



Euregionaal Servicecentrum voor Gezondheid
Euregionales Servicezentrum für Gesundheit



Final report

Work and project groups

ESG Phase I

Name of the project:	ESG - Euregionaal Servicecentrum voor Gezondheid ESG - Euregionales Servicezentrum für Gesundheit
Type of the project:	Interreg IIIA
Projectnumber:	2-EUR-V-1=32
Project period:	1 January 2003 – 31 July 2006

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Het project werd gesubsidieerd door de Europese Unie in het kader van het Communautaire Initiatief INTERREG-IIIa met middelen van het Europees Structuurfonds voor Regionale Ontwikkeling alsmede van het Ministerie van Volksgezondheid, Welzijn en Sport en de Ministeries van Economische Zaken van de Duitse deelstaten Nordrhein-Westfalen en Niedersachsen.



Das Projekt wurde finanziell unterstützt durch die Europäische Union im Rahmen der Gemeinschaftsinitiative INTERREG-IIIa aus Mitteln des Europäischen Strukturfonds für regionale Entwicklung sowie durch das Niederländische Gesundheitsministerium und die Wirtschaftsministerien der deutschen Bundesländer Nordrhein-Westfalen und Niedersachsen.

EUREGIO

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Final report – work and project groups ESG Phase I

1. Work groups

1.1 5 Dutch-German Euregions

The bi-annual meetings between the health care departments of the five Euregions along the German-Dutch border were initiated by ESG in cooperation with Euregion to intensify inter-euregional knowledge exchange and cooperation.

All of the German-Dutch Euregions find themselves confronted with more or less the same cross-border subjects: patient movements, transnational assignment of emergency medical services, different payment structures of health insurances, infectious diseases that cross borders like STD and MRSA, supply of nursing homes with bilingual personnel, developments in medical technology, cooperation of public health authorities and hospitals on both sides of the border, etc.

In order to generate high quality and cost efficient cross-border solutions, the five Euregions decided to join their efforts on expertise level. The meetings serve as a platform to share ideas and experiences and serve as well to present best practice examples. Furthermore, the implementation of a digital knowledge network is in progress. This is in cooperation with the BIT department of University Twente worked out within a master thesis called “knowledge sharing between 5 Dutch-German Euregions on the subject of healthcare project”.

This knowledge management system could allow all Euregions to have access to common up-to-date information on the subject of healthcare project in a central virtual meeting place, where they can find information and communicate their experiences. In this way they can benefit more easily from synergy effects. The above mentioned is available on the ESG website (www.esg.org).

The group meets twice a year, the 1st meeting was at Euregion in Gronau, the 2nd meeting at Euregion Rijn Waal in Kleve, the 3rd at Euregion Maas Rijn in Maastricht. The next meeting will take place March 2007 at Euregion in Gronau.

Achievements:

As this is an ongoing work group, there will be no final report. At each meeting actual or new projects are presented, in order to work efficiently with know-how and EU subventions along the 5 Euregions.

Active members:

Euregion Eems-Dollard
Euregion
Euregion Rijn-Waal
Euregion Rijn-Maas-Noord
Euregion Maas-Rijn
MAGS NRW
AOK

1.2 Geriatrics & Psychiatry

The work group Geriatrics & Psychiatry had its focus on the subject of dementia in the Euregion. Due to the actual demographic development, which leads to a growing number of older people, dementia is increasing steadily and is expected to do so even more in the future.

The main objective of the work group was to build a cross-border expertise network which would allow the exchange of knowledge and experience concerning treatment and accommodation of dementia patients. It was important to learn from each other and to investigate cooperation possibilities. Therefore, the group had eight work group meetings with presentations on various subjects such as “*Runder Tisch Demenz im Kreis Borken*”, “*Leben im Alter neu denken*”. These presentations were used as the base for discussions within the group. Additionally, two visits were organized, one in Germany at the *Landeskrankenhaus Osnabrück* and one in The Netherlands at *Verpleeghuis Bruggerbosch* in Enschede. The participation in conferences and other events of interest like e.g. LDP (*Landelijke dementia programma*) were organized parallel to these meetings.

