest of Poland, the south of Sweden and the northeast of Germany. The area covers 3.5 million inhabitants and 40,000 km². The main aims are to develop the involved partners in an economical, cultural and social way in order to convert these national peripheral areas with a long-term strategy into an European central area. The telemedicine network is part of this effort to establish a joint health care region.

The POMERANIA Telemedicine Network

improves the diagnostic and treatment of patients in our rural area by connecting the hospitals and some specialists outside the hospitals. It covers the region of Western Pomerania (Vorpommern) in Germany and the voivodship Western Pomerania in Poland (only these regions are applicable for Interreg IIA grants). On the German side it consists of three phases (phase 1: 2002-2004 and phase 2: 2004-2006, afterwards continuous work of the system ≈ 2009). In phase 1 five hospitals* have been connected by three modalities: pathology (frozen section and second opinion), radiology (advice and second opinion), and the conference system with a special conference server to implement tumour conferences (such as breast conferences). Example of usefulness: up to 2004 pathology specimen had to be transported by taxi between the rural hospitals and the pathology institutes in the central hospitals, during this time the patient had to remain in anaesthesia. Now the frozen section is done in the rural hospital and the pathologist examines the picture of the specimen in his office. In phase two four additional hospitals** will be connected and two additional modalities are going to be implemented: cardiology (Tele-ECG and conference) and mammography screening (second opinion and conference).

Cross border activities

Several visits and conferences between participants from the Polish and the German institutions took place. The German steering group visited the Polish steering group in Szczecin and organised a conference every year to report the progress of the project. Members of the Polish administration (voivodship and marshall’s office) and the Polish steering group regularly attended the conferences. Nevertheless the applications for the EU grants on the Polish side were refused until 2005. In April 2005 the grant of 323,000 Euro was confirmed so that the Pomeranian Academy of Medicine (PAM), the Regional Oncology Hospital (RSO) in Szczecin and the Voivodship Hospital in Koszalin will soon be connected by a pathology and conference network compatible to the German installation and PAM and RSO will also establish a radiology connection.

Pathology: Frozen Section via Telemedicine

Conference and Radiology via Telemedicine

Perspectives: The separated granting on both sides of the internal EU border was for two years an impediment to develop the cross border co-operation as soon as possible. Now the Polish group can begin to establish a compatible telemedicine network in the voivodship Western Pomerania.

So we expect a close co-operation of all the twelve hospitals in the next years to further improve the diagnostic and treatment of patients also across the Polish - German border.

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Project Partners: POMERANIA Association, Löcknitz; Cancer Centre Vorpommern, Greifswald; Pomeranian Academy of Medicine, Szczecin; *Universitätsklinikum Greifswald (AöR), Greifswald; **Klinikum Karlsburg; **Kreiskrankenhaus Ueckermünde; **Lucas-Hospital Anklam; **DRK-Krankenhaus, Grimmen; and now: Regional Oncology Hospital, Szczecin; Steering Committee, Pomerania, Poland.
Crossborder telematics in laboratory medicine in the “Euregio Bodensee”


The context
The cantonal Institute for Clinical Chemistry and Haematology in St. Gallen is a leading center for laboratory medicine in the Lake of Constance area. Its services are also used by public and private laboratories in Switzerland, Germany, Austria and Liechtenstein, partially as part of cooperations. The difficulties of crossborder collaborations could be reduced through the use of telematics to allow the common use of different resources.

The project
The project aims at establishing a pilot network for working on laboratory diagnostics across borders; specifically, this project aims at initially establishing a collaboration in cytological morphology. Initially involved in this project is a small group of interested public and private clinical laboratories; all of the public clinical laboratories are part of a hospital setting. This project seems to be interesting for smaller laboratories, especially those who are not able to provide special morphological services. They can profit directly from this project.

The main task within this project is to evaluate and document the feasibility of a telematic crossborder approach in laboratory medicine. In addition, experiences gained with this approach should be evaluated. Hopefully, this should lead to recommendations on:
• how to approach such a project;
• how to perform the laboratory diagnostics crossborder between different laboratories; and
• to evaluate whether the procedures evaluated can also be accomplished when using a central internet platform.

