

**EUREGIO III PROJECT
VENICE STAKEHOLDER EVENT**

25-26 February 2010 Venice Italy

SPEAKERS - ABSTRACTS





Professor Jonathan Watson PhD, MSc, BA (Hons), FRSM., *Executive Director - EUREGIO III, Health ClusterNET*

Jonathan Watson has 27 years experience in health & public policy as a policy advisor, researcher and practitioner in the UK and Europe. Since April 2005 Jonathan has been the founder and first Executive Director of Health ClusterNET. HCN was an Interreg IIIC funded network led by ONE North East until December 2007. From January 2008 HCN became a non-profit based European interregional organisation owned by member regions and Jonathan is on its Board of Trustees. In addition to his HCN role:

- In September 2008 he was appointed as a Lay Member to the University Court of Edinburgh Napier University.
- Helped to create the Erasmus Mundas European Masters in Sustainable Regional Health Systems (Universidad de Deusto, Vilnius University, Corvinus University Budapest and University of Verona) that started in September 2008. HCN is an external partner to the degree providing internship opportunities to students
- Has been on the Faculty for the European Public Health Policy Summer School at Graz Medical University (August 2007) and has taught at a range of other European universities (Universidade de Evora, Hungarian National School of Public Health at Debrecen University, Szeged, Nordic School of Public Health).
- In December 2006 he was accepted as a Fellow of the Royal Society of Medicine
- In July 2001 he was appointed as Special Professor of Health & Public Policy in the Division of Epidemiology and Public Health, University of Nottingham (re-appointed in 2004 and 2007).
- Has published in a range of journals and has authored/edited several books including editing a four-volume set of critical international readings on health care systems (reform, health care politics, financing & delivering health care, and rethinking systems) published in 2005 by Taylor Francis Routledge. Most recently, (i) with an Italian expert in urban planning at the Italian Health Ministry, he has contributed Chapter 10 'The economic and community impact of health capital investment' to Rachel B, Wright S, Edwards N, Dowdeswell B & McKee M (eds.) (2009) Investing in hospitals of the future (WHO: European Health Observatory for Health Systems and Policies) (ii) Watson J (2009) Health and Structural Funds: country and regional assessments. Final report to DG SANCO

Contact: jonathan@healthclusternet.eu

Title of the presentation:

Painting a picture about health, structural funds, regional needs and EUREGIO III





Ourania Georgoutsakou, *Senior Policy Coordinator Assembly of European Regions, Social Policy and Public Health Committee*

Ourania Georgoutsakou is Senior Policy Coordinator for Public Health in the Assembly of European Regions (AER), the largest network of regions in Europe with 270 members from 33 countries and 16 interregional organisations. She manages the AER Social Policy and Public Health Committee and works with regional politicians and officers on sharing experience and developing policies in fields such as structuring and financing healthcare, demographic change, e-health, disabilities and social inclusion. She has an academic background in European law and politics and regularly represents the AER and the position of the regions before European institutions and at European events.

Contact: g.ourania@aer.eu

Title of the presentation:

Directions and level of health investment under Cohesion Policy in the 2014-2020 period - A critical perspective





**Dr Andor Ürmös, Policy analyst, Thematic Development & Innovation Unit,
DG REGIO**

Andor Urmos was employed by the Ministry of Social Affairs and Labour in Hungary since 2002 to 2009. His position was the Head of Roma Integration Department, responsible for coordination of Roma Policy of the Hungarian Government. Recently, from January 2010 he has joined to Directorate General of Regional Policy (European Commission), as a Coordinator of the Social Inclusion Team. Particularly he is responsible for activities, aiming to strengthen the inclusion of Roma communities and activities, which are focusing on health-related ERDF activities. Furthermore the Social Inclusion Team is responsible for gender mainstreaming, disability, and other initiatives in regards of social inclusion.

Andor Urmos has been graduated as medical doctor in 1996, and economist in 1999. He finished his PhD in 1999, his main research area was health inequalities and health determinants of Roma communities.

Contact: Andor.URMOS@ec.europa.eu

Title of the presentation:

Maximising health gains from Structural Funds





Dr Ivan Erzen, MD, PhD, *State Secretary at Ministry of Health, Slovenia*

Ivan Eržen, was born in 1957 in Ljubljana. In 1982 he graduated from the Faculty of Medicine in Ljubljana. He earned his MSc in 1987 and successfully defended his PhD thesis in 2004. He began his career as a doctor in the department of epidemiology at the National Institute of Public Health. After five years of work, he became head of the department for hygiene and epidemiology of the Institute of Public Health in Celje. He was director of the Institute from 1992 to 2008 when he took the position of State secretary at the Ministry of Health of Slovenia.

He is more than fifteen years involved in education public health of graduate and postgraduate students. Among his colleagues, he is known to have extensive knowledge of the health care system. His professional and research work has so far been linked mainly to the study of the impact of environmental factors on human health.

He is actively engaged in a number of Slovenian and foreign societies and professional organisations. He is president of the Slovenian Biomedical Informatics Society, founder of the Association of Teachers of Public Health of Slovenia, founder and president of the Cancer Society of the Celje region, and vice-president of the preventive medicine section of the Slovenian Medical Association. In 2009 he became the president of the World Conference of Strategic Approach in Chemical management which incorporates governmental, nongovernmental and professional organisations.

Contact: ivan.erzen@gmail.com

Title of the presentation:

Different perspectives and priorities of working at policy on managing Structural Funds at national and regional levels

The eHealth project in Slovenia is a national development project. In the period 2008 and 2015 it is co-financed from the European Social Fund in total amount of about 27 million Euros.