In order to get a general overview about the situation of dementia patients in the Euregion, the idea of raising an inventory came up. Once the number of concerned persons, their problems, needs, etc. were listed, it would be easier to develop new services. To obtain representative results, it would be necessary to do extensive research involving a lot of manpower and scientific work. Such an effort goes beyond the scope of time and costs for this work group. If there are interested partners who would like to engage themselves in a separate Euregional project, the ESG will support the application.

Achievements:

The cross-border network of experts on dementia is established and a considerable amount of knowledge exchange has taken place. Besides the more theoretical presentations and discussions, the participants had a chance to directly experience the handling of dementia patients in the other country during the mutual visits. The participants have met and learned from each other and they know how to find their counterparts if needed. In short, the objectives of this work group are achieved successfully. The ESG created a network, which is solid enough to continue on its own. Cooperation can now take place without borders if required.

Active members:

Hedon-Klinik Lingen
Ns. Landeskrankenhaus Osnabrück
Lukas-Krankenhaus Gronau
KVWL
Tactus
PCPT
Steunpunt informele zorg
Verpleeghuis Bruggerbosch
St. Bonifatius Krankenhaus Lingen
Universiteit Twente

Informative members:

Euregionaler Medizinischer Verein
Kreis Borken

Memory Clinic
St. Marien-Hospital Borcken
Gesellsch. für soziale Projekte
Erasmus MC Universitair Med. Centr. Rotterdam
Landkreis Osnabrück
Provincie Overijssel
Saxion Hogeschool Enschede
KommaSystem
Euregion
Menzis
Verzorgingshuis “De Posten”

1.3 Health politics and cross-border cooperation (I-IV)

1.3.1 Cooperation public health services (I)

The aim of this work group was to inventory the services offered by the local health authorities on both sides of the German-Dutch border of the Euregion, to get to know potential cooperation partners in the neighboring country, and most of all, to build a network of public health organizations and relevant persons in this field.

In total, the group has met ten times in meetings and mutual visits. During the meetings there were presentations given about various subjects, e.g. drinking water quality, risky behavior of adolescents, environmental medicine and child abuse. The topics for these meetings were chosen by the group members who wanted to learn how the other organizations deal with those subjects. They also wanted to meet as many specialists as possible in order to discuss possibilities for improvement and cross-border teamwork. By listening to best practice examples they also generated ideas for new projects within the ESG. In doing so, this group functioned as a fertile base for other subjects like influenza pandemics, infection prevention, emergency-management, etc.

The visits at the *Gesundheitsamt Borken* and *GGD Regio Twente* were organized in order to let the colleagues have a look behind the curtains and to establish direct contacts. By visiting each others organizations the participants gained more insight into the work on the other side of the border and they had a possibility to exchange knowledge and experience. Besides, cooperation is a lot easier once people know their partners personally.

The tool, which was chosen to support this cross-border network, is the “Database for Cross Border Health Care” which is available on the ESG website (www.esg.org).

Achievements:

The main actors of the local health authorities were brought in contact with each other so that they can find their counterparts on their own initiative if necessary. The members of this work group have shown great engagement which made it possible for the ESG to establish a lively and active expert network with a lot of contact persons. This successful network can be seen as a major step towards cross-border cooperation of public health services.

The supporting tool for this expert network is the “Database for Cross Border Health Care”, which serves as an information pool for contact data of relevant public health organizations and persons. This database was especially developed to facilitate cross-border contacts between employees of public health services and it contains contact information concerning, among other things, all the subjects which were discussed during the meetings. The local authorities (*GGD* and *ÖGD*) can add more subjects at any time through the ESG, who will maintain the database for further consultation. The responsibility for accurate and current information remains with the public health organizations.

