ITEM Cross-border

Maastricht University

Dossier 4: Future-proof acute care in the Netherlands: 360° cross-border perspectives

Cross-Border Impact Assessment 2023

Dossier 4: Future-proof organisation of acute care in the Netherlands – 360 ° cross-border perspectives

15 November 2023 **Author**: Susanne Sivonen, LL.M.

Contents

Abbreviations 1

1. Introduction 2

1.1 Research themes and demarcation 3

2. Policy agenda on future-proof acute care in the Netherlands 5

2.1 Policy agenda on future-proof organisation of acute care 7

2.2 Reactions from the public to the policy proposals 10

2.3 Cross-border perspectives: desk-based analysis 14

3. Expert insights on (cross-border) acute care 17

3.1 Challenges facing acute care 18

3.2 Current cross-border practises 19

3.3 Experiences and lessons learned from Covid-19 crisis on cross-border cooperation 21

3.4 Obstacles on cross-border cooperation in acute care and overcoming them 22

3.5 Views on the policy on future-proof acute care 24

3.6 Potential in cross-border cooperation to support the policy objectives of acute care 26

3.7 Discussion of the interview results 28

4. Conclusions and recommendations on the policy of future-proof organisation of acute care from a Euregional perspective 30

Annex I: Table of interviews conducted 33

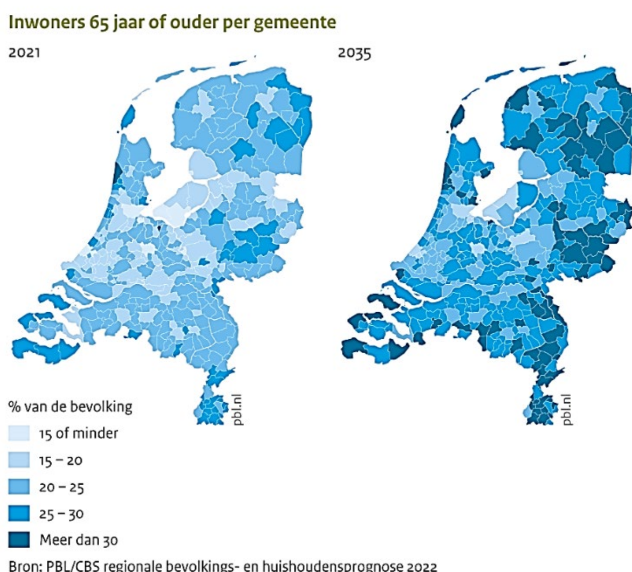
Abbreviations

EMRIC	Euregio Meuse-Rhine Incident Response and Crisis Management
EU	European Union
GP	General Practitioner
HAP	Regional center for emergency general medical care *(Huisartsenpost)*
LCPS	National Patient Distribution Coordination Center (*Landelijk Coördinatiecentrum Patiënten Spreiding)*
RAV	Regional Ambulance Service (*Regionale Ambulancevoorziening)*
ROAZ	Regional Acute Care Chain Consultation *(Regionaal Overleg Acute Zorgketen)*

1. Introduction

The provision of acute care is under pressure due to an aging population, rising demand for healthcare, and a shortage of healthcare professionals.[1] Aging population also leads to increasing demand of complex care. Measuring the growth of demand, it is expected that from 2019 compared to 2030 demographics will create an additional pressure of 9-16%.[2] The demographic changes on aging population and population decline can be especially observed in smaller municipalities in the border regions (Figure 1[3]). In 2035, it is estimated that 54 municipalities will have substantially fewer inhabitants than now. This mainly concerns municipalities in the northeast of Groningen, Drenthe, the Achterhoek and Limburg, that are also aging rapidly.[4] Next to these demographic changes, leading cause to pressure on (acute) healthcare is the experienced staff shortage – in 2031 estimated 135,000 persons.[5]

Figure 1 – Aging population in the Netherlands



In response to these pressing issues, the Minister of Health, Welfare and Sport, Ernst Kuipers, has proposed a policy aimed at creating a future-proof acute care in the Netherlands.[6] The policy agenda aims to ensure high-quality and accessibility of acute care to everyone, by developing quality standards and improving care coordination (directing the patient to the right care based on their urgency and demand of care) via the acute care chain. By enhancing transparency on management and capacities of acute care, congestion in the care chain would be prevented allowing to spread patients regionally or nationally if necessary. Additionally, the current 45-minute standard (the legal norm in which time the citizen should reach an emergency department by an ambulance[7]) would be abolished. Rather than focusing on proximity as a quality standard, instead, medically substantiated standards will be developed for time-critical conditions. In this regard, the policy agenda notes that there is a need to investigate whether additional measures should be implemented to

---

[1] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p. 53. See also: Parliamentary Papers II, 2021/22, 29 282, no. 451.

[2] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p.48.

[3] PBL/CBS regionale bevolkins- en huishoudensprognose 2022: ttps://www.pbl.nl/nieuws/2022/prognose-in-2035-vooral-meer-inwoners-in-en-om-grotere-gemeenten

[4] *Ibid.*

[5] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p. 53. See also: Parliamentary Papers II, 2021/22, 29 282, no. 451.

[6] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022.

[7] Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg, Wkkgz*) specifies acute care meet certain standards for the availability and accessibility, as part of the obligation for the hospitals to provide 'good care' (Art. 2). The accessibility standard laid down the Wkkgz Implementation Decree and Regulations (§3.3) specifies the 45-minute standard.

ensure the accessibility of care in regions, such as border regions, where care might be under pressure. However, it is concluded that it is not feasible to provide all forms of acute care at every location in the Netherlands.[8] This has raised concerns about its potential impact on the availability of acute care in border regions, particularly if these policy objectives are (partially) met through concentration measures forcing smaller regional hospitals to scale down or close their acute care services. These concerns have been raised for instance in the context of closure of emergency departments in Zuyderland Hospital in Heerlen[9] and in Gelre Hospital in Zutphen[10]. The concentration measures may lead to situation where patients have to travel long distances for (acute) healthcare. This is especially challenging in situations that require a fast acute care response, and in rural areas, where hospitals may not be easily accessible.

Despite these evident challenges for border regions, it is worth noting that in such areas, there is a possibility that an acute care facility may be closer to a patient's home just across the border. This raises the following questions examined in this dossier: Could achieving these policy objectives on ensuring quality and accessibility of acute care be supported by cross-border cooperation (in some) border regions? Does the policy on future-proof acute care promote these cross-border practises? Could (should) we consider providing acute healthcare services with a 360-degree perspective that expands beyond the national borders? It is also interesting to consider whether sharing and pooling resources in cross-border regions could enhance provision of acute care. Notably, patient exchanges across national borders during the Covid-19 crisis proved instrumental in overcoming challenges such as the shortage of available beds and increased pressure on intensive care units.[11] In this regard, the dossier will also examine whether lessons can be learned from the Covid-19 crisis, especially in terms of Euregional care coordination in border regions.

1.1 Research themes and demarcation

With the ITEM Cross-border Impact Assessment methodology, this dossier evaluates the cross-border effects of the policy on future-proof acute care in the Netherlands. The dossier will also examine how and if the policies pay attention to the possibilities of cross-border cooperation to ensure that high quality of acute care remains accessible to citizens of (cross-)border regions. Table 1 summarises these key research questions. Specifically, the dossier evaluates the policies impact on **European integration** and the future situation of citizens of cross-border regions in relation to access to acute care. Do these policies promote the cross-border mobility of patients, healthcare professionals and services? On

---

[8] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022.

[9] NOS, 'Zorgen in Limburg over voorgenomen sluiting van spoedeisende hulp in Heerlen' 23 September 2023, accessed via: https://nos.nl/artikel/2491595-zorgen-in-limburg-over-voorgenomen-sluiting-van-spoedeisende-hulp-in-heerlen.

[10] See, for instance, news articles from RTV Ideaal 'Gemeenten geven noodsignaal af over ziekenhuis Zutphen' 9 June 2023, accessed via: https://rtvideaal.nl/gemeenten-geven-noodsignaal-af-over-ziekenhuis-zutphen/ and Hart van Nederland 'Zutphenaren protesteren in Den Haag om niet alleen eigen, maar ook andere ziekenhuizen te redden' 22 June 2023, accessed via: https://www.hartvannederland.nl/regio/gelderland/zutphenaren-protesteren-in-den-haag-om-niet-alleen-eigen-maar-ook-andere.

[11] See, for instance, reports: M. Unfried, J. van Lakerveld, B. Buiskool, 'Covid-19 Crisis-management in the Euroregion Meuse-Rhine Study on lessons learned of cross border cooperation in the field of healthcare during the Pandemic crisis (study 1). Final Report' ITEM, August 2021 and Sivonen, S., & Kortese, L. (2021). Cross-border Cooperation on Ambulance and Intensive Care Transport: Examining Opportunities to Strengthen Cooperation. ITEM, accessed via: https://pandemric.info/wp3-studies-and-legal-advice/

evaluation of theme **Euregional cohesion**, the dossier examines the potential for cross-border cooperation in border regions to support the realization of policy objectives related to improving accessibility to high-quality acute care. Finally, the dossier examines the broader impact of these policies on the **Sustainable socio-economic development** and prosperity of border regions from the aspects of economic, social, and territorial development and sustainability.

Table 1: Research themes, principles, benchmarks, and indicators for assessing the cross-border effects of the policy initiatives on future-proof acute care in the Netherlands

Theme	Principles	Benchmarks	Indicator
European Integration	Free movement of patients Regulation 883/2004 Regulation 987/2009 Directive 2011/24 Public health Art. 168 TFEU Art. 35 EUCFR	Everyone has timely access to high-quality acute care	What does the future situation on acute care mean for a citizen of a cross-border region in relation to access to acute care? Do the policies promote the cross-border mobility of patients, healthcare professionals and services?
Euregional Cohesion	Strengthening economic, social and territorial cohesion Art. 174 TFEU Mutual assistance and cooperation between Member States Art. 4(3) TEU Art. 10 Directive 2011/24 Rec. 50 Directive 2011/24	Care in the cross-border territory is equal to that in the national territory	How can cross-border cooperation support in reaching policy objectives in quality and accessibility of acute care in border regions? How do the policies effect cooperation with actors in acute care? Is it possible and desirable to cooperate in healthcare delivery and information exchange cross-border?
Sustainable Development/Socio-Economic Development	Internal market Art. 114 TFEU Sustainable development Art. 3(3) TEU Free movement of persons and services Art. 21 TFEU Art. 56 TFEU	Well-functioning healthcare in border regions from the aspects of economic, social, and territorial development and sustainability	What effect will the policies have on the prosperity and social-economic development of border regions?

Ex-ante evaluation & Geographical demarcation

This dossier will contribute to the ‘ex-ante’ mapping of potential cross-border effects of proposed policy agenda on future-proof acute care in the Netherlands. It will briefly reflect on the other policy

documents published in this regard. Section 2 provides a summary of these policy initiatives, followed by an exploration how they were received by the public, particularly in border regions. Subsequently, a desk-based analysis on the policy is presented from a cross-border perspective. The third section provides insights gathered by means of interviews with experts involved with acute care and/or cross-border projects within this domain, their perspectives on the policies and on cross-border cooperation. Based on these findings, finally, Section 4 concludes with analysis from an Euregional perspective on the cross-border effects of the policy on acute care.

As regards the geographical delimitation of the analysis, the policy on future-proof organisation of acute are applies to all the Netherlands and therefore also to all regions on the Dutch border with Germany and Belgium. Therefore, the dossier also focuses on the impact of the policies for these (cross-)border regions. This dossier aligns its scope and definition on acute care as suggested in the policy agenda. Acute care is an umbrella term, comprising of all types of care request that from the patient's perspective requires an acute response. This can include, for instance, general practitioner care, ambulance care, medical speciality care, mental healthcare, obstetrics, home care, pharmaceutical care.[12] While the primary emphasis of the dossier lies on (cross-border) acute care the findings, however, may also be relevant to cross-border cooperation across other medical disciplines.

