

THE CASE FOR CROSS-BORDER COLLABORATION: A PILOT PROJECT TO IMPROVE ACCESS TO PRIMARY ANGIOPLASTY TO TREAT ACUTE HEART ATTACK PATIENTS ACROSS BORDERS BETWEEN ITALY, SLOVENIA AND CROATIA

Meeting participants agreed that **STEMI patients should get optimal treatment**, and the over-riding objective of collaboration is to achieve optimal outcomes for patients.

This can only be achieved by '**thinking regionally**'. Reorganisation of services across the region could bring significant benefits for patients, providing optimal access to best therapies and high quality care. Furthermore, given budgetary constraints for each of the national partners, efficient provision of healthcare services across a given area also makes good economic sense. Working towards a 'region for cardiovascular health' – and perhaps ultimately other areas of healthcare - requires new thinking by policymakers to optimise available resources, but offers a win-win opportunity for both patients and healthcare systems if successfully implemented.

Experts noted that the **whole chain of care is important**, not just the transfer across the border, and there are many requirements for effective collaboration. Therefore a **wide range of stakeholders must be involved** in order to address competing interests and/or provide incentives for collaboration. A recurring issue that was mentioned was **importance of starting from an evidence base** - data collection, integration, consistency and reporting is a baseline for cooperation and is also necessary to measure progress. From there, mapping service provision and areas of specialisation could lead to **establishing centres of excellence**, thereby ensuring that service provision can be re-planned to build on existing infrastructure, expertise and competences across the region. This approach would ensure that new arrangements bring benefits to all sides, and legitimate concerns of key stakeholders are addressed – **reciprocity** is a key requirement for successful collaboration.

Experts noted that **simple contractual arrangements** tend to be the most effective to implement, bringing formality without undue complexity. The pilot project for emergency transport established under E-Cardionet with Koper was very encouraging, but so far only tourists had been able to benefit. However the emergency services protocol developed for that project, along with the STEMI Management and Informed Consent protocols might be the starting point on which to build further areas of collaboration.

"Patients' rights to healthcare are borderless"

Finally, cross-border collaboration requires the commitment of many actors in the system. It **must fit with the priorities of national health systems** and has a greater chance of success if it aligns with government-backed initiatives, financing authorities and other interest groups. Experience has also shown that **building partnerships and trust between committed individuals** are essential ingredients for success, as are **determination and perseverance**. **Different approaches for generating and maintaining this momentum are possible**, from the personal motivation of individuals or 'frontrunners', to the empowerment of an independent coordinator to analyse, unify and implement the standardisation of care across the region.

National borders currently create barriers to providing the best quality of care. Despite the many organizational details which must be addressed, there is a clear patient need and economic logic for collaboration. All stakeholders should seize the opportunity to ensure that patients suffering acute coronary syndromes across the region receive optimal care.

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