Active members:

Kreis Borken
GGD Gelre IJssel
Landkreis Osnabrück
GGD Regio Twente
Hedon-Klinik Lingen
Universiteit Twente

Informative members:

Bezirksregierung Münster

Universität Bielefeld

Provincie Overijssel

SKB Winterswijk

GHOR Regio Twente

Misericordia Krankenhausträgersgesellschaft

Euregion

Landkreis Grafschaft Bentheim

1.3.2 Stationary and ambulatory health care (II+III)

Project II (stationary health care) and project III (ambulatory health care) were initially meant to be two separate groups. Due to the major differences in the definitions of stationary and ambulatory health care in Germany and the Netherlands, the groups were finally joined into one.

The aim was to prepare an overview of medical care in the Euregion which allowed to identify possible gaps in the system and to find cross-border solutions. Therefore, the group decided to raise an inventory of the overall health care offered in the Euregion. For this purpose, a task force of experts from different fields of euregional health care was installed to draft a questionnaire which was sent to all 67 hospitals in the Euregion. By means of this hospital survey the experts gained information about e.g. specialist departments, the number of beds, technical equipment, helicopter landing places, etc. In order to get a complete picture of the medical services in this cross-border region, the information about hospitals who did not respond to the survey – despite several attempts and personal callings by the group members – was taken from their online public annual quality reports. Additional information about specialist doctors in Germany (*Niedergelassene Ärzte*) was made available by the KVWL (*Kassenärztliche Vereinigung Westfalen-Lippe*). This way, the experts made sure that the outcome of this survey is of high quality concerning both, content and coverage.

In order to handle the enormous amount of collected data, the *Fachhochschule Bocholt/Gelsenkirchen* was involved for the data entry and the preparation of a short printed report. Since it was not possible to mention every aspect of the survey in the report, a second way of publishing the results was chosen: a web version, which shows the complete information in a clearly arranged and easily accessible manner. This digital version was developed by *JB-IT*. It can be found under <http://www.esg.org/verzorgingsatlas> (Dutch version) and <http://www.esg.org/Versorgungsatlas> (German version).

Altogether, the group had six meetings plus five additional task force meetings.

Achievements:

The achievement of this work group is a unique summing up of medical services in the Euregion, as a result of coordinated euregional cooperation of engaged partners.

The inventory of medical care in the Euregion is available in two versions: as a short written report and a detailed website. The print report summarizes in short the main aspects of the survey. Here, the reader can find the most important results and get an impression of the medical situation in the Euregion. The report in Dutch and German is available on the ESG website (www.esg.org).

For those, who would like to know in more details what medical services are offered and where in the Euregion, can have a look into the interactive web version. There are two different ways of searching information here. One possibility is to enter a region/place and to look up which services can be found there. The other possibility is to search for a specific treatment and to look up where it can be found. Of course, for each hospital as much detailed information is displayed as could be found out. For illustration reasons a number of maps is also included.

All mentioned hospitals and doctors can provide more recent information to the ESG. This way, the online information site will remain up-to date in the future.

Both results, print report and web version, will serve as a base for the new ESG project in which the main objective is cross-border patient mobility. Within this frame, the outcome of the ESG work group “Stationary and ambulatory health care” will play an important role in at least one of the task forces for ESG phase II. In the task force II of ESG phase II called:

“Infrastructure insurance payments and health care contracts”, health insurance companies will among other things work out further cross-border contracts with medical care suppliers for structural cross-border care. For this purpose, it is essential to have a complete overview at hand over the stationary and ambulatory health care in the Euregion. The experts of this work group will remain connected to the ESG, some as active members in the various task forces, others as informative members who might be reactivated on demand.

Active members:

→ task forces 1 and 2:

Universität Bielefeld

KVWL

Bezirksregierung Münster

Misericordia Krankenhaussträgergesellschaft

Medisch Spectrum Twente

Menzis

→ other active members:

Euregionaler Medizinischer Verein

Ärztchamber Westfalen-Lippe

Praxisklinik Velen

Augenklinik Ahaus

SKB Winterswijk

Augustahospital Anholt

Hedon-Klinik Lingen

Siemens Nederland

Informative members:

Universitätsklinikum Münster

Kreis Borken

Provincie Overijssel

Kraamzorg Twente

Euregion

Universiteit Twente

1.3.3 Comparison G-DRG/NL-DBC (IV)

Within the scope of this project the German and Dutch quality and payment systems for the health care sector – German Diagnosis Related Groups (G-DRG) and the Dutch *Diagnose Behandeling Combinatie* (NL-DBC) – were to be studied and compared. The aim was to find a method which makes the content, the costs as well as the quality of health care services in both countries apparent and comparable.