Outcome
Our project is still under way. We have encountered some technical difficulties, installing, using and maintaining the technical infrastructure. However, defining standard procedures acceptable to all participants and keeping up motivation are more important problems that need attention. So far, we have installed or are installing identical infrastructures with 7 of 8 participants, allowing to define common SOPs. We established a web site that is for now maintained by a forum administrator and we have defined a uniform procedure to submit the information to be discussed. With e-mail alerts sent as soon as a case is submitted, an expert opinion can be obtained very early during workup without the need for the patient (or patient material) to be relocated. This has already led to a regular use of the system.

Perspectives
With the project plan still on route, we will continue to work on establishing SOPs for various situations. We are currently also looking into the possibility to establish a real time application with the participant that is most often submitting cases. Furthermore, we are evaluating the possibilities to use the system established for further purposes outside cytological morphology.

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Russia, Norway

Telemedicine in North-West Russia

Duration of project: 01/1997 – 12/2001

The context
Initial discussions about telemedicine collaboration between Norway and Arkhangelsk began as far back as 1992-93. The Barents Region encouraged collaboration in many fields, and health was one of the most important areas. In the course of several friendship and “getting-to-know-you” visits to Russia, health care workers agreed that telemedicine was an area in which they wished to collaborate. Many joint projects were started, between the University Hospital of North Norway and health institutions in Arkhangelsk. In 1997, the National Centre of Telemedicine (NST) received its first funding for the project “Telemedicine in North-West Russia”. The overall aim of the project was to develop and strengthen telemedicine collaboration between Arkhangelsk Oblast and Northern Norway.

The project
The main objective of the project was to examine and improve communication and the mutual exchange of information between health care personnel in Norway and Russia, and within Arkhangelsk Oblast, in order to improve access to health care for the population of outlying districts; to contribute to improving the skills and effectiveness of health care workers in Arkhangelsk Oblast by means of improved communication between health care institutions within the region; and to facilitate the sharing of competence and knowledge between health workers in Arkhangelsk Oblast and Northern Norway.

The project was organized according to the matrix principle: people employed in other fields at NST have been involved in the project as experts and advisors in their particular specialties. A wide range of health personnel at the University Hospital of North Norway (UNN) - nurses, bioengineers, occupational therapists, doctors, and pharmacists - have taken an active role in the project, mainly in relation to the distance learning programme. Lecturers at the University of Tromsø and Tromsø University College have also contributed to the distance learning programme, as have health personnel from Troms Municipality.

The project was organized as a joint venture between the two countries, and responsibilities and authority were divided along clear lines of accountability. Detailed agreements were drawn up for certain key aspects of the project, such as the placement of equipment and agreement on the procedures for evaluation.

Otherwise, the division of responsibilities and authority have been established during working meetings between the parties. A timescale was created for the implementation of the project. Detailed schedules are described in the individual applications. During the course of the project, the schedule was continually revised in response to the situation in Russia and other external factors. Changes in the project timetable have been reported to the funding authorities on a regular basis.

Perspectives
The telemedicine network can be used in specialized areas, such as TB control, and the communication links can be used for training, planning, and following up joint projects in all areas, not just in the health sector. The videoconference link is an important service for anyone engaged in collaboration within the Barents Region, whether in business, teaching, research or health.

A complete presentation of the project, its results, and both the positive and negative aspects of the way the project was conducted might contribute valuable recommendations and form the basis of a “recipe” which might be a help to anybody in the initial phases of new projects in Russia and elsewhere.

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Project Partners, Russia: The Health Department of Arkhangelsk Regional Administration; Norway: Norwegian Centre for Telemedicine, University Hospital of North Norway.

The regional telemedical network is in a status of routine everyday use. The number of telemedical consultations in North-West Russia is increasing. The report on the financial consequences of using telemedicine in North-West Russia has been completed. The report on user satisfaction with the introduction of the still-image network in Arkhangelsk Oblast has been completed.

The videoconferencing communication system is in use. The use of mobile telemedical units in regions with poorly developed infrastructure has been recorded. The project has increased medical and technical expertise in both Norway and Russia. Effective communication between Northern Norway and Arkhangelsk Oblast has increased and intensified.

The localized version of Norwegian store-and-forward telemedicine supportive software DORIS has been developed, tested and introduced. This project shows that telemedicine has positive effects which go far beyond the concrete activities of the project. The project has been of great importance for trans-border communication and collaboration between health care staff. Health workers on both sides of the border have increased their expertise in ICT.