2. Policy agenda on future-proof acute care in the Netherlands

This section delves into ongoing policy discussions concerning acute care. The primary focus of the following summary is directed towards the parliamentary letter of October 2022 outlining the policy agenda for future-proof acute care. Increased personnel shortages in the sector and a rising demand for care due to an aging population has led policymakers to consider how acute care can be organized more effectively and efficiently in the chain. Indeed, the main policy objective is to ensure that high-quality care remains accessible to everyone in the Netherlands.[13] Table 2 presents a timeline and a summary of the key policy documents that were examined in context of this dossier research.

[12] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p.4.

[13] Sketch for the future of acute care (*Schets voor toekomst acute zorg naar Tweede Kamer*), https://www.rijksoverheid.nl/actueel/nieuws/2020/07/03/schets-voor-toekomst-acute-zorg-naar-tweede-kamer, Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022.

Table 2 – Timeline of key policy documents on acute care examined in this dossier

Date	Document
3 July 2020	**Sketch for the future of acute care:** As a discussion document subject to internet consultation, the Minister Van Rijn (Medical Care and Sport) presented the 'Charcoal Sketch Acute Care' to the House of Representatives. The Sketch describes the future outlook on acute care, with the aim to guarantee accessibility and affordability of care.[14]
22 February 2022	**Letter to parliament on principles of future-proof acute care:** In the letter the Minister Kuipers shares the principles for the policy to achieve future-proof acute care with the House of Representatives, on working together within the acute care chain, addressing the personnel shortages, quality of care, data and care coordination.[15]
16 September 2022	**Integral Care Agreement (IZA) 'Samen werken aan gezonde zorg'**: Signatories to the IZA include multiple healthcare actors, agreeing on the integral agreements made on care provision including acute care with the aim for good, accessible, and affordable care for the future. The IZA notes that in order to be able to continue to guarantee the accessibility and quality of care with the limited resources available, agreements are made about the prevention in acute care, care coordination and triage, quality of acute care, concentration and distribution, cooperation in the chain, ROAZ plans, information exchange and funding.[16]
3 October 2022	**Parliamentary letter on policy agenda for future-proof acute care[17]:** The policy agenda on future-proof organisation of acute care is built on three key elements. First element focuses on the quality and accessibility of care. Second element is on care coordination, and third element focuses on collaboration in the region.
12 May 2023	**Parliamentary letter on the organization of care coordination**: Minister Kuipers sent the House of Representatives a substantive vision and a concrete total concept of care

[14] Schets voor toekomst acute zorg naar Tweede Kamer, accessed via: https://www.rijksoverheid.nl/actueel/nieuws/2020/07/03/schets-voor-toekomst-acute-zorg-naar-tweede-kamer. 3 July 2020.

[15] Kamerbrief uitgangspunten toekomstbestendige acute zorg, accessed via: https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/documenten/kamerstukken/2022/02/22/kamerbrief-over-toekomstbestendige-acute-zorg. 22 February 2022.

[16] Integraal Zorgakkoord: 'Samen werken aan gezonde zorg', accessed via: https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg. 16 September 2022,

[17] Kamerbrief over beleidsagenda toekomstbestendige acute zorg, accessed via: https://www.rijksoverheid.nl/documenten/kamerstukken/2022/10/03/kamerbrief-over-beleidsagenda-toekomstbestendige-acute-zorg. 3 October 2022.

	coordination. In 2025, a care coordination centre must be set up in every acute care region.[18]
16 June 2023	**Parliamentary letter on the 45-minute norm for acute care**: Minister Kuipers informed the House of Representatives about the substantive direction and the process to arrive at new standards for the accessibility and quality of acute care.[19]
20 June 2023	**Letter to Parliament on current affairs in acute care**: Minister Kuipers informs the House of Representatives about current developments in acute care. The House of Representatives had requested this in preparation for a plenary debate on acute care.[20]

2.1 Policy agenda on future-proof organisation of acute care

The policy agenda on future-proof organisation of acute care is built on three key elements. First element focuses on the quality and accessibility of care. Second element is on care coordination, and third element focuses on collaboration in the region.[21]

One of the main aims of future-proof organisation of acute care is to maintain and improve the quality and accessibility of care. **Quality of acute care** is understood in the policy proposals as encompassing a situation where the patient receives care in the right place, where he or she is treated by well-trained and competent caregivers who decide on the appropriate treatment together with the patient. In complex cases, this means that the patient is treated in a specialised hospital with the required facilities, by professionals that meet patients with the same condition more regularly. Furthermore, the policy also defines that quality of acute care is also about *timeliness*, given the nature of acute care: it can be critical for the patients' health outcomes that care is provided on time. Although timeliness may be an aspect of quality for certain acute complaints, proximity on the other hand is not an aspect of quality of acute care according to the policy agenda.[22] Separate quality frameworks are adopted further specify the quality of specific acute care services, for instance the Emergency Care Chain Quality Framework describes the collaboration between chain partners and prescribes the minimum requirements for the (regional) organization of emergency care.[23] There are also quality

[18] Kamerbrief over inrichting zorgcoördinatie, accessed via: https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/documenten/kamerstukken/2023/05/12/kamerbrief-over-inrichting-van-zorgcoordinatie. 12 May 2023.
[19] Kamerbrief voornemens 45-minutennorm acute zorg, accessed via: https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/documenten/kamerstukken/2023/06/16/kamerbrief-over-verzoek-over-de-voornemens-inzake-de-45-minutennorm-in-de-acute-zorg. 16 June 2023.
[20] Kamerbrief actualiteiten rond acute zorg, accessed via: https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/documenten/kamerstukken/2023/06/20/actualiteitenbrief-ten-behoeve-van-plenair-debat-over-acute-zorg. 20 June 2023.
[21] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022.
[22] *Ibid*, p. 11.
[23] *Ibid*, p. 7.

frameworks on mental health care[24], ambulance care[25], and birth care[26] that healthcare provides must comply with. These quality frameworks also serve as guidelines for health insurer's purchasing of services.[27]

For **accessibility of acute care**, it is proposed to adapt the current legal norms on accessibility. The current accessibility standards are established in Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg, Wkkgz*)[28] and its implementation regulations, including a 45-minute standard for emergency departments and acute obstetrics (the legal norm in which time the citizen should reach an emergency department by an ambulance), a 30-minute standard for GP surgeries and a 60-minute standard for acute mental health care. These standards also imply that hospital services must be within certain time available to patients. The policy agenda proposes abolishing the 45-minute norm (leaving the 45-minute GP or 60-minute norm on acute psychiatric care intact), reasoning that it is not medically substantiated. The standard was initially introduced in 2002 and is deemed outdated in light of the current healthcare situation. Another rationale for revising the norm is its lack of adaptability to future developments, such as advancements in ambulance care that could enable the treatment of patients outside the hospital. The proposal highlights, for instance, the plan to invest in expanding the number of helicopters. Instead of the current 45-minute norm, medically substantiated standards will be developed for time-critical conditions.[29]

In this regard, the policy agenda notes that there is a need to investigate whether additional measures should be implemented to ensure the accessibility of care in regions where it may be under pressure. The policy agenda outlines that it is required that a right balance is found between demand for care, availability of competent care staff, a right place with right facilities, and ensuring quality standards, including timeliness of care for specific time-critical conditions. Therefore, accessibility is not only about having emergency room around the corner "bringing false sense of security to citizens" if the quality of such care cannot be guaranteed, as the agenda outlines.[30] On border regions, it is specifically noted that this balance is not easier to create and it may not be it is not feasible to provide all forms of acute care everywhere in the Netherlands, for instance in border regions.[31]

On **care coordination**, i.e., the combination of integrally assessing the urgency of the demand for care and directing the patient to the right care in the right place as quickly as necessary and possible[32], the

---

[24] *Generieke module Acute psychiatrie (GMAP).*
[25] *Kwaliteitskader Ambulancezorg 1.0.*
[26] *Zorgstandaard Integrale Geboortezorg.*
[27] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p. 6.
[28] Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg, Wkkgz*) specifies acute care meet certain standards for the availability and accessibility, as part of the obligation for the hospitals to provide 'good care' (Art. 2). The accessibility standard laid down the Wkkgz Implementation Decree and Regulations (§3.3) specifies the 45-minute standard.
[29] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, pp. 9-13.
[30] *Ibid*, p. 6.
[31] *Ibid.*
[32] Care coordination comprises for the following functions: determination of urgency and appropriate care deployment in consultation with the patient, coordinating care within the ROAZ region and if necessary in the neighbouring regions, based on insight on capacity information and planning systems. These functions all carried

policy aims to ensure more efficient use of chain of acute care and more visible management of capacities in the region. To prevent congestion of the care chain, this would also allow spreading patients regionally or nationally if necessary. It is noted that patients often face uncertainty regarding where to seek the care they need, and care providers may not always be aware of whether a patient has immediate access to the appropriate care. This situation sometimes necessitates lengthy phone calls to identify a suitable care facility for the patient. The parliamentary letter from 2023 further clarifies the proposed care coordination, indicating that the care coordination will be based on the organisation of current regional cooperation in acute care; meaning there will be one coordination centre per Regional Consultation Acute Care Chain (*Regionaal Overleg Acute Zorgketen*, ROAZ) region.[33] Nevertheless, a national system will be in place to possess insights into these capacities, along with established rules governing the sharing of information. This is designed to ensure that valuable insights can be exchanged seamlessly across regional borders.[34]

In respect to care coordination, the policy agenda mentions cross-border cooperation between border regions. At the moment, consultation is on-going on the operational agreements regarding cross-border ambulance care between the Netherlands and Germany. This will result in Regional Ambulance Services (*Regionale Ambulancevoorziening*, RAV) of the relevant regions coming together and compiling best practises in a handbook. The policy agenda concludes that cooperation in acute care is needed at all levels: from local to national and even across borders.[35] Leading in the organization of acute care is the ROAZ region. It is, therefore, asked that the parties in the ROAZs to make (cross-border) cooperation agreements that contribute to the future-proof organization of acute care.[36]

Finally, the policy agenda addresses **cooperation in the region.** The proposal does note that each region has their own specific tasks and challenges. Therefore, each ROAZ region would provide insights into their situation and bottlenecks in acute care. Based on this, the parties would draw a plan on future-proof organisation of acute care in the region.[37] It is aimed that the regions come together by the end of year 2023 to discuss the plans. Although these plans are made regionally, there are some mandatory elements each region must address, for instance, the creation of the care coordination centres and quality norms.[38]

In addition to the three primary components of quality and accessibility, care coordination and regional collaboration, the policy agenda also highlights the resolution of acute care challenges through innovative means. This includes leveraging technologies such as artificial intelligence, enhancing data

---

out the participating parties in the coordination network; Regional Ambulance Facilities (RAVs), *Huisartsenpost* (HAPs), primary are residence coordination points and providers of acute district nursing care, and possible providers of mental health triage.

[33] Kamerbrief over inrichting zorgcoördinatie, accessed via: https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/documenten/kamerstukken/2023/05/12/kamerbrief-over-inrichting-van-zorgcoordinatie. 12 May 2023.

[34] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023).

[35] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, p. 29.

[36] *Ibid*, p. 30.