To start with, both systems were presented during the first meeting. In the following six meetings the members worked out the most commonly used DRG and DBC and compiled the newest data sets of both systems. At that point, an IT specialist was involved to develop a prototype database for the comparison. After the first analysis, it became apparent that the only way to compare the two systems, is via the ICD code since this seems to be the only common denominator. The IT specialists showed in a first rough data model that such a comparison can work.

During the data collection it turned out that some of the required information, e.g. a document linking DRG to ICD (*Überleitungstabelle*) does not exist at all. This implicates a lot of manual work and additional costs to finish the database. Furthermore, the DRG scheme is not freely available in a digitally usable version. In order to get such a file, a license agreement has to be entered with InEK (*Institut für das Entgeltsystem im Krankenhaus*), the German institute which is responsible for the implementation and supervision of G-DRG. There are considerable costs coming along with this contract.

For this reason, the ESG decided to put this work group on hold for the time being. At present and in the light of presentations given by experts in the ESG Phase II plenary group, it is not clear if the database is essential for the implementation of cross-border patient mobility, the main objective of the new ESG Phase II project. As best-practice examples from other German-Dutch Euregions have shown, the (payment) arrangements in the already existing contracts between German and Dutch health insurances are based on the particular conditions of the country in which the medical treatment takes place. As experience showed, this cooperation did not lead to economical losses for any of the joining parties. Below the line, the costs for both parties were more or less equalized, despite the differences in the Dutch DBC and the German DRG system. Nevertheless, if it turns out to be necessary to finish the prototype database, a final web version can easily be developed.

Achievements:

The groundwork is done. The experts of this group have identified the common denominator for the comparison of the two payment systems, and on that fundament a rough structure for a comparative database has been developed. Most of the required data is on hand. A part of the missing information can be purchased through a license agreement with InEK and the remaining rest needs to be compiled manually.

If it turns out, during the progress of the new ESG project, that the completed database is necessary to accomplish the aim of cross-border patient mobility in the Euregion, this work group will be reactivated by the ESG in order to finish the database. For the time being, the experts of this work group will be informed about the progress of ESG phase two regularly. They might also be involved in some of the new task forces and of course, they can make use of the cross-border information network by contacting the ESG or colleagues from across the border any time if they have a specific question.

Active members:

Euregionaler Medizinischer Verein

Medisch Spectrum Twente
Ärztchammer Westfalen-Lippe
Hedon-Klinik Lingen
KVWL
Clemenshospital Münster
Augustahospital Anholt
SKB Winterswijk
Menzis
Siemens Nederland

Informative members:

Grafschafter Klinikum Nodhorn
Zorgverzekeraars Nederland
Universität Bielefeld
Kreis Borken
Misericordia Krankenhausträgergesellschaft
Euregion
ZTG/Zaio

2. Project groups

2.1 Cross-border youth health care (0-19 years)

The aim of this project group was to find a cross-border solution to a specific problem which the youth health care departments of the *GGD Regio Twente* and *Livio zorg aan huis* (local health authorities) encountered in their daily work: Dutch families who reside in Germany still want to make use of the preventive medical checkup for their children offered by GGD (4-19 years) and *Livio* (0-4 years) in The Netherlands. The problem is that there is no financing of these services for cross-border commuters.

The services of the Dutch local health authorities for children are financed out of a local budget. Consequently, the children of families who decide to move to Germany are no longer entitled to make use of the Dutch preventive medical examinations because the parents do not reside in The Netherlands any more.