The telemedicine network in Arkhangelsk Oblast

The videoconference studio in Arkhangelsk – the process of distant learning

The number of telemedical consultations in Arkhangelsk Oblast

Project Partners, Russia: The Health Department of Arkhangelsk Regional Administration; Norway: Norwegian Centre for Telemedicine, University Hospital of North Norway.

The regional and local hospitals and health institutions in Arkhangelsk Oblast; Northern State Medical University in Arkhangelsk.

Project Partners, Norway: The National Centre of Telemedicine, University Hospital of North Norway. The regional and local hospitals and health institutions in Arkhangelsk Oblast; Northern State Medical University in Arkhangelsk.
Germany, Switzerland

Pathology across the Rhine

Duration of project: 03/2003 – ongoing

The context
The hospitals of the District of Lörrach are - for pathologic-anatomical diagnoses – served by the Department of Pathology of the University Hospital Basel. Three years ago, the hospitals demanded to receive the reports in electronic form.

Additionally, the Department of Pathology supports every two weeks the tumour board of the hospitals.

The project
The project consisted of two parts: (1) online exchange of requests and reports of surgical pathology, and of economical data between the two partners; (2) collaboration in the tumour board of Oncology Centre of the district hospital Lörrach by telemedicine.

Exchange in surgical pathology:
Two applications assure the service in surgical pathology: PathoWin and PathoWeb (see figure 1). PathoWeb is the www-based application of PathoWin. For PathoWin, a virtual private network between Lörrach and Basel was installed. The planning of the project started in march 2003 and was operationalised by the end of June 2004.

The requests are transmitted from the server in Lörrach on the server in Basel; a print of the requests containing the bar code of the case is transported by a carrier to Basel. The bar code is read; in doing so, all data (patient data, clinical data, economical data) are transferred to PathoWin.

The reports are transmitted from the server in Basel to the server in Lörrach by reading a bar code, too. If the report is stored in Lörrach, the responsible physicians are alerted by an e-mail on their workstations, which informs about the arrival of the report from Basel.

Tumour board:
The data discussion during the tumour boards are based on the telemedicine system iPath (http://ipath.ch). iPath allows to gather all key data from anyplace in the region (or in the world) and to present it during the board (see figure 2). The system is available since four years and developed at the Department of Pathology Basel.

Outcome/Products
The «cross border health service» in surgical pathology functions very well – on both levels (with PathoWin or PathoWeb) and with iPath.

Using PathoWin, after finishing in Basel all reports are immediately available in the whole network of the hospitals of the District of Lörrach. Colleagues, who are connected in the network, can see the reports of their patients using PathoWeb (https://www.pathoweb.ch).

The telemedicine system iPath is proved of value for tumour boards or clinical-pathological conferences, mainly, because it also can manage forms. The content of these forms can every time be downloaded and further be evaluated (functionality of a «specialist centre»).

Perspectives
The telemedicine system iPath will be completed in a few weeks by the new module «Distributed presentations with a broadcast». This module will gain the functionalist of a sort of a simple video conferencing system, based on open source software and the simple and user friendly application.

By this new module, the conferences can easily be distributed to a broad audience anywhere in the region or in the world.

Figure 1: The online exchange runs directly over PathoWin.

Figure 2: The tumour board uses iPath as a platform for the presentation of the most important information available as images.

Because iPath is an open telemedical system, opinions of outside experts can easily be obtained.

Project Partners:
Hospitals of the District of Lörrach, Germany (contact H.-H. Osterhues);
Department of Pathology of the University Hospital Basel, Switzerland (contact M. Oberholzer)

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Telemedical Auditing in Reconstructive Oral and Maxillofacial Surgery

Duration of project: 01/2001-12/2003

The context
The oral and maxillofacial surgery clinics of Vaasa and Umeå hospitals have co-operated since the year 1999. New methods are being dynamically and rapidly developed in reconstructive oral and maxillofacial surgery. With the help of co-operation the development can be utilised more rapidly and cost-efficiently. Cost-efficiency and quality assurance are important goals when the best interest of the patient is considered. Due to the positive experiences we implemented a new, larger project with target group of orally disabled patients.

In the project we evaluated and developed our methods. With the help of experts from other organisations we aimed at more effective and cost-efficient working methods.

