

Basel - Lörrach: Swiss-German pilot region for cross-border health care in the Trinational Eurodistrict Basel

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The region



The city of **Basel** is the administrative centre of the Swiss canton of Basel-Stadt, bordered by the Swiss canton of Basel-Land, and located at the centre of a metropolitan commercial area and coherent cross-border living space, the **Trinational Eurodistrict Basel**. Basel is a front-rank economic centre.



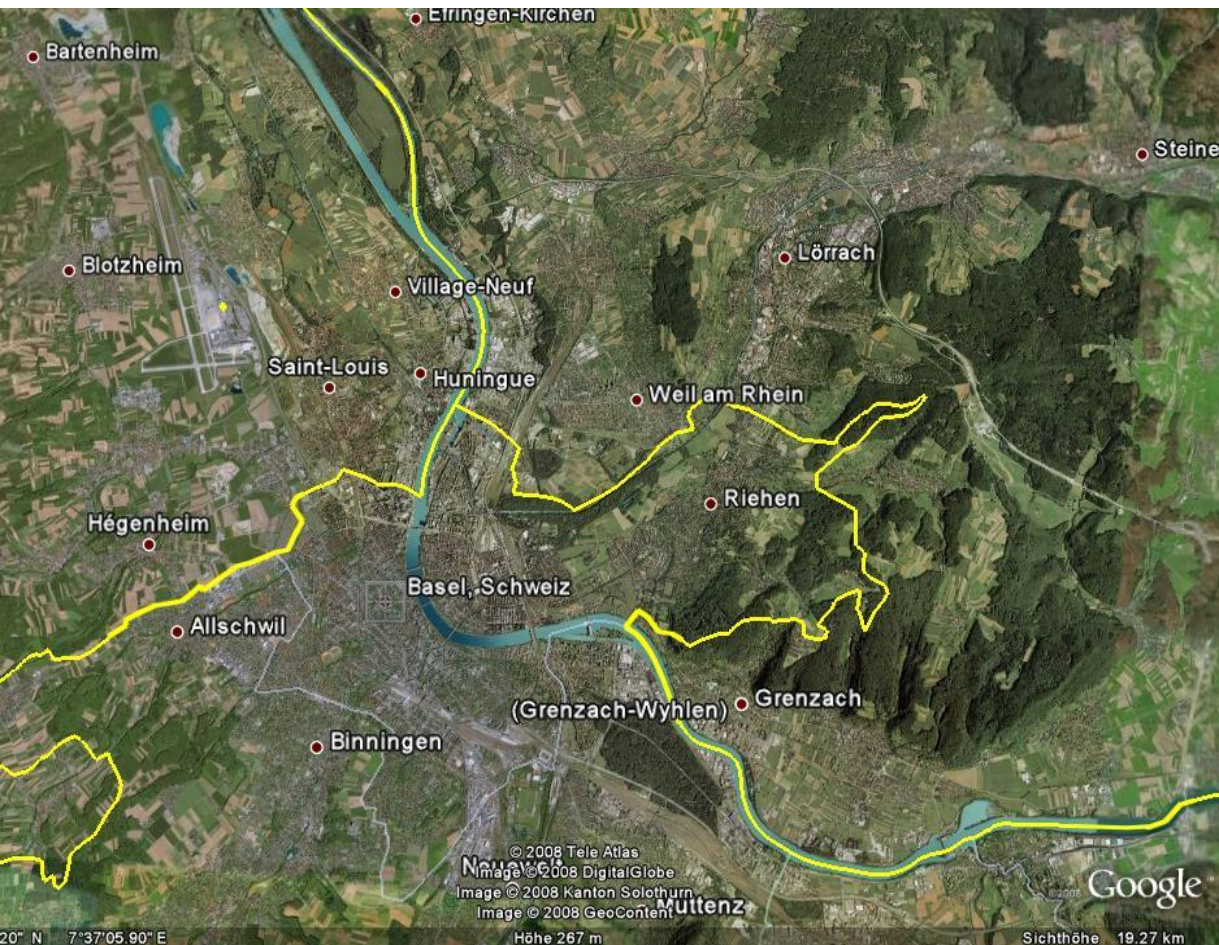
The district of **Lörrach**, located in the southwest of the Federal Republic of Germany, within the state of Baden-Württemberg, is bordered by the Rhine in the south in a length of nearly 45 km from Switzerland (Basel) and in the west (about 20 km) from France. In addition to rural areas the district includes industrial and famous touristic regions. The capital city is the municipality of Lörrach, situated next to Basel-Stadt.