On the other hand, the families keep their Dutch health insurances because the parents work in The Netherlands. Dutch health insurances do not cover prevention examinations in general, which means that the costs of prevention examinations, vaccinations, etc. from German pediatricians are not covered by the Dutch insurances. The parents can either pay this out of their own pocket or they can try to insure their children in a private German health insurance.

Most of the Dutch parents, though, prefer to make use of the Dutch system. Partly, for language reasons, but also, because they do not have to keep track of the regular examinations here. The Dutch local authorities, responsible for the preventive medical checkup for children, do this automatically. At the moment there are about 250 Dutch children concerned in the Region of Twente and the number of Dutch families moving to Germany is still growing. For the local authorities this means quite a number of examinations nobody actually pays for. This is why *Livio* has stopped the examinations for the children of commuting parents in the beginning of last year and GGD was planning to do the same unless they can find another way of financing.

This is why some experts of the *GGD Regio Twente*, *Livio* and their colleagues from the *Gesundheitsamt Borken* as well as a representative from a Dutch health insurance company have met at the ESG to discuss how this problem can be solved. Two meetings have taken place. First, both systems of youth health care prevention services were presented and afterwards, the experts discussed possible solutions.

Achievements:

The ESG has brought together the involved persons and established contacts. The Dutch and German systems of youth health care prevention services are now known to the experts of both countries and they have discussed several possible solutions for the above mentioned problem.

One possible solution was to make use of the prevention facilities in Germany. In this case, the parents need to keep track of the time schedule, they - and the children - have to handle the examinations in a foreign language and they have to bear the additional costs. The other option was to manage the financing of the Dutch preventive medical checkup for children through school fees, which are only applied for children who live in Germany but go to Dutch schools. According to a system of quotas, the money would be distributed to the

particular municipalities. Either way, the commuting parents have to accept additional costs, regardless of where the children are finally examined.

The suggestions were resumed by the ESG in a detailed paper and given to the GGD. On the base of this paper the GGD can develop a recommendation and forward it to the municipalities. If the GGD wishes to pick up the subject, they can make use of the established network.

Active members:

GGD Regio Twente

Livio zorg aan huis

Kreis Borken

Menzis

2.2 STD-Prevention

This project group was engaged in the prevention of sexually transmissible diseases (STD), especially for homosexual men who seek anonymous sexual intercourse at public sites – such as e.g. motorway parking areas – near the Dutch-German border. The aim of the project was to initiate Dutch-German cooperation for prevention and counseling activities on the so called „*banen*“; which is the Dutch name for these clandestine meeting places.

The Dutch local authorities (GGD) have been engaged in this field of activity for a number of years already. Employees of the GGD visit the *banen* regularly to talk to the men who frequent the places, to inform them about risky behavior, to distribute information material, to counsel in case of problems and also to vaccinate them free of charge. Since there are no such activities in Germany, the idea was to bring the partners from both sides of the border together so that the German participants could learn from their Dutch colleagues.

Furthermore, both sides were interested in regular meetings in order to exchange knowledge and experiences on the one hand, and to create an information pool for the staff of the involved organizations on the other hand.

Achievements:

During their ten meetings, the participants have established contacts between the organizations involved in STD prevention and counseling on both sides of the German-Dutch border in the Euregion. The ESG has arranged an ongoing information exchange on this subject.

The German street workers have joined their Dutch colleagues for *baan* visits several times in order to experience the field work directly. Moreover, the group members have translated information folders, put together information packages in both languages, compiled a list of contact persons and addresses and prepared an overview of the most frequented public meeting points in the Euregion. In addition, a German and Dutch questionnaire was developed to investigate the situation on the *banen* to be able to provide appropriate (bilingual) counseling.

Meanwhile, the German group members have gained enough insight into the work of their Dutch colleagues to initiate this work in Germany on their own. The existing cross-border network allows the participants to pick up the thread any time if they wish to communicate about their experiences and the state of affairs of their work.