[37] *Ibid.*

[38] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023).

exchange mechanisms, and implementing lessons learned from the experiences of the Covid-19 crisis.[39]

2.2 Reactions from the public to the policy proposals

The policy has raised concerns about its potential impact on the availability of acute care in certain regions, including border regions, particularly if these policy objectives are (partially) met through concentration measures forcing smaller regional hospitals to scale down or close their acute care services. The implementation of concentration measures may result in a situation where patients are have to travel longer distances for access to (acute) healthcare services. This is especially challenging in situations that require a fast acute care response, and in rural areas, where other hospitals may not be easily accessible due to limited (public) transport connections or for elderly individuals with limited mobility. These concerns have been expressed for instance in the context of closure of emergency departments in Zuyderland Hospital in Heerlen[40], closure of two hospitals in Friesland[41], in context of challenges of increasing demand for acute care services in Drenthe[42] and in Zeeland in combination with the region's challenging geographical position[43].

In Heerlen, the planned closure of the emergency department, due to staff shortages and the impact on the quality of care, has sparked opposition. This proposed closure, leading to the relocation of emergency and obstetric care to Sittard-Geleen, was met with strong resistance, evident in the collection of over 30,000 signatures advocating for the preservation of these healthcare services in Heerlen. Citizens expressed worry about the potential impact on healthcare availability in their region, particularly given the statistically faster deterioration of residents' health in Heerlen and the Parkstad region. This area already exhibits the lowest life expectancy in the Netherlands, coupled with a high number of individuals requiring healthcare services.[44] In addition to the impact on citizens, the closure of healthcare departments has raised considerable concerns regarding its consequences for the employees of the departments subject to closure, as also experienced in Friesland.[45] In Zeeland, the challenges are compounded by an aging and shrinking population, with additional complexities arising from its geographical position, bordered by water to rest of the Netherlands and the border to

[39] Policy agenda for future-proof acute care (*Kamerbrief over beleidsagenda toekomstbestendige acute zorg*). 3 October 2022, pp. 3 and 30-36.
[40] NOS, 'Zorgen in Limburg over voorgenomen sluiting van spoedeisende hulp in Heerlen' 23 September 2023, accessed via: https://nos.nl/artikel/2491595-zorgen-in-limburg-over-voorgenomen-sluiting-van-spoedeisende-hulp-in-heerlen.
[41] NOS, ' Ziekenhuizen Sneek en Heerenveen dicht, Joure krijgt een nieuwe vestiging' 20 June 2023, accessed via: https://nos.nl/artikel/2479624-ziekenhuizen-sneek-en-heerenveen-dicht-joure-krijgt-een-nieuwe-vestiging.
[42] RTV Drenthe, 'Nog meer samenwerking moet zorg in 2023 toegankelijk houden' 9 January 2023, accessed via: https://www.rtvdrenthe.nl/nieuws/15190418/nog-meer-samenwerking-moet-zorg-in-2023-toegankelijk-houden.
[43] Commissie Toekomstige Zorg Zeeland, 'Visie op zorg in Zeeland in 2025' accessed via: https://www.cz.nl/-/media/documenten/visie-op-zorg-in-zeeland.pdf?revid=dd920906-85da-4605-a2c5-266c52f307b2.
[44] NOS, 'Zorgen in Limburg over voorgenomen sluiting van spoedeisende hulp in Heerlen' 23 September 2023, accessed via: https://nos.nl/artikel/2491595-zorgen-in-limburg-over-voorgenomen-sluiting-van-spoedeisende-hulp-in-heerlen.
[45] NOS, ' Ziekenhuizen Sneek en Heerenveen dicht, Joure krijgt een nieuwe vestiging' 20 June 2023, accessed via: https://nos.nl/artikel/2479624-ziekenhuizen-sneek-en-heerenveen-dicht-joure-krijgt-een-nieuwe-vestiging.

Belgium. These factors contribute to limited healthcare facilities in Zeeland, further demonstrated by a fragmentation of infrastructure and organizational aspects of healthcare.[46]

Another example of such recent concentration debate regarded the closure of paediatric heart surgery centres. It was proposed to centralise such facilities to Rotterdam and Utrecht, that would have resulted in the loss of this specialized medical service in Groningen and longer travel distances for children in the North of the Netherlands.[47] After a petition with over 260,000 signatures and a letter sent to the Minister of Health by parents of young heart patients, and a letter drawn by political parties in the provincial and municipal councils on the negative impact on erosion of academic care and science in northern regions, it was decided to maintain the paediatric heart surgery centre in Groningen and Rotterdam in order to ensure regional distribution.[48]

The closure of acute care services has also raised concerns in other regions than in border regions, like in Gelre Hospital in Zutphen[49] and in Gorinchem in context of closure of emergency department in of the Beatrix Hospital. By the fact that alternative hospitals are situated farther away, and the unpredictability of travel times, aggravated by traffic jams on highways to and from Gorinchem, poses a significant risk in emergency situations where time is of the essence. The potential unreliability of travel times could have critical implications for residents requiring urgent medical attention.[50] In response to these concerns, a petition titled "Maintain Full-Fledged Regional Hospitals" (*Behoud volwaardige regionale ziekenhuizen*) was initiated in 2020. This petition not only addressed the imminent closure of regional hospitals in Gorinchem but also voiced opposition to similar closures across the Netherlands. The core argument revolved around the indispensable importance of local healthcare accessibility, emphasizing the critical role of proximity in serving the needs of both regions and their citizens. The petition further emphasized worries that the potential abolition of the 45-minute norm could pave the way for the closure of more regional hospitals, raising broader questions about the accessibility and viability of healthcare services at the local level.[51]

The policy discussion has also attracted attention at the municipal level, with mayors from 29 municipalities, including Winterswijk, Geos, Zutphen, and Gorinchem, expressing their concerns regarding the proposed concentration of acute care within their respective regions. Furthermore, they advocated for more structural and efficient involvement of the municipalities in the decision-making

[46] Commissie Toekomstige Zorg Zeeland, 'Visie op zorg in Zeeland in 2025' https://www.cz.nl/-/media/documenten/visie-op-zorg-in-zeeland.pdf?revid=dd920906-85da-4605-a2c5-266c52f307b2, p. 7.
[47] NOS, 'Tweede Kamer staat voor pijnlijke keuzes rondom sluiting kinderhartcentra' 16 February 2022, accessed via: https://nos.nl/artikel/2417665-tweede-kamer-staat-voor-pijnlijke-keuzes-rondom-sluiting-kinderhartcentra . See also: https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/documenten/publicaties/2023/03/02/operaties-bij-aangeboren-hartafwijkingen-in-2-centra.
[48] De Raad voor Volksgezondheid & Samenleving, 'Elke regio telt! Een nieuwe aanpak van verschillen tussen regio's' March 2023, p. 26. Accessed via: https://www.elkeregiotelt.nl/.
[49] See, for instance, news articles from RTV Ideaal 'Gemeenten geven noodsignaal af over ziekenhuis Zutphen' 9 June 2023, accessed via: https://rtvideaal.nl/gemeenten-geven-noodsignaal-af-over-ziekenhuis-zutphen/ and Hart van Nederland 'Zutphenaren protesteren in Den Haag om niet alleen eigen, maar ook andere ziekenhuizen te redden' 22 June 2023, accessed via: https://www.hartvannederland.nl/regio/gelderland/zutphenaren-protesteren-in-den-haag-om-niet-alleen-eigen-maar-ook-andere.
[50] BN DeStem, 'Petitie moet sluiting spoedeisende hulp in Beatrixziekenhuis tegen gaan' 8 November 2020, accessed via: https://www.bndestem.nl/rivierenland/petitie-moet-sluiting-spoedeisende-hulp-in-beatrixziekenhuis-tegen-gaan~a34a2edb/?referrer=https%3A%2F%2Fwww.google.com%2F.
[51] The petition is accessible here: https://www.petities.com/landelijke_petitie_behoud_volwaardige_regionale_ziekenhuize.

process related to concentration measures[52] and the broader regional implications. The mayor of the municipality of Winterswijk pointed out that not only are healthcare services diminishing in their region, but there is also a broader trend of disappearing facilities, including stores and schools.[53] A hospital, such as *Streekziekenhuis Koningin Beatrix* in Winterswijk, plays a vital economic role for both its municipality and neighbouring areas. With over 1100 jobs associated with its operation, closures would not only impact the local economy but also have negative effects on the regional labour market. The presence of the hospital contributes significantly also to the social cohesion within the municipality, underscoring its broader importance beyond just healthcare provision.[54]

These aspects were outlined in the position paper published in June 2023 by the municipality of Winterswijk. In the position paper is noted that Winterswijk is close to the border and by public transport, a trip to closest hospital in Enschede take almost 2 hours (for surrounding villages even longer), especially in weekends or evenings. The journey is also complicated by car, especially also because good connections are scarce in the Achterhoek and the aging population often has limited access to a car. According to the position paper, both Dutch and German health insurance laws make it virtually impossible (from both sides of the border) to obtain regular care in the neighbouring country.[55] Furthermore, the position paper calls for more funding to retain proximity of acute care in border regions in line of the report *Elke regio telt*[56].

Acute care is also a prominent topic in the current House of Representatives 2023 election campaigns, as shown by the recently published 'ITEM Reflection: House of Representatives Elections from a Cross-Border Perspective'.[57] Political parties such as VVD, GroenLinks-PvdA, BBB, CDA, ChristenUnie, PVV and SGP referred to the importance of retaining high-quality of acute care and regional hospitals. Some parties pay specific attention to cross-border cooperation, Euregional networks and retaining acute healthcare services in border regions, for instance in Heerlen, Zeeland and Groningen (See Table 3).

---

[52] Skipr, 'Burgemeesters uiten zorgen over dreigende sluiting SEH's' 21 March 2023, accessed via: https://www.skipr.nl/nieuws/burgemeesters-uiten-zorgen-over-dreigende-sluiting-sehs/ See written response to 'Grote zorgen van 29 burgemeesters over de concentratie van acute zorg' (2023Z05054), sent on 23 March 2023': https://www.tweedekamer.nl/kamerstukken/kamervragen/detail?id=2023Z05054&did=2023D11957.

[53] Pzc, Zorgen over sluiten regionale spoedeisende hulp: 'Toegankelijkheid acute zorg onder druk' 21 March 2023, accessed via: https://www.pzc.nl/zeeuws-nieuws/zorgen-over-sluiten-regionale-spoedeisende-hulp-toegankelijkheid-acute-zorg-onder-druk~a814393d/.

[54] Gemeente Winterswijk, 'Position paper Gemeente Winterswijk: Acute Zorg op verzoek', 15 June 2023.

[55] *Ibid.*

[56] De Raad voor Volksgezondheid & Samenleving, 'Elke regio telt! Een nieuwe aanpak van verschillen tussen regio's' March 2023, p. 26. Accessed via: https://www.elkeregiotelt.nl/.

[57] ITEM Reflectie: 'Tweede Kamerverkiezingen vanuit Grensoverschrijdend Perspectief' 13 November 2023, accessible via: https://crossborderitem.eu/item-reflectie-tweede-kamerverkiezingen-vanuit-grensoverschrijdend-perspectief/.

Table 3 – Acute care and cross-border perspectives in the of House of Representatives elections 2023[58]

In its election campaign VVD advocates for the interests of regions in organisation of healthcare and **maintaining good care** in Groningen and Heerlen. Similarly, GroenLinks-PvdA underscores the importance of maintaining accessibility to healthcare facilities in Zeeland, aiming to **preserve regional hospitals**. PVV advocates for a full operating hospital in every Dutch region, emphasizing the retention of emergency care services, including acute obstetrics. BBB emphasizes the preservation of regional hospitals, with a commitment to maintaining emergency and general surgery departments and hospitals.

While recognizing the inevitability of concentrating complex acute care, BBB stresses the importance of preventing the concentration of all highly complex care in a particular region. CDA also distinguishes between **high- and non-complex care** in their programme, emphasizing that non-complex acute care should be close and accessible to all the Netherlands, with the aim to safeguard regional hospitals. ChristenUnie proposes **additional funding** for less densely populated areas to retain healthcare services.