Traditionally, both cities are involved in many bi- and trinational cooperations in various fields.

Language in the region: **German**



Cross-border Cooperation Germany – Switzerland in Health Care: Pilot Project Basel-Stadt/ Basel-Land/ Landkreis Lörrach 2007 - 2014



Trinational Eurodistrict Basel

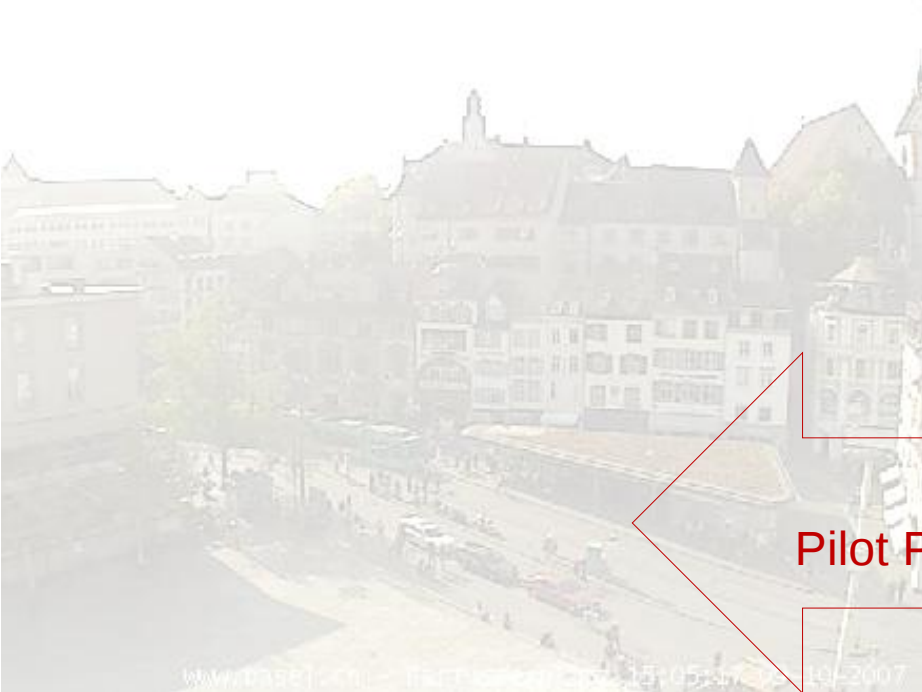
The population of the Trinational Eurodistrict Basel exceeds 800 000, divided among Switzerland (65%), Germany (27%) and France (8%).

The main tasks of the Eurodistrict are territorial cohesion and regional development.

The Swiss part of the cross-border conurbation attracts 31 000 border workers from France and 27 500 from Germany every day.