Active members:

Universiteit Twente
Kreis Borken
Aidshilfe Westmünsterland
Landkreis Grafschaft Bentheim
Aidshilfe Landkr. Grafsch. Bentheim
GGD Gelre-Ijssel

Informative members:

GGD Regio Twente
Aidshilfe Kreis Kleve

2.3 Emergency-Management (previously: Influenza pandemic preparedness plan)

This project group was called together by the German and Dutch public health services in the Euregion to establish easy information exchange in emergency situations which have impact on people in the border region. Initially this project group was called “Influenza pandemic preparedness plan”. Later on it was placed into a broader context of general emergency situations, but influenza would still remain the first topic to work on.

To make the communication between the involved organizations more efficient, the idea came up to develop a database for cross-border emergency situations. This database was meant to function as an information platform where all relevant and necessary information from both sides of the border could be found simply and safely. Since emergency situations, and especially pandemics, do not stop at country borders, it is very important for the responsible organizations along the Dutch-German border to be informed about possible outbreaks and to coordinate all counteractive measures quickly.

The group members agreed that this project could be realized within the frame of a separate Euregional People-to-People project. In that case the ESG would support the application.

Achievements:

Altogether, the group has met five times. The group members have discussed the content for the database and verified it by sending a questionnaire to organizations in the Euregion, which are concerned with emergency cases. In this way a list with the most important topics was generated. The participants would be responsible to fill the database on these topics and to keep it up-to-date. Furthermore, an IT specialist was involved to prepare a proposal for the development of the database.

The project has now reached a point of decision. The preparatory work is done and the next step would be the application for a People-to-People project at the Euregion. All group members have decided to discuss this item in their organizations before going on. The result was that the majority prefers to put the project on hold for the time being with an option to reactivate it at a later moment.

In any case, the contacts between the involved persons are established and if there is a cross-border emergency situation, they can make use of this network.

Active members:

Landkreis Osnabrück
Kreis Borken
GGD Regio Twente
GGD Gelre-Ijssel
GHOR Regio Twente
Landkreis Grafsch. Bentheim
Hedon-Klinik Lingen

Informative members:

R. Rentelmann (Stadt Münster)

3. External projects (initiated and supported by the ESG)

3.1 Interreg IIIA Project “MRSA-net Twente/Münsterland”

→ As often stated in the ESG work groups since 2003, MRSA was identified as an important barrier for structural cross border health care movements. Therefore the ESG initiated a MRSA related project as a preparation for the aim of “Cross Border Patient Mobility”. Now, this project is in progress as an independent Interreg IIIA project. The ESG is member of steering group.

Project partners:

Institut für Hygiene, Universitätsklinikum Münster
Laboratorium Microbiologie Twente-Achterhoek, Enschede

Project:

Staphylococcus aureus is the most causative agent for hospital-acquired infections worldwide. Particularly critical are infections caused by Methicillin resistant Staphylococcus aureus (MRSA), for which there exist only few possibilities of antibiotic therapy. Over the past years the MRSA rate in Germany has increased from 2 % to approximately 25 %. Due to a consequent “search & destroy” policy over a period of several years the percentage in the Netherlands remains steadily under 1 %.

Nevertheless, an increasing number of so called “community acquired-“(CA-) MRSA were detected in the Netherlands during the past two years. These infections are dangerous for the healthy population outside of hospitals.

One goal of the Euregion project “MRSA-net Twente/Münsterland” is the creation of a trans-border quality network in the region of Münsterland and Twente including hospitals, laboratories and public health services. The task of this network is to bring down the MRSA rate on the German side to the Dutch level and to control the dissemination of CA-MRSA on the Dutch side, so that structural cross border health care movements can take place.

So a decrease of the MRSA rate would on the one hand improve the medical care offered in the Euregion and lead to an advantage of location in the long run. On the other hand it would bring about a considerable financial advantage since the costs for extra hygiene and isolation measures, more intensive medical care and additional health risks could be reduced as well as the costs which arise from infected personnel.