SGP specifically addresses **border regions**, advocating for the availability of basic and acute care in hospitals in border regions. Volt takes a comprehensive approach to cross-border healthcare, aiming to facilitate care across national borders in border regions, recognising that the current laws make such mobility unnecessarily difficult. Volt also pays attention on Euregional **governance and cooperation** in their programme, actively aiming to remove these barriers in border regions. D66 shares similar perspectives, emphasizing the opportunities for cooperation across borders and the importance of current Euregional networks. ChristenUnie calls for the identification of the impact of new laws and policies on **shrinking border regions**, advocating for customization in case of negative effects.

Other topics included in the party programmes relate to **health data exchange** and **mobility of healthcare workers**. D66 underscores the importance of cross-border health data exchange, advocating for easier data sharing between healthcare providers and encouraging research on European borders. Nieuw Sociaal Contract advocates for concrete results of cross-border collaboration, including the recognition of foreign diplomas for healthcare workers. Volt also notes that healthcare personnel in the EU should more mobile, advocating for adapting healthcare education accordingly, prioritizing exchange and cooperation with immediate neighbours.

Attention has also been placed on **lessons learned from Covid-19 crisis** by D66. Their programme highlights successful examples of personnel exchange between healthcare organizations in a region and advocates for making such arrangements easier in the future. This could involve healthcare professionals working temporarily in different places, potentially by being employed by a regional healthcare organization rather than a single provider.

[58] This summary is based on ITEM Reflectie: 'Tweede Kamerverkiezingen vanuit Grensoverschrijdend Perspectief' 13 November 2023, accessible via: https://crossborderitem.eu/item-reflectie-tweede-kamerverkiezingen-vanuit-grensoverschrijdend-perspectief/.

2.3 Cross-border perspectives: desk-based analysis

The policies aimed toward future-proofing acute care are addressing challenges stemming from an aging population, increased demand for acute care, and shortages of healthcare personnel. These issues are notably visible in border regions, which, due to their peripheral location and demographic characteristics, are more sensitive to these developments. This can also be observed from the public reactions from citizens and municipalities as discussed in the previous section.[59] Due to these evident challenges for border regions in terms of (acute) healthcare, it is interesting to consider that in such areas, there is a possibility that an acute care facility exists in the vicinity of the border in Germany or Belgium. Especially if a healthcare facility in a border region of the Netherlands is scaled down or closed, could patients access healthcare services across the border if the nearest option is in a neighbouring country rather than travelling to another hospital further within the Netherlands? When examining this cross-border dimension in the policy proposals, it is found that limited attention is placed on opportunities cross-borders and potential cooperation with the neighbouring countries.

From the policy documents presented in Table 2 only one document, the policy agenda on future-proof organisation on acute care from October 2022, briefly reflects on cooperation across national borders. The agenda notes that consultation is on-going on the operational agreements regarding cross-border ambulance care between the Netherlands and Germany, which will result in the relevant regions coming together and compiling best practises in a handbook. It is unclear from the policy agenda what will be the role of the handbook and if/how these best practises be implemented. While collecting best practices is a positive initial step, there is a possibility that the impact of such document may be somewhat limited in terms of effectively implementing cross-border practices. Indeed, other concrete actions to foster cross-border collaboration are absent from the policy.

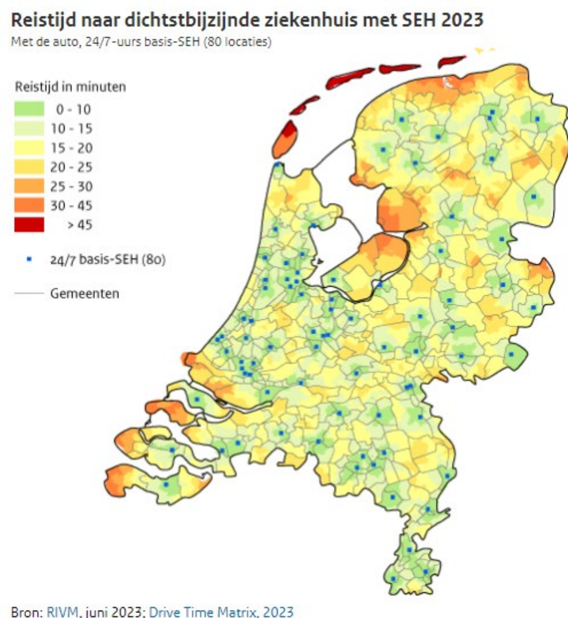
The policies primarily emphasise the importance of regional collaboration and cooperation with neighbouring hospitals or entities within the acute care chain but only within a national context. This trend is also observed in care coordination, which aims to gather insights at the national level regarding regional capacities and exchange of patients. Despite the policy referring to lessons learned from the Covid-19 crisis, there is a notable absence of acknowledgment regarding the value of Euregional coordination. The policy does not (at least directly) reflect on this aspect regarding care coordination and having insights into capacities across borders or for the exchange of patients, for instance as a measure to tackle long waiting lists.[60] Overall, the policy appears to approach acute care with a 180-degree perspective that stops at national borders. Also, it is noteworthy that the policy agenda only mentions cooperation with Germany and not with Belgium. Additionally, the handbook appears to be primarily targeted at ambulance services and dispatch centres, lacking a broader focus on other potential acute care services that could benefit from or be organised through cross-border collaboration.

---

[59] See also report Raad Volksgezondheid & Samenleving, 'Elke regio telt! Een nieuwe aanpak van verschillen tussen regio's', March 2023. Accessed via: https://www.raadrvs.nl/documenten/publicaties/2023/03/27/elke-regio-telt.
[60] See NOS, 'Duitse ziekenhuizen kunnen inhaalzorg voor een deel overnemen' 6 June 2022, accessed via: https://nos.nl/artikel/2431600-duitse-ziekenhuizen-kunnen-inhaalzorg-voor-een-deel-overnemen.

The statement in the policy agenda that proximity is not a factor in determining the quality of acute care is a strong statement that also has received some disagreement from public, especially from citizens or municipalities in border regions. If the policies results in closure of acute care facilities, it may risk that no other hospitals are nearby or accessible in these regions. Recent reports from RIVM on accessibility of acute care services also confirm this finding. The report shows a calculation which hospital locations with an emergency department or with acute obstetrics are 'sensitive' to the 45-minute standard, meaning that if an emergency department is closed, more people can no longer be transported to an emergency room within the standard. This was found to be the case in cities in border regions such as Terneuzen, Emmen, Roermond, Groningen, Winterswijk.[61] Also, other data shows that the travel times to nearest emergency department exceeds the 45 minutes-standard in Groningen and Zeeland (Figure 2).[62]

Figure 2 – Travel time to nearest emergency department



Nevertheless, proximity could be interpreted in a broader, cross-border context, taking into account hospitals or healthcare facilities near the border. This suggests the importance of assessing accessibility from a 360-degree perspective, considering access to healthcare facilities in neighbouring countries. Would this lead to the accessibility standards being met? This question is especially relevance as the policy agenda explicitly acknowledges the challenge of achieving a balance between accessibility and limited resources in border regions.

When conducting desk-based research on where in the Netherlands such cross-border cooperation in acute care exist, it becomes apparent that such collaborations are relatively limited. Cooperative arrangements across borders primarily focus on ambulance care or crisis situations.

Some regions more to the south and east of the Netherlands have more intensified ambulance cooperation with their German and Belgian partners, as in South Limburg (Euregio-Meuse Rhine) via the network of EMRIC (Euregio Meuse-Rhine Incident Response and Crisis Management) and in Twente and Oost-Achterhoek and the respective German border region via ROAZ Acute Zorg Euregio.[63] Netwerk Acute Zorg Euregio is one of the ROAZ regions in the Netherlands: a network of acute care institutions in the Euregio. The organisation has a statutory coordinating role of the acute care chain, partly through cross-border cooperation within the Euregion. Specifically, the organisation aims to provide '*The best acute care for the patient within the right time, in the right place and by the right*

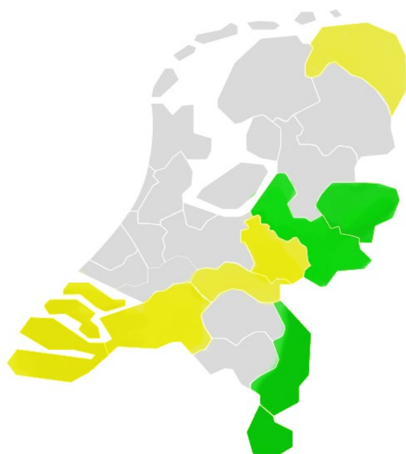
[61] RIVM, 'Bereikbaarheidsanalyse SEH's en acute verloskunde 2023 ' 15 June 2023, accessed via: https://www.rivm.nl/acute-zorg/spoedzorg-in-ziekenhuizen.

[62] RIVM, 'Acute zorg: Regionaal', accessed via: https://www.vzinfo.nl/acute-zorg/regionaal/seh.

[63] See Euregio Maas-Rijn Incidentbestrijding en Crisisbeheersing (EMRIC) https://emric.info/nl, Netwerk Acute Zorg Euregio https://www.acutezorgeuregio.nl/.

people. Without borders of countries, regions, organizations and people'[64]. Next to regular acute care, the organisation also focuses on scaled-up situations such as disasters and crisis situations. Similarly, EMRIC, by means of partnership of government departments and services which are responsible for firefighting, technical assistance, emergency care, infectious disease control, disaster relief and crisis management, collaborate in the border region of Euregio Meuse-Rhine.

Figure 3 – Cross-border cooperation in ambulance care



However, moving further to the north of the Netherlands or to the bordering regions to Belgium in the west of the Netherlands, less examples for cross-border practises are found with an online search. These findings are summarised and simplified in Figure 3 which categorizes ambulance cooperation in the RAV-structural map. The colour spectrum ranges from grey (no information on cross-border cooperation was found), to yellow, indicating some (limited or temporary) cooperation, to green, signifying more intensified, long-term, or structural cooperation (networks).[65]

In East Groningen, there are notions of having such cooperation with Germany ambulances being deployed Bad Nieuweschans, Drieborg and Nieuw Beerta, although temporarily.[66] A mobile medical team (MMT) to Northern Germany from Groningen are deployed in some instances.[67] In Gelderland, a recent Interreg-funded project Euregional Rhine-Meuse-Waal Incident Response and Crisis Management (ERMWIC) collaborates in emergency services.[68] In Zeeland, especially in Zeeuws-Vlaanderen, there are ongoing discussions about establishing cooperation with Belgium, particularly in the deployment of a trauma helicopter from Bruges. This is in contrast to the current situation where such helicopters travel longer distances, arriving from locations like Rotterdam to Nijmegen.[69]

---

[64] *"De beste acute zorg voor de patiënt binnen de juiste tijd, op de juiste plaats en door de juiste mensen. Zonder grenzen van landen, regio, organisaties en mensen":* https://www.acutezorgeuregio.nl/over-ons/

[65] The online search focused specifically on the websites of the ambulance services (RAVs), employing key search terms such as 'samenwerking' (cooperation), 'duitsland' (Germany), 'belgie' (Belgium), 'buitenland' (abroad), and 'grens' (border). The RAV-structural map, obtained from the website of Ambulacezorg Nederland (https://www.ambulancezorg.nl/contact/contact-met-ambulancedienst) served as the foundation for the color-coded representation. Nevertheless, it is acknowledged that the findings may not be exhaustive, and there could be other cross-border practices not mentioned here or present in other regions. The illustration merely presents a simplification of the findings of the online search.

[66] Skipr, 'Duitse ambulances in Groningen' 13 June 2014, accessed via: https://www.skipr.nl/nieuws/duitse-ambulances-in-groningen/.

[67] Universitair Medisch Centrum Groningen, 'MMT' accessed via: https://www.umcg.nl/-/afdeling/mobiel-medisch-team/wat-doet-het-mmt.