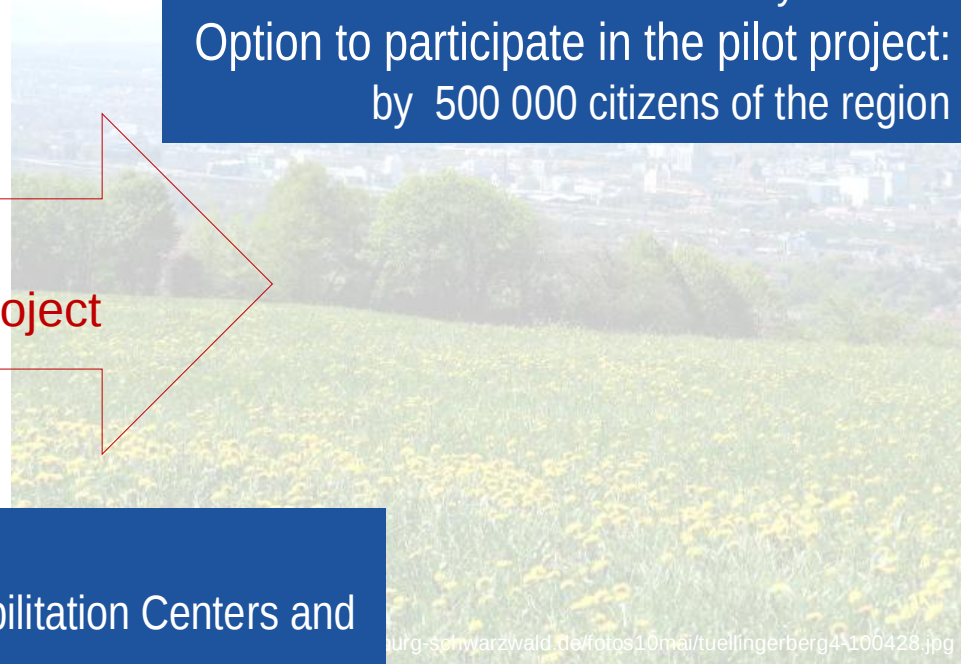


Basel - Lörrach



Pilot Project

Citizens
Landkreis Lörrach by 222 000
Canton Basel –Stadt by 188 000
Canton Basel –Land by 196 000
Option to participate in the pilot project:
by 500 000 citizens of the region



Project Partners (in the beginning 2007)
Germany/Landkreis Lörrach: 14 Hospitals and Rehabilitation Centers and
6 Statutory Health Insurances
Switzerland/Cantons Basel: 8 Hospitals and
22 Statutory Health Insurances



History of the Cross-border Cooperation Germany – Switzerland in Health Care



- 2002: First contacts at political level to promote cross-border cooperation in health care
- Binational working group, to design a pilot project concerning cross-border *in-patient* care
- Binational steering committee for the pilot project designated, including politicians, health insurances, health care providers, governmental administration, scientists
- 2006: Changes in national legislation of both countries, to allow mutual cross-border health care (including in-patient care)
- 2007: Constitution of the Trinational Eurodistrict Basel
- 1.1.2007 Start of the **Pilot Project Basel-Stadt/ Basel-Land/ Landkreis Lörrach** regarding in-patient care





Reasons



- The citizens of the region no longer feel separated by cantonal and national borders in many aspects such as economic, social and cultural facilities within their common greater residential area.
- The freedom of movement however was limited with respect to health care, especially for socially insured persons.
- Promotion of coherence in a region has to anticipate necessities, arising e.g. out of aging societies in both countries and social and economic developments.
- The pilot project was started, to find out, how to offer best - for socially insured persons - medical treatment in the neighbouring country, first with respect to the in-patient sector, where the restrictions are felt most.
- The pilot project may serve as laboratory in view of the vision of a common healthregion in the Trinational Eurodistrict Basel.





Regional Specifics in Health Care



The region is characterized by its complexity of health care provision.

Yet there remains scope for improvement and coordination: e.g. whereas highly specialised medical care is available at several institutions in Basel, especially the university hospitals, there is no regional access to this specific medical sector within the territory of Lörrach itself. The next German university hospital is located in Freiburg/Breisgau – about 60 km away.