For more information: <http://www.mrsa-net.org> ,
and http://www.esg.org/documents/72_MRSA-net4%20Eng.pdf

3.2 People to People project “Strengthening of the position of patients/people in (inter)euregional health care”

→ In order to create more long term effective and high quality projects in the Euregion(s), the ESG initiated a project in which the patient, as a consumer, as well as a as a payer for healthcare was put centrally. For the ESG central aim of “Cross Border Patient Mobility” a good structure of cross border demand driven healthcare is necessary. Therefore the project “Strengthening of the position of patients/people in (inter)euregional health care” has been initiated by the ESG. This project has been in progress as an independent Interreg III A People-to-People project for one year and is today a German Dutch network reaching 5 Euregions and around 13 million of patients. The ESG is member of its steering group.

Project partners:

PCPT, Enschede

DPWV, Ahaus

Project:

The two project partners have joined their forces in order to support the interests of patients/people in a constantly developing cross-border health system. *PCPT (Patienten Consumenten Platform Twente)* on the Dutch side and *DPWV (Deutscher Paritätischer Wohlfahrtsverband)* on the German side of the border aim at improving the situation of patients (or their relatives/friends, etc.) who seek help and answers while dealing with a disease. This “people-to-people” Interreg IIIA project is supported by the Euregion. It was set off in November 2005 for a period of one year. The first step was to inventory the situation of patients support in the Euregion area on both sides of the border. The results were used as a base for the investigation of further cooperation possibilities.

The actual step is to organize all patients in cross-border Dutch-German setting along the whole border. Recently the DPWV and *Zorgbelang* organizations of this area, which cover 13 million consumers, met and agreed on the development of one vision. This will be set up in a contract in the coming months and will contend in cross-border setting:

1. Access to health care
2. Quality of health care, and
3. *Ketenzorg* supported by ICT.

The patient organizations agreed to meet twice a year to work together on these items. The aim is to position this vision in the EU.

3.3 Interreg IIIA Project “Care for mother and child – The best from two worlds”

→ This project is in progress till 30 June 2008 as an independent Interreg IIIA project supported by Euregion. The ESG is member of its steering group.

Project partners:

Kraamzorg Twente BV, Hengelo
Grafschafter Klinikum GmbH, Nordhorn

Project:

The two main aspects of this project are:

- The improvement of care for mother and child in respect of birth in the Euregion.
- The creation of new job possibilities for women in the Euregion by introducing the Dutch “*kraamzorg*” scheme in Germany.

This project was initiated because of the obvious differences in Germany and The Netherlands concerning health care for mothers and their children during and after birth. The aim of this project is to improve the choice of pregnant women in the Euregion they have for the type of health care that they prefer.

The project partners are planning to introduce and offer the service of “*kraamzorg*” in the German part of the Euregion. At the same time the partners are working together on improving the cross-border hospital care for Dutch women who encounter complications during home birth. To realize these goals, there will be professional qualification for Germans who want to work in the field of “*kraamzorg*” and there will be cooperation with obstetricians to speed up medical treatment in case of problems with home birth.

4. Other subjects

4.1 Palliative medicine

The ESG got a request by the Marienkrankenhaus Nordhorn to assist in finding Dutch speakers for the course program on palliative medicine at the “Palliativakademie” in Nordhorn. The search by the ESG has been very successful. The whole Dutch national field of palliative care will be represented in the program 2006/2007. After the 2nd meeting with the Dutch palliative experts on 14.09.06 this subject can be closed. 6 speakers, who were interested in participating in the palliative training program of Marienkrankenhaus in Nordhorn, were found in total for the next 3 course programs.

Active members:

NIZW IC

IKST

VUMC

Saxion Hogescholen

Prof.dr. G.A. Lindeboom Instituut

Stichting Agora

Hospice Enschede

4.2 LDP (Landelijk Dementie Programma) Twente (ends 31.12.06)

This program is related to the ESG work group Geriatrics & Psychiatry. The ESG has so far been a member of the steering group LDP Twente in order to keep contact for possible cooperation. Because of the end of the ESG Phase I project, the work group Geriatrics & Psychiatry ceases to exist and participation in the LDP steering group becomes redundant.