[68] Grenspost Düsseldorf, 'Nieuw project ERMWIC ter versterking van Nederlandse en Duitse crisisbeheersing' 1 June 2023, accessed via: https://www.grenspostdusseldorf.nl/actueel/nieuw-project-ermwic.

[69] Omroep Zeeland, 'Inzet van de Belgische traumahelikopter kan kostbare tijd schelen' 16 May 2023, accessed via: https://www.omroepzeeland.nl/nieuws/15586936/inzet-van-de-belgische-traumahelikopter-kan-kostbare-tijd-schelen, Knokke-Heist, 'Gemeentebestuur ondersteunt mug-heli brugge met 20.000 euro' 20 February 2023,

ITEM has previously conducted research on cross-border practices in ambulance and intensive care transports. One of the reports was commissioned by the municipality of Woendsrecht seeking more clarity on what legal tools exist to create such collaborations, with a specific focus on the municipalities of Woensdrecht in the Netherlands and Essen, Kalmthout, Kapellen, and Stabroek in Belgium. While there is currently no formally structured cross-border intervention of ambulance services, significant interest and discussions on the topic have been initiated. The research concluded that there are already existing frameworks like a Benelux Decision that would allow the deployment of ambulances cross borders.[70] Indeed, another ITEM research, conducted within the context of the Interreg-project Pandemric[71], revealed that agreements already exist for cooperation on emergency ambulance care, such as the EMR Agreement, Benelux Decision, and Anholt Treaty. These agreements can serve as examples to structure future cooperation. The research also highlighted how existing obstacles in cross-border ambulance care, arising from differences in national systems for the medical transport of patients, professional regulations, qualifications and recognition, reimbursement of care, and technical requirements, could be overcome.[72]

The brief analysis on acute care policies from cross-border perspective highlights that border regions, in particular, face challenges regarding the availability of acute care. While the policies pay limited attention to cross-border cooperation, mostly in form of the handbook of best practises between Netherlands and Germany, it can be interesting to evaluate whether and how these cross-border practises (as already established in some border regions) could support achieving the policy objectives on accessibility and quality of acute care. This also necessitates an evaluation of regional healthcare needs and the presence of hospitals across borders to determine the desirability and potential benefits of implementing these cross-border practices. However, there is limited publicly accessible information on this matter and the data often stops at the border. This is also the objective of the ITEM Handbook, set to commence in 2024, which aims to identify where cross-border practices currently exist across Dutch border regions and identify potential areas for cooperation, for instance with the proximity of hospitals. The handbook will focus on healthcare, but also on other themes such as labour market, economy and security in cross-border regions.

3. Expert insights on (cross-border) acute care

In order to gather insights to the current policies and cross-border perspectives, next to the desk-based analysis, interviews were carried out between September and November 2023 with experts involved with acute care and/or cross-border care (projects). Relevant experts or institutions were identified via the network of the author. Namely, interviews were carried out with Euregio Meuse-Rhine Incident

accessed via: https://www.knokke-heist.be/nieuws/2023-ma-20-feb-gemeentebestuur-ondersteunt-mug-heli-brugge-met-20000-euro.

[70] Unfried M., 'Ambulances without Borders: towards sustainable cooperation between emergency services', Report commissioned by DG Regio European Commission under the project b-solutions. Brussels: European Commission, 2020, accessed via: https://ec.europa.eu/futurium/en/pilot-projects/ambulances-without-borders-towards-sustainable-cooperation-between-emergency-services.html

[71] See project website: https://pandemric.info/.

[72] Sivonen, S., & Kortese, L. (2021). Cross-border Cooperation on Ambulance and Intensive Care Transport: Examining Opportunities to Strengthen Cooperation. ITEM, accessed via: https://pandemric.info/wp3-studies-and-legal-advice/.

Response and Crisis Management (EMRIC), ROAZ Acute Zorg Euregio, Policy officer at Dutch Ministry of Health, Welfare and Sport, Prof. dr. Alex Friedrich (Chairman of the Board of Directors of the Uniklinik in Münster, Germany), Oldenburg Research Network for Emergency and Intensive Care Medicine and Mayor of Winterswijk (See Annex I – Table of interviews conducted). The interviews were conducted online via the Microsoft Teams and lasted between 30 to 75 minutes.

This section will discuss the interview findings in the light of a thematic analysis. First, the current challenges facing acute care, as identified by the interviewees, will be discussed. This is followed by an examination of the cross-border practices known to the participants. Subsequently, attention will be directed towards the experiences and lessons learned from the Covid-19 crisis. Following this, the focus will shift to the challenges and obstacles inherent in cross-border acute care, along with proposed strategies for overcoming them. Subsequent sections will delve into the interviewees' perspectives on the current policy discussions governing acute care, coupled with an exploration of the potential for cross-border cooperation to support these policy objectives. Finally, this section will conclude with a brief discussion and conclusions on the interview findings.

3.1 Challenges facing acute care

The interviewees recognised the challenges facing (acute) healthcare that the policies are aiming to address. Prof. Dr. Friedrich noted that these are classical challenges that are faced now everywhere in Europe. On one hand, there is the impact of demographic changes—more people requiring healthcare, particularly in acute settings, coupled with an aging population and a rise in individuals with multiple healthcare needs. On the other side, the challenge lies in the insufficient workforce to meet the increasing demand, especially noticeable in the shortage of personnel in acute care.[73] The interviewees from Acute Zorg Euregio noted that, as in other regions across the Netherlands, they face challenges stemming from the shortage of personnel and the growing demand for acute care. The recently published *ROAZ-Beeld* provides more information on their current situation on healthcare demand and supply and the bottlenecks in accessibility, quality and affordability of acute care. It has been indicated that in their region, the population aged 65 and over increases from 22% in 2012 to 29% by 2040. As a result, it is estimated that various medical conditions, such as chronic illnesses and coronary heart conditions, will rapidly increase.[74]

According to the interviewees from Oldenburg Research Network for Emergency and Intensive Care Medicine, in Germany similar challenges on acute care provision are faced as in the Netherlands. More people are calling emergency services, although some cases are not real emergencies, causing inefficient resource use. Unlike the Netherlands, Germany do not use a 'gate-keeping' system where patients first see a GP before they are referred to a specialist. This leads to many patients calling 112 for non-urgent issues, unaware of alternatives like GP-posts ('*Huisartsenpost*'), centres for emergency general medical care. Only approximately 30% of calls result in hospital admission. To address this, they are considering employing alternative structures like community paramedic drivers. Interestingly, the interviewees noted that like the policy discussion in Netherlands, in Germany a reform ('*Krankenhausreform*') is discussed, proposing hospital reforms (closing smaller regional hospitals,

[73] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).
[74] Interview 2 – ROAZ Acute Zorg Euregio (26 September 2023). See also: ROAZ-beeld Euregio [26 June 2023], accessed via: https://www.acutezorgeuregio.nl/nieuws/roaz-beeld-is-gepubliceerd/.

concentrating care), changes in emergency services, and mergers of dispatch centres. The reforms aim to improve communication, efficient use of resources and coordination, especially on bed availability and care capacities.[75] The Mayor of Winterswijk was also aware of these ongoing developments in Germany, specifically the trend towards centralising healthcare services as maintaining every smaller regional hospital might not be sustainable in the long run.[76]

Interestingly, the Mayor of Winterswijk emphasized that, in their municipality, there is currently no issue with staff shortages, and the quality of care remains uncompromised. A recent accountancy report also indicated that their *Streekziekenhuis Koningin Beatrix Winterswijk* is financially robust. However, the Mayor acknowledged the demographic challenge of an aging population in their region, exemplified by the trend of younger individuals relocating to larger cities.[77]

3.2 Current cross-border practises

The interviewees from Acute Zorg Euregio pointed out that cross-border cooperation in their region has a longstanding tradition.[78] The regions it the oldest Euregion in Europe.[79] Prof. Dr. Friedrich noted that in the early days, the focus of healthcare cooperation was on prevention (e.g. antibiotic resistance, infectious diseases) which has now expanded also on organisation of acute care, and how to enhance resilience of health systems, innovation, tackle long waiting lists and facilitate common training of healthcare professionals.[80] The interviewees from Acute Zorg Euregio emphasized that the cross-border cooperation consistently evolves in response to the needs of both patients and healthcare professionals. The collaboration via Acute Zorg Euregio extends to various areas, including trauma and crisis care, where the necessity for cross-border cooperation becomes particularly apparent. In their view, cross-border cooperation can bring many benefits, for instance in supporting timely healthcare delivery in emergency care situations, as observed in the Achterhoek region. In their region, it is mostly German ambulances crossing to the Dutch side, but exchanges occur to both directions. The cooperation in emergency ambulance care is formalized through written agreements that establish standardized procedures. Another noteworthy example is in paediatric care. Through cross-border agreements, patients from Gronau, Germany, can access hospitals in the Netherlands, thus avoiding a situation for patients where they would have to travel long distances to other German hospitals, despite having a specialized facility available on the Dutch side. Next to facilitating such cross-border practises, the Acute Zorg Euregio also promotes joint training, research and education within acute care among the actors.[81]

EMRIC is actively engaged in cross-border cooperation within the Euregio Meuse-Rhine, spanning the Netherlands, Belgium, and Germany. The most intensive collaboration occurs between the Netherlands and German regions, with an estimated 500 border crossings annually. German ambulances regularly cross into the Netherlands, particularly near the eastern border (Waals, Kerkrade, Landgraaf), prioritizing proximity and speed in emergency responses. This is based on

[75] Interview 1 – Oldenburg Research Network for Emergency and Intensive Care Medicine (26 September 2023).
[76] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023).
[77] *Ibid.*
[78] Interview 2 – ROAZ Acute Zorg Euregio (26 September 2023).
[79] Interview 3 – Prof. Dr. Alex Friedrich (9 October 2023). See also: https://www.euregio.eu/.
[80] *Ibid*.
[81] Interview 2 – ROAZ Acute Zorg Euregio (26 September 2023).

written agreements within EMRIC and the Anholt Treaty. South Limburg, as per agreement by the Ministry of Health, utilizes the German trauma helicopter instead of maintaining its own. The cooperation with Belgium is less intense due to a river dividing South Limburg and Belgium. However, a small Flemish part of Voerstreek in Belgium shares a border with the Netherlands, leading some patients to prefer healthcare in the Netherlands also for language reasons. Cross-border crossings between Belgium and the Netherlands are infrequent, occurring approximately 6-7 times a year, influenced also by the smaller population in that region. Legally, cooperation within the Benelux agreement governs the agreements, including financial matters, with no significant legal barriers. Interestingly, there is no equivalent to the Anholt or Benelux treaty between Germany and Belgium for cross-border ambulance care, despite ongoing discussions for up to 23 years. However, a letter from the *Federale gezondheidsinspecteur* in the German-speaking community of Belgium permits German ambulances to cross into Belgium, a preference sometimes shared by patients due to the common language (German) between the two regions, as opposed to the neighbouring French-speaking community in Belgium.[82]

The policy officer in acute care at the Dutch Ministry of Health, Welfare, and Sport mentioned the use of trauma helicopters from Rheine, Germany, near the Netherlands. However, there is a challenge as the helicopter is subject to procurement procedures every four years. This means that although the helicopter is currently in proximity to the Netherlands, it may change after the procurement, and the Netherlands has limited influence in this decision-making process. This example underscores the importance of collaboration with neighbouring countries, but it also highlights the challenges of relying on foreign care facilities.[83]

Prof. Dr. Friedrich stated that there is a clear strategic goal shared among hospitals, the university, city, and province on collaboration with neighbouring entities in the Netherlands and Niedersachsen to collective address both present and future challenges in healthcare. Recently, the university hospitals in University Clinic Münster and Medisch Spectrum Twente have signed a memorandum of understanding aiming to guarantee quality of healthcare in their cross-border region despite scarce resources. He sees that the collaboration can strengthen and foster the healthcare systems and delivery across these regions. Pursuant to the memorandum, directors from each region now routinely convene to identify areas requiring cross-border collaboration. Recognising that cooperation is not universally necessary but rather more crucial in certain medical fields, these structured meetings serve to pinpoint those specific areas of need. Additionally, the exchange of staff members between Enschede-Münster and vice versa has been initiated, alongside the initiation of joint research projects.[84]

The interviewees from Oldenburg Research Network for Emergency and Intensive Care Medicine stated that not much cooperation takes place in their region with Netherlands. This is because Oldenburg is further from the border. Also, this is a result from how acute care is structured in Germany; due to smaller community structures, Oldenburg does not share a border with the

[82] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023).
[83] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023).
[84] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).