The Lörrach Model: A self-determined way to redesign the provisional structures for in-patient care was developed within the region as a model and tool (Simoes et al. 2007). Herefore the district was authorized by the territorial Ministry of Social Affairs of Baden-Württemberg to define changes in their regional health care structures first of all by themselves.

Simoes E, Freund JF, Zisselsberger G, Schmahl FW. [The Lörrach approach – self-defined structural development as predecessor for cross-border cooperation in health care]. *Arbeitsmedizin, Sozialmedizin, Umweltmedizin* 2007; 42: 58



Characteristics of the Pilot Project



- The pilot project is limited geographically to the district of Lörrach and the cantons of Basel-Stadt and Basel-Land and confined to citizens insured by the statutory health insurances of each country.
- The pilot project was first limited to special clinical pathways, is now (from 2010 onwards) open for Swiss patients regarding all treatment offers of participating German providers.
- The pilot project was first limited to 3 years duration, is now extended by 5 years up to 2014.
- Concomitant binational scientific evaluation by the Swiss Health Observatory (Obsan), Neuchâtel, and the Competence-Center Quality Management (KC-Q) of the Medical Service of the German Statutory Health Insurance (Lahr, Baden-Württemberg)



Regulations



Socially insured Swiss Patients in German Hospitals and Rehabilitation Centers:

- Collective agreement (of 19th of September 2006, approved by Swiss Department of Internal Affairs, EDI), limited up to 2009
- Collective contract, 2010 – 2014, between Health Directory Basel-Stadt and Basel-Land and German hospitals, rehabilitation centers and santésuisse (association of Swiss health insurances), approval by Swiss Department of Internal Affairs necessary

Socially insured German Patients in Swiss Hospitals:

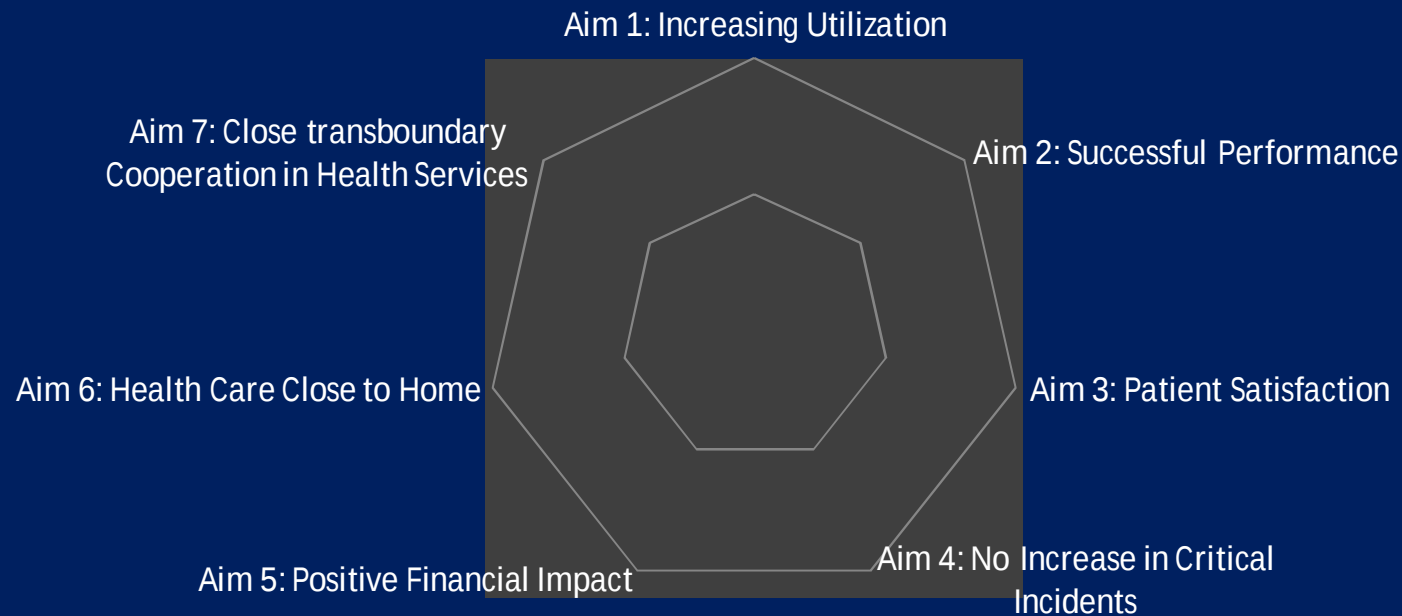
- Individual contracts (of unlimited duration) between participating German social health insurances and Swiss hospitals