The project
1. A retrospective study on the implemented treatment
Auditing of treated cases
Representatives from all special fields that were actively involved in the treatment will participate the auditing
Retrospective auditing includes the following stages:
- first consultation, including a clinical examination and charting of problems
- x-ray examination, photography
- prosthetic and surgical treatment plan with the help of plaster models, photographs and radiographs
- preoperative evaluation, including RTG analysis, plaster model surgery and preparation of operating tools
- operation and description of the procedures, check-in routines at the hospital, medication and post-operative procedures
- inspections and evaluation of the final results

2. Treatment discussions
Regular telemedical meetings every month
Active search for information from other organisations
Discussions on new cases

3. Prospective study
Description of the first consultation and the examinations that have been carried out and a careful preoperative preparation
Live video transmission wanting from the anaesthetic procedures enables interactive communication through the whole operation
Post-operative examination of the patient in live transmission

Outcome/Products
Medical development
The reconstructive oral and maxillofacial surgery techniques of the clinics within the project have been studied
Interactive operations between Vaasa and Umeå: the persons watching the operation have been able to comment on the procedure and make questions to the operating surgeon
The participating clinics are planning a scientific project, where different types of bone grafts and dental implants are followed and compared

Technical development
Stable net connection between Vaasa and Umeå
The consultation photographs are today taken with a digital camera instead of using slides as before (this speeds up the consultation)
Development of operating equipment: modern equipment brings higher quality e.g. to photographs
Distributing the programmes via a bridge
Digital recording

Perspectives
Critical evaluation of the present methods and development of new methods for treating orally disabled patients
Video-conferences and real-time operations with the help of telemedicine
Evaluating and experimenting knowledge, treatment methods, etc. with the help of telemedicine

Project Partners: Dental Faculty, University of Umeå, Sweden, Vaasa Central Hospital, Finland, Haukeland University Hospital and Dental Faculty, University of Bergen, Norway

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Collaborative Tele-Neurology

Duration of project: 02/2003 – 12/2005

The context

Because VCD (Vascular Cerebral Disease) is a leading cause of disability and the third leading cause of death (annual stroke incidents were approximately 550,000 cases), the University Hospital of Besançon (France) and the Vaudois University Hospital-Lausanne (Switzerland) created a project called TéNeCi in order to provide an efficient tool to physicians so that they can establish a collaborative diagnosis.

The project

The TéNeCi project was developed with two aims:

- to provide an expert solution and assistance in decision making in the field of neurology in general and its emergencies
- to improve the diagnostic and therapeutic management of emergency neurological pathologies such as stroke, brain trauma and brain tumors

This project enables:

- to facilitate a better organization of medical management
- to make it possible for physicians to access real-time relevant information
- to have assistance in decision-making thanks to the cooperative nature of the application, integrating the “working tools” necessary for the neurological field of expertise
- to favour real-time work in groups as well as asynchronous work

Outcome/Products

In order to reach the previous points, a software platform, called TéNeCi, had been created including:

- a collaborative core to manage coherence and concurrence of data
- a virtual examination room
- a videoconferencing between distant patients and physicians
- different neurological tools which enable to study neuroimaging (MRI, PET and SPECT) and physiological signals (EEG)
- a module in order to access to a picture archiving and communication systems (PACS)

This platform allows to work in a synchronous or asynchronous way. That means that physicians can make a neurological diagnosis in real-time or ask assistance about a special neurological case.

Perspectives

During demonstrations of TéNeCi, different medical departments such as dermatology and cancerology have showed an interest in this platform.
In each of these departments, physicians have the same need for an exchange with one or many distant practitioners, for instance shared diagnostic tool in dermatology, or attendance at staff meetings in cancerology.
These departments ask us to adapt the TéNeCi platform to their domain.

Project Partners:
University Hospital of Besançon, France
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The context

Rheumatology and rheuma-orthopaedics are craftsman skills. The skills are acquired through hands-on experience – like building a boat. To become a master takes at least ten years. And the number of old masters is decreasing. The problem is that the old masters and young students are not necessarily in contact. This project aims to create a learning network to transfer the craftsmanship and contacts of the old masters, to the next generation.

The project

The project was built on four themes, based on the “Idols” concept.