Netherlands. However, they were aware of some cross-border exchanges in field of surgery and in Nordhorn region (Germany) patients are transported to the Netherlands and vice versa.[85]

The Mayor of Winterswijk observed the absence of structural or regular cross-border collaboration in their region between the Netherlands and Germany, aside from cooperation addressing specific health issues like heart attacks and other project-based initiatives. He also drew attention to the legal challenges faced in implementing ambulance cooperation projects in Enschede. However, the Mayor noted that the lack of cross-border cooperation does not stem from a lack of interest; in fact, the hospital director in Winterswijk actively promotes such cross-border collaborations. However, there appears to be a reluctance on the German side, driven by a perception that the cooperation may not offer significant advantages for them. Moreover, legislative limitations, particularly in Dutch insurance law focusing exclusively on healthcare within the Netherlands, pose additional hurdles to fostering cross-border arrangements.[86]

3.3 Experiences and lessons learned from Covid-19 crisis on cross-border cooperation

The interviewees from Acute Zorg Euregio and EMRIC recalled that during the Covid-19 crisis, patient distribution was centrally coordinated at the national level, managed by the *Landelijk Coördinatiecentrum Patiënten Spreiding*, rather than being organized (eu)regionally.[87] Due to the existing networks and intensified cooperation already existing in EMRIC, this approach overruled the good practises and the care coordination already existing in their region. There were instances where patients from the South of Limburg were transported unnecessarily long distances, such as to Münster, although beds were available in Aachen.[88] This not only proved inefficient but also posed risks for patients due to extended transport distances. EMRIC underscored that national care coordination should not overrule or replace what is already well-organized at the (eu)regional level. Instead, on a national level, it should provide support to regions where such networks are not existing.[89] Indeed, this was the experience of ROAZ Acute Zorg Euregio. Their network primarily consists of smaller local hospitals rather than larger hospitals with intensive care departments. This is why national coordination proved beneficial for them. Nevertheless, Acute Zorg Euregio noted that during the Covid-19 crisis other cross-border patient exchanges were halted. One of the reasons related disparities in crisis management and containment measures between the Netherlands and Germany. The interviewees concluded that, in crisis situations, national coordination proved beneficial. Nevertheless, in regular, non-crisis scenarios, they believed that regional responsibility for care coordination is the most efficient approach.[90]

Prof. Dr. Friedrich observed that the Covid-19 crisis highlighted the fragmentation of healthcare systems despite the aim for European unity. Each country formulated its own individual response, lacking a unified approach to crisis management: after 25 years of working to establish cross-border

---

[85] Interview 1 – Oldenburg Research Network for Emergency and Intensive Care Medicine (26 September 2023).
[86] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023).
[87] Interview 2 – Acute Zorg Euregio (26 September 2023), Interview 4 – EMRIC (9 November 2023).
[88] See also M. Unfried, J. van Lakerveld, B. Buiskool, 'Covid-19 Crisis-management in the Euroregion Meuse-Rhine Study on lessons learned of cross border cooperation in the field of healthcare during the Pandemic crisis (study 1). Final Report' ITEM, August 2021. Accessed via: https://pandemric.info/wp3-studies-and-legal-advice/
[89] Interview 4 – EMRIC (9 November 2023).
[90] Interview 2 – Acute Zorg Euregio (26 September 2023).

cooperation, national borders resurfaced. However, this resurgence prompted increased discussions on collaborative actions between countries, exemplified by initiatives like the European Health Union. In his perspective, a combination of pan-European and regional actions is necessary, as opposed to solely relying on national measures. He highlighted the case of smaller nations like Luxembourg or Liechtenstein, where national action is more manageable due to their size. In contrast, in larger countries like the Netherlands, Germany, and Italy, infections begin at the regional level, but responses are often enforced at the national level, which may not be always appropriate or timely. Therefore, he emphasized the importance of taking actions at a lower regional level, where there are better local insights, instead of applying a single blanket measure for the entire country.[91]

The interviewees from the Oldenburg Research Network for Emergency and Intensive Care Medicine experienced that the Covid-19 crisis led to an increased level of cross-border cooperation in their region. They established regular weekly contact with the medical director from Groningen to exchange information on the status quo in both regions. This collaboration allowed for patient exchanges when beds were unavailable, with some patients from Groningen receiving care in Oldenburg. The interviewees emphasized the value of a comprehensive, 360-degree approach in border regions to eliminate 'blind spots' and ensure regular information exchange. However, despite the positive practices established during the pandemic, some of these collaborative efforts were to their knowledge discontinued after the crisis.[92]

3.4 Obstacles on cross-border cooperation in acute care and overcoming them

The interviewees from Acute Zorg Euregio highlighted significant differences in how (acute) healthcare is organized between the Netherlands and Germany, particularly in terms of financing and care standards. One notable distinction is that in Germany, there are more hospital beds per inhabitant compared to the Netherlands. Another challenge arises from differences in governmental structures. In the Netherlands, healthcare is organised on the national level, while in Germany, it is divided among the federal states. As a result, there is no direct counterpart for cross-border cooperation, and the collaboration is typically organized with one German state. This can sometimes lead to limited awareness about cross-border cooperation at the national governmental level. Regarding care standards, the interviewees noted that the variations in care quality standards that may sometimes raise concerns. A good practise is, therefore, to identify the similarities. The interviewees provided an example of a cooperation agreement in Oost-Achterhoek, under which the German hospital (St. Agnes hospital in Bocholt) provides the necessary examinations and treatments according to the Dutch quality standards. This arrangement has improved the availability of acute cardiology care in the region.[93]

The interviewee from EMRIC noted that their strong network keeps them well-informed about each other's acute care systems. However, disparities in the competencies of ambulance care professionals across countries can pose challenges to these cross-border practices. In Germany, ambulances have emergency doctors (*Notarzt*) on board, whereas in the Netherlands, ambulances are staffed with

---

[91] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).
[92] Interview 1 – Oldenburg Research Network for Emergency and Intensive Care Medicine (26 September 2023).
[93] Interview 2 – Acute Zorg Euregio (26 September 2023), see also: ROAZ-beeld Euregio [26 June 2023], accessed via: https://www.acutezorgeuregio.nl/nieuws/roaz-beeld-is-gepubliceerd/, p. 155.

ambulance nurses (*ambulanceverpleegkundige*), and the medical competences of these professionals are not compatible. This divergence often results in German ambulances crossing the border into the Netherlands rather than the other way around.[94]

The interviewee from EMRIC pointed out another challenge stemming that the current agreements primarily existing only at regional or operational level. These agreements are made between smaller public actors in specific regions based on *rendez-vous* provisions, where the nearest ambulance, regardless which side the border they are, responds to the emergency. However, based on the *rendez-vous* system, the local ambulance should take over and transports the patient to the local hospital. Nevertheless, this is not always the case especially in urgent cases when a Dutch ambulance is not available. This can lead to issues, as illustrated by a case where a patient was transported to a hospital in Germany, and the family of the patient had pay €1000 to transport the patient back to the Netherlands. EMRIC suggests that such situations could be better organized and avoided with agreements at a higher governmental level, specifically between the Netherlands and North-Rhine Westphalia. This higher-level agreement should recognize each other's systems and the competences of healthcare professionals in the field. However, the interviewee acknowledged challenges, particularly the prolonged discussions due to different government structures. In Germany, international affairs are handled by the *Bund*, while acute care falls under the responsibility of *Länder*, resulting in a 'ping pong game' regarding who is competent for such agreements. Similar challenges were noted in the agreement between Germany and Belgium. Despite initiatives before the Covid-19 crisis, no agreement has yet been reached. The interviewee suggests that a potential solution would be to conclude an agreement on national level based on the Anholt Treaty, Benelux agreement and the existing EMRIC agreements, but removing the *rendez-vous* system.[95]

Another distinction highlighted by the interviewee from EMRIC is the payment structure for ambulance services. In Germany and Belgium, a single invoice covers both ambulance transport and hospital care. Conversely, in the Netherlands, separate invoices are issued, with one coming from the ambulance service (RAV). Additionally, the presence of private ambulance organizations in Belgium and Germany where each patient represent revenue, unlike in the Netherlands, can introduce a financial (dis)incentive to cooperate.[96]

The interviewees from the Oldenburg Research Network for Emergency and Intensive Care Medicine mentioned that data exchanges can pose challenges, experiencing obstacles within their regions in Germany and anticipating similar issues when crossing national borders. These challenges can impede care coordination when there is insufficient access to data, data collection methods are not comparable, or when data software are incompatible. Legal considerations related to privacy and data protection also contribute to these challenges. Additionally, the interviewees identified financing as another obstacle, particularly in terms of insurance perspectives on reimbursement in cross-border cases. Differences in quality standards between the Netherlands and Germany may further complicate matters.[97]

[94] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023).
[95] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023)
[96] *Ibid.*
[97] Interview 1 – Oldenburg Research Network for Emergency and Intensive Care Medicine (26 September 2023)

Regarding the cooperation framework between Twente and Münster, Prof. Friedrich noted that such memorandum has not resulted on its own, but it was necessary in overcoming the obstacles and division of healthcare systems between the regions. He underscored that beyond regional initiatives, there is a broader willingness at the European level to address these issues, evident in the efforts to build the European Health Union. In his perspective, achieving more synchronization between healthcare systems is essential to facilitate cross-border healthcare. This involves bringing stakeholders together, identifying areas where cross-border healthcare benefits patients, doctors, insurance companies, and healthcare providers (hospitals), leading to foster collaboration.[98]

The Mayor of Winterswijk further reflected on the differences of governance structures between Germany and the Netherlands, specifically regarding the inclusion of local governments in hospital-level policy discussions. He pointed out that in Germany, due to the regional (federal) division of Germany, also the mayors actively participate in the hospital board. In contrast, there is no such clear involvement or mandate of regions in the Netherlands. The Mayor emphasized that valuable insights from cross-border regions might be overlooked if hospital boards lack representation with direct experience or understanding of these dynamics in border regions.[99]

3.5 Views on the policy on future-proof acute care

When asked about if and how the policy agenda pays attention to cross-border practises, Policy Officer at the Dutch Ministry of Health, Welfare, and Sport first noted that based on the work of the National Patient Evacuation Coordination Center (*Landelijk Coördinatiecentrum Patiënten Spreiding*, LCPS), they have assessed collaborative efforts taken place during the Covid-19 crisis and developed crisis protocols. However, these cross-border protocols are only used on crisis basis. Secondly, (border) regions that have foreign hospitals or ambulance services in proximity of the border, have the opportunity to establish cross-border collaborative agreements. However, such initiatives are not actively steered at the national level except within the framework of the handbook as outlined in the policy agenda. The handbook is still in progress, and it will primarily focus on providing information on best practises for ambulance care services and dispatch centres on cross-border cooperation.[100]

Both Acute Zorg Euregio and EMRIC noted to be actively participating on the discussion of cross-border practises in context of these policies and being consulted for the handbook. Nevertheless, the interviewee from EMRIC expressed reservations about the handbook as a sole measure for fostering cross-border cooperation. The handbook, according to the interviewee, primarily collects best practices, but not all the insights may be universally applicable or compatible with every region. Given the variations in (border) regions and their specific needs, the interviewee emphasized that best practices cannot be easily "copy-pasted."[101]

