

Vision-Mission Statement European Institute of Healthcare Comparison (EIHC)

Building the Future: The European Institute of Healthcare Comparison (EIHC)

The creation of a common market has brought unprecedented benefits to the citizens of the European Union (EU) fostering peace, economic wealth, and free traveling. Despite these achievements, the EU currently experiences an existential crisis (1). Not everybody understands today the advantages of the EU to the own life situation, mostly due to the distance between the EU and its institutions and the Europeans. The EU would profit immensely from practical policies to make the benefits of a common market more visible and touchable to their citizens. Health is such a touchable topic, recognized as a central issue in life among citizens throughout Europe, but contrary to most goods, services, money, and people, that can move freely, health care is still largely nationally confined and cross border health care the exception. Both the European Commission and the European Public Health Alliance (EPHA) reported in a critical report that this European Patients Directive still has not reached the desired effect: “Fewer than 20% of patients feel they are informed about their cross-border healthcare rights” (2). One of the reasons is still that social systems are maintained close, are very different and are only slowly entangling with each other. On the other side, the Treaty of Lisbon (§168) explicitly states that healthcare systems in border regions should be synchronized. Before this can happen, the differences between different healthcare systems need to be understood and the best mechanisms for synchronization need to be developed.

Here, we propose to set-up such a living blueprint for future Health Systems in Europe. Ideally, this will provide medical care and health services across the border with access independent of the place of residence, and other benefits such as transnational routines for emergency cases. As affordable and sustainable healthcare includes more aspects than just medicine and biomedical science, we aim for a systems approach comprising legal, economic, and social perspectives as well. The European Institute of Systems Health (EASH) will tackle these key issues by becoming a living lab with teaching, research, and networking in Northwest of Germany, reaching across the Dutch-German border and collaborating with the University of Groningen and the UMCG.

Located in the very North of the Dutch-German border region, the EIHC will take advantage of the long-term experience in cross border cooperations in this region such as manifold and cross-sectoral EU/interreg projects, the Ems-Dollart region (EDR) itself and the European Medical School, a unique cross border study program in human medicine between the medical faculties in Oldenburg and Groningen. The EIHC will build on these ongoing structures and collaborations and foster them to the level of systems comparison in healthcare. In total, five EIHC sections will address the different issues, ranging from theoretical approaches to lived experiences.

1) A **European Campus of System Health** which will house joint study programs for healthcare professionals and related disciplines such as biomedicine. The core of this campus consists of the two medical faculties in Oldenburg and Groningen and as well as collaborating academic teaching hospitals and academic training practices in the region within. Optimally, this unique network covers the entire northern territory of North-West of Germany and North-East of the Netherlands, providing high quality academic based medicine and health service to about 3 million people.

2) The **European Academy of Systems Health** focuses on systems comparison in healthcare with trans-sectoral approaches across biomedicine, health service, economics, social, and legal issues to

develop shared conceptual and methodological frameworks for building up a novel European health region.

3) **European Research Labs** will complement the European Academy of System Health by conducting scientific research in the respective areas with euregional outreach. The focus will be on exploring and analyzing novel ways of thinking in healthcare and new strategies for innovating existing healthcare structures.

4) **European living labs** will investigate medical care and healthcare as well as finance of healthcare across borders using selected cases. These real-world test tubes will instruct the studies of the European Academy of Systems Health and serve as proof of concepts of the trans-sectoral approaches.

5) **European translational centers** will allow to entangle the EIHC activities with euregional real-life stakeholders such as Medical Order, local and regional governments, insurance companies, small-medium, and also larger enterprises. Therefore, an active collaboration with the Metropol-Region Oldenburg-Bremen and the EMS-Achse should be integral part of the EIHC.

Building on lived experiences and a novel integrative approach to healthcare, the EIHC strives to make major contributions to affordable and sustainable healthcare by creating the nucleus for a novel European healthcare market. The intrinsic comparison between the German and Dutch health systems and the existing and future real-life cross border activities provides a perfect basis to coalesce two world-leading health systems into the prototype of the future European Region of Health.

(1) EU is facing existential crisis, says Jean-Claude Juncker, The Guardian, 14.09.2016

(2) EPHA report on the Implementation of the Cross border Healthcare Directive, October 2015