1. Finding stars of the future
   In this theme we identified young and talented medical students from Finland and Estonia, who were interested in clinical research and practice. We provided them with a network and platform for building a career in rheumatology and rheuma-orthopaedics.

2. Generating new ideas
   The old masters were released from their routine work to create and innovate new ideas. They also served as tutors and evaluators of the young stars from theme one.

3. Scientific co-projects
   We brought together young Finnish and Estonian scientists to make their doctoral theses together, using clinical material from both countries.

4. International rheumatology nurse education program
   We outlined the system of treatment for rheumatic patients to the Estonians. We organised international seminars to help present the Finnish model of the rheumatology nurse education to Estonia.

Rheumatism Foundation Hospital
The Rheumatism Foundation Hospital was founded in 1946 and opened in 1951. We have 222 beds and 374 employees. Our professionals have published 54 doctoral theses. In the Finnish medical field, The Rheumatism Foundation Hospital is among the top ten most productive scientific centres. Our mission is the prevention of severe musculoskeletal disease and patient oriented rehabilitation.

Our values:
With the best support, best advice and best care, your needs will be catered for by our team of professionals. The Rheumatism Foundation Hospital – Together we can do it!

Outcome/Products

During the project we organised 5 seminars for 50 professionals.
We provided learning opportunities for 60 man months.
We employed 4 young Estonian doctors to work with Finnish professionals.
We launched 8 doctoral theses projects.

International Research Seminar
November 22-26, 2004

The Rheumatism Foundation Hospital
Heinola, Finland

The European Regional Development Fund
Southern Finland Coastal Zone Interreg IIIA programme

PROGRAM:
Monday, November 22nd  Introduction on research work
Tuesday, November 23rd  Rheumatology
Wednesday, November 24th  Orthopaedic surgery
Thursday, November 25th  Pediatric Rheumatology
Friday, November 26th  Non-inflammatory musculoskeletal problems and rehabilitation

Perspectives

This project has created a good base for the next step. In the future we may have a network of the European centres of excellence in the field of rheumatology and rheuma-orthopaedics, supporting national health care systems and providing services across the national border.

Project Partners: Rheumatism Foundation Hospital, Finland & East Tallinn Central Hospital, Estonia
Cross-border cooperation in the care training Bavaria - Bohemia
On the way to the mutual acknowledgment of the school certificates

Duration of project: 01/2005 – 12/2007

Training and Education in the Care Profession

In Germany the advancement and development of the training in the care profession is already going on for several years. The starting point is to meet the new care requirements by:
- the demographic development
- the scientific and technological progress
- the diversifications in the public health branch
- the new cognitions and discoveries in geriatrics

Besides, a new training spectrum results from Europe growing together. Only in the Federal Republic of Germany there is a differentiation of training and education in the care profession and in the nursing / nursing of children in this form.

Therefore also the training as the medical caretaker / the nurse is being recognized in the EU only. The care training for the care for elderly persons with a focus onto the care itself does not correspond with the European standard, measured on the current medical requirements.

In all other 24 European Union countries ranks the professional care for the elderly with the training of a nurse / a medical caretaker, or one can acquire this as an additional qualification. In the Czech Republic takes the respective training for example 4 years and the learners leave the school with a specialized university-level graduation.

Cross-border cooperation

The cross-border co-operation between the health school Cheb and the vocational school for elderly care bfz in Erbendorf offers the basis for a trend-setting long-term co-operation within the range of the care training between Bavaria and Bohemia. The curricula of the two training systems contain apart from its specializations also equal and/or comparable contents in the care, social and medical subjects.

The Bavarian - Czech exchange of students serves a gradual and systematic approximation to the development of common training parts, under the vision of a common cross border care training on the European level. Beyond that the meetings of pupils and teachers promote an effective, culture-sensitive learning. From active experiencing of the care practice a consciousness over the advantages of the respective care systems as well as of their compatibility results.

The following tasks are in the focus until December 2007:
- Bavarian and Czech students participate together in tuition and lessons in Cheb or Erbendorf
- Bavarian teachers teach in Bohemia and Czech teachers in Bavaria
- Development of apprenticeship certificates for Czech language instruction for care occupations, transmission of the results on German lessons in the Czech Republic
- Development of a German-Czech curriculum in co-operation with Bavarian and Czech instructors and appropriate bilingual training aids
- Execution of conferences and workshops to care topics

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