In Prof. dr. Friedrich perspective, it is important to consider in this regard care coordination in border regions not only regional perspective, but euregional. According to him, this euregional approach is vital for the well-being and prosperity of border regions. He highlighted that the appeal of these regions for people to work and reside depends significantly on access to essential services such as

---

[98] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).
[99] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023)
[100] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023)
[101] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023)

schools and healthcare. The attractiveness of these areas may diminish if these facilities are not readily available within the (border) regions. Regarding concentration, it is important, in his view, to realise the difference between concentration and centralisation. While centralization involves providing healthcare services through a single institution, Prof. Friedrich believed it is not necessary for every institution across regions to adopt this approach, as a one-size-fits-all model may not be optimal. Instead, he advocates for the (strengthening of) regional healthcare networks, promoting collaboration both within regions and across borders. Given the variance in healthcare facilities, with Germany having more resources in acute care compared to the Netherlands, a potential solution in cross-border regions could involve a middle-ground approach. By finding a balance between the healthcare capabilities of both regions, the delivery of critical services could be optimised for the benefit of patients within the cross-border area. Finally, Prof. Friedrich also noted that next to these policy measures, it is important to focus on prevention in order to alleviate the pressure on healthcare.[102]

Some of the interviewees disagreed with the statement made in the policy agenda that proximity is not a factor of quality of acute care. The Mayor of Winterswijk underscored the critical importance of proximity for border regions, highlighting the significance of having regional hospitals when other healthcare facilities are situated at a considerable distance in the Netherlands or when there is a lack efficient public transport connections.[103] Prof. dr. Friedrich emphasized that the relevance of proximity depends on the urgency and specific medical requirements of each situation. While acknowledging that similar standards in Germany range from 20-30 minutes for certain cases, he underscored the importance of ensuring patients have timely access to the initial response from a healthcare professional. This initial response plays a crucial role in determining the patient's needs and the subsequent course of action.[104] The interviewees from Oldenburg Research Network for Emergency and Intensive Care Medicine also had similar perspectives, seeing proximity as an important factor.[105] The interviewees from Acute Zorg Euregio expressed their support for the current policy discussions and abolishing the 45-minute norm. Their reasoning is that this standard may not be medically justified in every case. Instead, they advocate for specific, medically, and scientifically substantiated investigations to determine the required response times.[106]

Furthermore, in response to the policy agenda on acute care, the Mayor of Winterswijk stressed the importance of including the perspective of local governments and border regions in the policy discussions. In collaboration with 29 municipalities, primarily from rural areas and with the foundation of general hospitals in the Netherlands (*SAZ - Samenwerkende Algemene Ziekenhuizen*) they are advocating against downscaling or closing local healthcare facilities, retaining proximate healthcare services for these regions. Notably, their collective efforts resulted in a successful motion that was

[102] Interview 3 – Prof. Dr. Alex Friedrich (9 October 2023).
[103] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023)
[104] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).
[105] Interview 1 – Oldenburg Research Network for Emergency and Intensive Care Medicine (26 September 2023).
[106] Interview 2 – ROAZ Acute Zorg Euregio (26 September 2023).

passed by the parliament two weeks ago ensuring stronger considerations for accessibility of healthcare in rural areas.[107]

The Policy Officer at the Dutch Ministry of Health, Welfare, and Sport provided clarification when asked about the integration of perspectives from municipalities and regions in the ongoing discussion. Emphasizing the procedural requirements, he mentioned that regulations in place necessitate a mandatory step involving and consulting municipalities and citizens in the discussion around the closure of healthcare departments or hospitals. Nevertheless, the interviewee observed variations among municipalities in their level of engagement in these discussions, with some displaying greater proactive involvement compared to others. He concluded that the final decision rests with the hospitals and health insurers, rather than the municipalities, due to their (legal) responsibility for organizing accessible and high-quality healthcare for citizens.[108] In response to this subject, the Mayor of Winterswijk stressed the importance of clarifying the procedural aspect of 'consulting' citizens and municipalities. He pointed out situations where decisions on closures were conveyed through phone calls or discovered through media reports. Furthermore, he advocated for a broader participation of local governmental entities in structures such as ROAZ, which presently predominantly involves healthcare actors. As part of their advocacy, they are actively urging the minister to strengthen the regional involvement and to provide a clearer interpretation of the term 'consult.' This, in his view, would contribute to enhancing the engagement of (border) regions and society in decision-making processes.[109]

Finally, the Mayor of Winterswijk emphasised the significance of considering the broader implications of these policies in border regions. He highlighted that hospitals play a role in attracting highly educated individuals to work and reside in the area. Moreover, he described a potential 'domino effect', where the closure of one department in a hospital could lead to the closure of other departments.[110]

3.6 Potential in cross-border cooperation to support the policy objectives of acute care

The interviewees from EMRIC and AcuteZorg Euregio believed current policy discussions in the Netherlands present an opportunity to strengthen cross-border cooperation, particularly when it comes to supporting the provision of acute care through resource sharing and ensuring timely healthcare delivery. The interviewees see the ongoing policy discussions as a chance to draw attention to the importance of cross-border collaboration, especially in (border) regions if there are fewer hospitals available.[111] Interviewee from EMRIC noted that especially if the new policies lead to closure or moving care departments in a border region, it may increase the interest to establish arrangements with hospitals on the other side of the border, although, he noted, that patients generally have a preference to be treated in their own country. This is also the case in Zeeland where discussions are

---

[107] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023), see also 'Amendement van de leden Bushoff en Van den Berg 36278-10 over extra waarborgen bij de sluiting van een spoedeisende hulp post' from 8 November 2023, accessible via https://www.tweedekamer.nl/kamerstukken/amendementen/detail?id=2023Z18973&did=2023D45722.
[108] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023).
[109] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023).
[110] *Ibid.*
[111] Interview 2 – ROAZ Acute Zorg Euregio (26 September 2023), Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023)

taking place to closing some departments in the hospital in Terneuzen, which may mean that either the patients would visit Rotterdam or nearby Belgian hospitals (Gent).[112] Acute Zorg Euregio noted that cross-border cooperation does not only benefits patients but also opens opportunities for healthcare professionals to work across the border.[113]

The interviewees from AcuteZorg Euregio noted that essential preconditions for establishing and sustaining cross-border cooperation are knowing each other and building trust. Indeed, the interviewees were of the opinion that is important to adopt a 360-degree perspective on the provision of (acute) healthcare, rather than limiting the approach along the national borders. Nevertheless, the interviewees noted that in their knowledge, other ROAZ regions do not facilitate cross-border healthcare, with the exception of Limburg (via the network of EMRIC).[114] The interviewee from EMRIC confirmed this finding.[115]

The interviewee from EMRIC also noted that he will be attending meeting soon with partners from Zeeland (Zeeuws-Vlaanderen) who share an interest in establishing cross-border cooperation. Geographical factors play a significant role in this context, as the region is separated from the rest of the Netherlands by water, posing challenges for timely access to healthcare services. The interviewee emphasized the diversity of regions, pointing out that each area has unique healthcare needs and potential for cross-border collaboration. In densely populated regions like South Limburg, similar to Randstad, there is proximity to three major cities with nearby hospitals (Maastricht-Aachen-Liege). However, as one moves north to Groningen, the population density decreases, and hospitals in Germany are farther away, with the nearest hospital for trauma patients located 100 kilometres away.[116]

Prof. dr. Friedrich saw significant potential in embracing a comprehensive 360-degree perspective on healthcare delivery, particularly in border regions. This approach not only fosters innovation but also contributes to economic growth, positioning border regions as engines of development. To address the challenges posed by national division of systems, there needs to be a clear legal mandate empowering border regions to take action. Instead of limiting the view to a 180-degree national perspective that stops at borders, these issues should be tackled with a 360-degree cross-border outlook. However, the persistent obstacle lies in the lack of sustainable funding. Securing funding, particularly from the European level, is essential. While there are existing sources such as EU regional funds and Interreg-projects, Prof. dr. Friedrich noted that only a small percentage of these funds is allocated to healthcare projects, indicating that healthcare is not a top priority. Overcoming this challenge also entails effective lobbying at the European level.[117]

Policy officer in acute care at the Dutch Ministry of Health, Welfare and Sport observed that patients do seek healthcare across borders, especially when there are well-established agreements in place. However, relying entirely on cross-border agreements proves challenging for the national government due to citizens paying taxes locally, and regulations primarily focusing on Dutch healthcare providers and insurance companies (this regulatory challenge was also recognised by the Mayor of Winterswijk)

---

[112] Interview 4 – EMRIC (9 November 2023).
[113] Interview 2 – ROAZ Zorg Euregio (26 September 2023).
[114] *Ibid.*
[115] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023).
[116] Interview 4 – Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC (9 November 2023).
[117] Interview 3 – Prof. dr. Alex Friedrich (9 October 2023).

[118].[119] While current policies predominantly concentrate on national solutions and hospitals, they a recognise that patients do seek care across borders, emphasizing the need to incorporate this into discussions. There are ongoing discussions about potentially alleviating long waiting lists by allowing patients to seek treatment across borders, though this is considered at a later stage in the policy process. The practical constraints associated with healthcare delivery across borders, including factors such as costs, distances, and time to reach foreign hospitals, can pose challenges. Nevertheless, according to the interviewee it will be interesting for the policymakers to have more information to understand the necessary agreements and conditions for successful cross-border cooperation.[120]

The Mayor of Winterswijk also identified potential and additional benefits in approaching policies on acute care from a cross-border perspective in collaboration with neighbouring regions. He emphasized that similar policy discussions were occurring on both sides of the Netherlands and Germany. If maintaining smaller regional hospitals proves unsustainable, he suggested working together to find a solution for both sides of the border. Particularly in rural areas where larger hospitals are not easily accessible in the Netherlands, cross-border collaboration could present a viable solution. The Mayor proposed that national governments could facilitate implementing these practices which would help in overcoming legal obstacles that hinder cross-border cooperation. However, he acknowledged regional differences, noting that in places like Apeldoorn and Arnhem, where there might be limited public transport connections to Germany and the distance from the border might pose challenges.[121]

3.7 Discussion of the interview results

The interviews confirmed the finding that cross-border cooperation in acute care is relatively limited to few border regions in the Netherlands where there is already a long-standing tradition and networks on cross-border cooperation. However, the interviews also confirmed that there is lot of potential for such cooperation to contribute to the policy objectives on accessibility and quality of acute care in border regions. The process begins with identifying healthcare needs in each cross-border region through dialogues involving regional and national authorities and stakeholders within the acute care chain.

Moreover, the interviews reinforced the notion that while the handbook initiated in the context of the policy agenda is a positive initial step, it might not be adequate on its own to foster cross-border collaboration. An interviewee highlighted a key reason for this, stating that best practices may not be easily implementable or "copy-pasted" in other border regions due to inherent differences between these regions. Suggestions were made to complement the compilation of best practices in the handbook with discussions at the national government level. Establishing framework agreements on governmental level was proposed to facilitate smaller public institutions and regional actors in forming operational cross-border agreements more seamlessly. Despite the identification of certain legal obstacles related to cross-border healthcare, such as differences in competences of healthcare professionals, data exchange, financing, transport of opiates, use of audio-visual signals, and

[118] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023)
[119] Interview 5 – Dutch Ministry of Health, Welfare and Sport (9 November 2023).
[120] *Ibid.*
[121] Interview 6 – Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk (15 November 2023).

healthcare quality standards, the experiences of EMRIC and Acute Zorg Euregio indicate that these obstacles can be overcome, as they have already successfully done so.