Concomitant Evaluation - Research

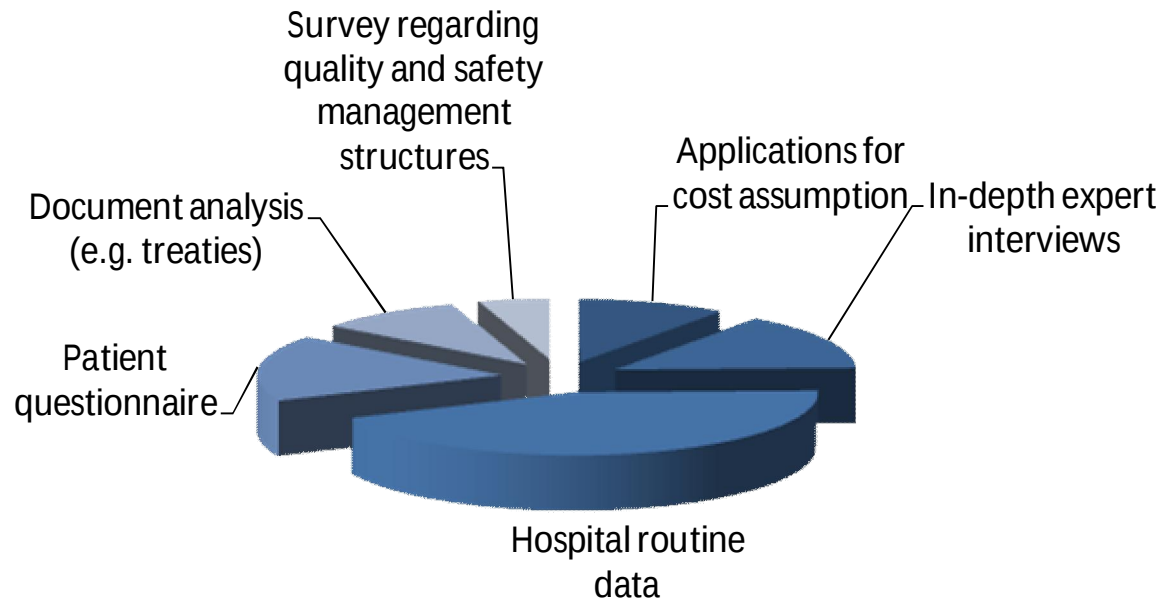


Process (monitoring) and summative evaluation regarding the principal aims of the project:





Mixed Method Design - Database





Achievements



- Change of national law to allow treatment in the neighbouring country
- Regulations for treatment cross-border but close to home for socially insured persons
- Improvement in transparency, quality and safety of cross-border health care
- Improvements in transparency of the economic significance of cross-border health care
- Reflexion and improvement of the framework in view of the vision of a common cross-border healthregion
- Option for aging societies: cross-border cooperation for maintenance of health care provision as coping strategy in case of shortage of financial and human resources





Achievements around the Project 2009/2010



Eberhard-Karls-Universität
UKT
Universitätsklinikum Tübingen



- **Transboundary clinical pathways:** Hospitals in Lörrach established various cooperations with more than ten medical departments of the University Hospitals of Basel (e.g. specialists coming for treatment to Lörrach, patients going for diagnostic procedures to Basel, telemedicine options)
- Swiss and German hospitals agree on **mutual support in case of emergency**, e.g. on the occasion of major sport events, including „open borders“ for ambulance cars
- **eHealth-project** Basel/Lörrach will be continued
- **Survey** regarding awareness towards the pilot project in the regional population
- Seminars (Univ. of St. Gallen) on **legal issues of cross-border care**
- **Comparison** of Swiss and German rehabilitation centers (Univ. of Basel)
- **International Meetings**





Experiences



Supporting Factors

- Support at the political level
- Legal framework
- Common language
- Experience in cross-border activities in other fields
- Reflexion of the process by concomitant evaluation
- Sufficient financial framework
- Transparency and public sharing by information
- Sufficient scope of action

To consider

- Clearing of legal position of the project
- Definition of aims
- Benefits for both countries
- Finances
- Involvement of main stakeholders
- Information Policy
 - activities to inform the public
 - how to reflect progress and problems
- SharedVision





The Future: Partners and Range



2nd Phase, from 1.1.2010 onwards

1. Extension by 5 years (2010 – 2014)
2. No limited range of medical offers (catalogue) for German providers
3. Option to include providers located outside of the project region, if there is a standing cooperation with participating providers
4. 73 Swiss health insurances participate (with market share by 90%; before: 22 insurances, with market share by 65%), only 8 insurances do not take part
5. 5 German insurances take part (market share by 85%, no change)
6. 9 Swiss and 14 German providers participate
7. France will have a seat in the project's steering committee and is about to check the option of including the Alsace in a trinational cross-border healthregion pilot project





Conclusions



- Two nations changed their legal framework to allow health care provision in the neighbouring country.
- The pilot project has promoted cross-border health care for the citizens of the region as increase in freedom of movement, in range of provisional offer and option for care close to home.
- By March 2010: about 500 000 citizens in the Trinational Eurodistrict can benefit from the pilot project's achievements.
- The freedom of movement for patients seeking health care abroad exceeds the framework of the EU-directive for cross-border health care (treatment within the range of the binational contracts is freely accessible for socially insured persons).
- All regional stakeholders feel, that they benefit from the project, irrespective of the actual amount of patients going for treatment abroad.





Public Information, Examples



Web-based information

www.gruez.ch / www.gruez.de

www.grüz.ch / www.grüz.de

www.grenzueberschreitendezusammenarbeit.ch

www.grenzueberschreitendezusammenarbeit.de

Publications

Simoes E, Zumbrunn A, Zisselsberger G, Schmahl FW [Country-Specific Differences in the Utilisation Profiles of Cross-Border Health Care Point to Differentiated Degrees of Interest and Selective Use. Results of a German-Swiss Pilot Project] *Das Gesundheitswesen*; Ausgabe eFirst 2010. DOI: 10.1055/s-0030-1249644

Simoes E, Zisselsberger G, Schmahl FW. [Quality transparency and development of trust in cross-border health care - Implications of a first binational quality survey in the context of the cross-border health care pilot project Germany/Switzerland] *Arbeitsmedizin, Sozialmedizin, Umweltmedizin* 2010; 45: 19–25

Simoes E, Zisselsberger G, Schmahl FW. [Cross-border Healthregions – Risk or Chance?] *Arbeitsmedizin, Sozialmedizin, Umweltmedizin* 2009; 44: 20-8

Zumbrunn A, Bayer-Oglesby L, Roth M. Grenzüberschreitende Zusammenarbeit Deutschland – Schweiz im Gesundheitswesen. Evaluation des Pilotprojektes in der Grenzregion Basel-Stadt / Basel-Landschaft / Landkreis Lörrach (Phase I) *Obsan Bericht 37. Swiss Health Observatory (Obsan)*. Schweizerisches Gesundheitsobservatorium (Obsan) Neuchâtel 2010