Interestingly, the interviews also revealed that the challenges related to the scarcity of resources in acute care and an aging population are recognized not only within the Netherlands but also in Germany, where similar healthcare reforms and policy discussions are underway. This observation supports the notion that cross-border regions have the potential to collaborate and pool resources, enhancing the availability of acute care services for citizens in these areas and strengthening the health systems in each country.

The interviews affirmed the observation from the desk-based analysis that the policies are primarily created from a national perspective prioritising healthcare provided to citizens in the Netherlands. The rationale behind this approach is the difficulty of depending on care facilities in other countries and the limited influence countries have on each other's policy decisions. This finding underscores the importance of initiating a cross-border dialogue with authorities on both sides of the border and establishing agreements among these authorities to address these challenges effectively.

The lessons drawn from the Covid-19 crisis emphasized the significance of cross-border cooperation, especially in scenarios where national capacities in intensive care were exceeded. Interviewees also expressed the perspective that, as learned from the Covid-19 crisis, it is important to have Euregional care coordination that would allow the exchange of patients. While coordination from the national level can provide support to regions without existing networks, it should not override well-established good practices already in place. This perspective on Euregional care coordination, currently only utilised in crisis situations, could be integrated into existing acute care policies.

Recognizing the importance of adopting and implementing effective policies and agreements with a comprehensive 360-degree perspective on acute healthcare could support the policy objectives on access to high-quality healthcare. This process begins with identifying needs, acknowledging that this may not be applicable in every medical field or for every region, considering the proximity of available hospitals. The relevance of cross-border cooperation is contingent upon the availability of hospitals near the border and geographical factors, such as accessibility and potential obstacles like rivers, as observed in regions like South Limburg with Belgium. In this exercise, the ITEM handbook initiated in 2024 can also be used as a tool to identify areas where there is potential for such cross-border practises. In conclusion, despite the current policy's limited focus on cross-border cooperation, there is a considerable level of interest and numerous opportunities to shape policies that incorporate this cross-border dimension.

4. Conclusions and recommendations on the policy of future-proof organisation of acute care from a Euregional perspective

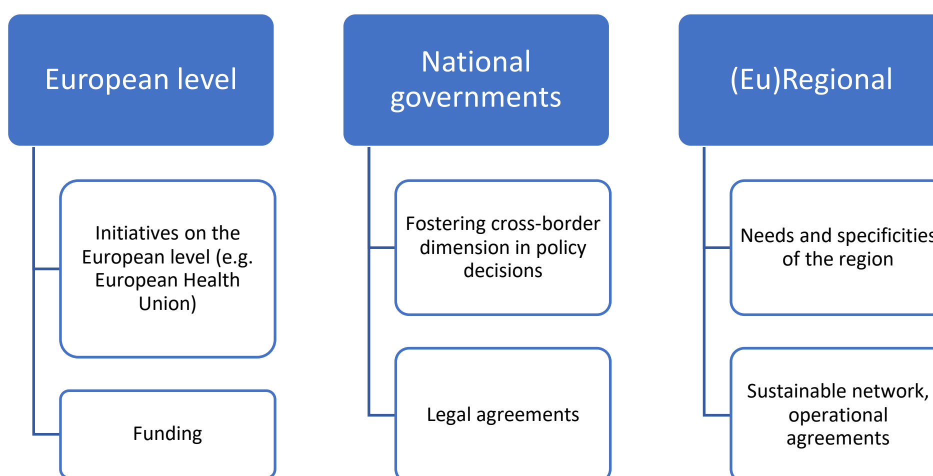
This dossier evaluated the cross-border effects of the policy on future-proof acute care in the Netherlands by means of desk-based research and expert interviews, and examined whether adequate attention is paid to the possibilities of cross-border cooperation to ensure that high quality of acute care remains accessible to citizens of cross-border regions.

When evaluating the policies impact on **European integration**, it can be concluded that particularly cross-border regions are vulnerable to the challenges that the policies are aiming to address on scarcity of resources and demographic changes such as aging population and increasing healthcare demand. While there could be potential to support acute care provision by means of cooperation in cross-border regions, the current policies have a limited focus on this cross-border dimension and do not directly promote the cross-border mobility of patients, healthcare professionals and services. Overall, the policy appears to approach acute care with a 180-degree perspective that stops at national borders. Despite there is a lack of emphasis on this aspect in the national-level policy, certain regions have established cross-border arrangements within their networks, exemplified by the South of the Netherlands through EMRIC and the East of the Netherlands through ROAZ Acute Zorg Euregio. Through formal written agreements, these organisations have enabled the cross-border exchange of patients, services, and healthcare professionals in their respective regions. If the policy objectives of future-proof acute care are reached by concentration leading to scaling down or closure or regional hospitals in the cross-border regions, however, it may indirectly increase the interest to establish agreements on such cross-border mobility. This interest may arise, particularly if there are hospitals or other acute care providers in the proximity of the border. In this context, deeper European integration can play a crucial role in ensuring that acute care remains accessible in border regions. This perspective can also be observed from the political priorities of the EU in building a European Health Union.

Relevant to the evaluation of theme **Euregional cohesion**, the dossier examined the potential of cross-border cooperation in border regions to support the realization of policy objectives related to improving accessibility to high-quality acute care. Apart from the positive practices of EMRIC and Acute Zorg Euregio, cross-border collaborations in the Netherlands are relatively limited, predominantly centred around ambulance care and crisis situations rather than encompassing a broader scope of acute care. The limited scope is further underscored by the policy agenda's proposal to create a handbook specifically gathering best cross-border practices for ambulance services and dispatch centres. Moreover, the potential impact of the handbook on promoting Euregional cohesion appears to be limited, as confirmed in expert interviews. Simply listing best practices may not suffice, as the unique characteristics of each region mean that not all findings are universally applicable. In addition to the handbook, fostering Euregional cohesion necessitates concrete actions, such as enhancing awareness and dialogue at the national governmental level. Establishing legal agreements on this level is also crucial, serving as a foundation for regional actors to establish operational agreements regarding cross-border acute care. This process involves a comprehensive assessment of each region's healthcare needs, the availability of healthcare facilities on the other side of the border, and consideration of geographical and demographic factors. Securing funding is also essential, with potential avenues explored at the EU level through increased lobbying for regional funds, such as Interreg funding, specifically for healthcare projects. Indeed, the success of these cross-border agreements also relies

on the continuity and sustainability of the networks and funding, as illustrated in Figure 4. Despite the current policy's somewhat limited emphasis on concrete actions to promote cross-border cooperation, it is noteworthy that there is interest from policymakers and regional actors on these aspects. This interest provides an opportunity to shape policies that integrate this cross-border dimension, potentially fostering deeper Euregional cohesion. The dossier additionally found that in Germany, comparable challenges in acute care are encountered, where also similar policy discussions and healthcare reforms are taking place. This observation underscores the importance of addressing these issues from both sides of the border, since there may be potential benefits of tackling these challenges together by means of pooling resources.

Figure 4 – Establishing cross-border cooperation in acute care



Finally, these policy initiatives may have a broader impact on the **Sustainable socio-economic development and prosperity of border regions**. This is evident in the concerns expressed through multiple citizen petitions, letters from municipalities, and reflected in the themes of party programs for the House of Representatives elections in 2023. The potential closure or scaling down of acute care services could trigger a 'domino effect', causing other healthcare services to disappear from the region. Hospitals, besides their critical role in patient care, also play a vital economic role by generating jobs for both the municipality and neighbouring areas. The repercussions could extend to the local economy and the regional labour market. Furthermore, there is a broader trend observed of disappearing facilities from border regions, including stores and schools. The presence of a hospital significantly contributes to social cohesion within the municipality, emphasizing its broader importance beyond healthcare provision alone.

Table 5 summarises these recommendations focusing on the three key elements of the policy agenda on future-proof organisation of acute care. A cross-border dimension could be considered on the element of **quality and accessibility of care**, which could be improved and supported by a 360-degree cross-border perspective in border regions that have healthcare facilities close to the national border. The element of **care coordination** is recommended to include the perspective of Euregional coordination. Coordinating care cross-borders could prove beneficial not only during crisis situations but also in 'regular' acute care, for instance by tackling long waiting lists. As learned from the Covid-19 crisis, while care coordination on national level can support cross-border regions, it should not however overrule existing networks and well-functioning practises. Finally, **cooperation in region** is recommended to include not only cooperation across regional or ROAZ-borders, but across national borders. Here, implementation of legal agreements and the establishment of a dialogue at the national level with government bodies and funding mechanisms could provide essential support to the regional actors.

Table 5 - Recommendations on incorporating cross-border dimension in the policy on future-proof organisation of acute care in the Netherlands

Quality & accessibility of care: If acute care facilities are close to the national border, cross-border cooperation and a 360-degree perspective to acute care provision could support timely access of citizens to acute care services.

Care coordination: Incorporating the perspective of Euregional care coordination and exchange of patients, not only during crisis situations but also in regular circumstances. Care coordination on national level can support cross-border regions where networks do not yet exist but should not overrule existing well-functioning practises.

Cooperation in region: Consider cooperation not only across regional borders but national borders: cross-border cooperation in regions where need and potential identified, supported by legal agreements and dialogue on national governmental level.

As the policy on acute care is still in progress, definitive conclusions of its cross-border effects cannot be drawn at this stage. Due to limited access to cross-border data and information on existing cross-border practices, assessing the potential cross-border effects of the policy in the Netherlands on cross-border regions is challenging. For instance, it is difficult to determine whether the closure of a healthcare facility in the Netherlands would adversely impact citizens on the other side of the border who depend on Dutch healthcare, and vice versa. Consequently, this dossier primarily evaluated the cross-border effects from the perspective of Dutch border regions. Nevertheless, recognizing and incorporating this element is crucial for a true 'Cross-border Impact Assessment'. However, this dossier serves as a preliminary analysis, laying the groundwork for future assessments. It holds the potential to be utilized as a discussion paper, raising awareness of incorporating the cross-border dimension within policy discussions related to acute care.

4.1 Outlook

Looking ahead, this topic could benefit from further research considering the current dossier's limitations, particularly the small number of interviews conducted. It would be beneficial to delve deeper into the perspectives of Belgian and German actors and policymakers. Furthermore, more research and data are required on where cross-border practises exists and which cross-border regions could benefit from collaboration based on their needs and healthcare facilities. The forthcoming ITEM handbook, to be initiated in 2024, contributes to this mapping exercise.

Annex I: Table of interviews conducted

Number	Date	Interviewee
Interview 1	26 September 2023	Oldenburg Research Network for Emergency and Intensive Care Medicine
Interview 2	26 September 2023	ROAZ Acute Zorg Euregio
Interview 3	9 October 2023	Prof. dr. Alex Friedrich (Chairman of the Board of Directors of the Uniklinik in Münster, Germany)
Interview 4	9 November 2023	Euregio Meuse-Rhine Incident Response and Crisis Management, EMRIC
Interview 5	9 November 2023	Dutch Ministry of Health, Welfare and Sport
Interview 6	15 November 2023	Mr. Joris Bengevoord, Mayor of Municipality of Winterswijk

ITEM is an initiative of Maastricht University (UM), the Dutch Centre of Expertise and Innovation on Demographic Changes (NEIMED), Zuyd Hogeschool, the city of Maastricht, the Euregio Meuse-Rhine (EMR) and the (Dutch) Province of Limburg.

Institute for Transnational and Euregional cross border cooperation and Mobility / ITEM

Mailing address:
PO Box 616, 6200 MD Maastricht, The Netherlands

Visitors:
Kapoenstraat 2, 6211 KW Maastricht, The Netherlands

T: 0031 (0) 43 388 32 33
E: **item@maastrichtuniversity.nl**

www.twitter.com/ITEM_UM
www.linkedin.com/company/item-maastricht

www.crossborderitem.eu/home/en