The dynamics of drawing European funds has been prepared based on the results of the feasibility study, in which the scope of the project has been defined, together with a detailed financial plan and the scope of the project. The basis for the disbursement of funds from the European Social Fund provides a list of the national, sectoral strategies and strategies in the field of information technology.

The substantive starting points of the project are the eHealth Strategy for 2006 to 2010, the conceptual model for the national health information system (eHIS), which started in 2007, and last but not least, the feasibility study of the national project and action plan starting March 2009 and ending in 2015. The eHealth project was launched by the Ministry of Health in the last quarter of 2008, and is based on the conceptual model of national health information system (eHIS). The basic position and objective of eHIS solution planning is to renew and integrate professional and business processes in the healthcare sector by means of ICT, in order to:

- increase the quality and efficiency of the healthcare system.
- mobilise adequate resources for the areas of information technology and integrated quality in healthcare.
- improve the accessibility to healthcare services for all citizens and prioritise their role in treatment processes.
- introduce e-administration as a standard method of work in the Slovenian healthcare.
- Currently we are in the early stage of project realization, where we are facing several challenges in executing all planned activities.

Main challenges are closely related to:

- high complexity and multidisciplinary of the project with comprehensive inclusion of related institutions;
- achieve broad consensus with all stakeholders;
- effectively deal with obstacles, which are the result of rigid public procurement policies.





**Dr Isabel Mendes Martins, Operational Programme of Health, Portugal,
Head of Department, Internal Audit**

Isabel Maria Mendes Martins Graduate in Economics - Management, Adviser the Ministry of Finance, to perform functions of head of Department of Health's Operational Programme since June 2007 (Internal Audit);

- Coordinator of the Project for the Reform of the Ministry of the Environment (2006)
- Head of Environment Programme Department - Internal Audit (1998-2005);
- Head of Department of Budget of Ministry of Finances (1993-1998);
- Expert National Commission-DGIII (1991-1993);
- Advisory Office of the Secretary of State of the budget (1989-1990);
- Representative of the Portuguese Ministry of Finance Committee "Public Procurements", in Brussels (1980-1989);
- Economics Adviser in "State Public Purchase"- Ministry of Finances (1976-1989)

Contact: isabel.martins@povt.qren.pt

Title of the presentation:

Learning lessons from 2000-2006 to improve the effectiveness and sustainability of health sector investment from Structural Funds: the need for pluralism in policy making and priority setting

The Health Operational Program - (Saúde XXI)

The Health Operational Program - the Saúde XXI - of III Community support framework was:

An instrument of support for structural reform, directed to infrastructure and health technologies, and oriented towards the attainment of goals, technically validated and socially agreed.

The end of the last century and the beginning of this, in most European countries, widespread reform movement in the area of health, which focused primarily on the need for cost containment and improving the quality and efficiency of health systems.

These trends emerge in the context of demographic and epidemiological change, accented socio-economic inequalities, scarcity of resources, dizzying technological development and high expectations on the part of citizens.

In parallel, in the last decade saw in Europe, to a considerable increase in the weight of health in GDP, while the growth trend is felt by most countries during the 1990s.

In 2000, health spending represented, on average, for the countries of the "EU-15", 8,1% of GDP, and in 2006 this value was the 9,2%.

In Portugal, the overall health amounted to 10.2% of GDP in 2006, against the 8.8% recorded in the early 1990s.

This increase in expenditure on health in the context of a of public health ,mostly, and strong public spending budgetary restriction, arising from the need of external commitments of Portuguese State, established within the European Union, places great challenges to the management of the system.

It is in this difficult context, contradictory trends which on the one hand, strengthen the role of health as a motor of economic development of their societies and guarantor of social cohesion and, on the other, pose threats to sustainability of health systems, which is the Saúde XXI and unfolds its implementation.



The Operational Program the Saúde XXI - was conceived during 1999, with the involvement of relevant bodies of the Ministry of health, based on existing health policies and two guidelines:

- Engine change was introduced in the sector, focusing on new areas and actions essential for modernization, essentially, with character statement;
- Enter dimensions of rationality and selectivity in financing of equipment in the health sector, contributing to the creation of clear and transparent rules for the selection of investments and their strategic direction.

The strategic objectives established for the Saúde XXI, with the total amount of EUR 497 million euro, financing of structural funds (478 M€(ERDF) and 19 M€(ESF))were the following:

- Gains in health
- Providing citizens with access to quality health care.

The Saúde XXI contributed to:

- A healthier population,
- Access to better health care quality, obtained at the place and time that are expressed with guarantee of effectiveness, efficiency, continuity and user satisfaction.
- A development strategy and modernization of the health sector in Portugal.

Throughout its period of implementation the Saúde XXI was faced with changes in its surrounding context having more or less deep, both your configuration as their implementing rhythms:

- The containment of public investment, due to the need to fulfil the convergence criteria, in particular the reduction of the deficit of the public accounts, was a national reality since the early days of the period of implementation of the Program, which had immediate consequences on their financial implementation, since more than 90% of the beneficiaries of aid are public in nature. These consequences hampered these entities, to ensure the national counterpart in the implementation of projects.
- The various political cycle changes in Portugal that had consequences of policy guidelines for the health sector, strengthening the relevance of various measures of the Program and calling for the strengthening of the priority given to some of them.

Among the guidelines policies with impact on the Program include:

- Priority given to the policies of health promotion and disease prevention, with better adequacy of intervention strategies and rationalization of resources (Axis I);
- Promotion and development of a culture of enterprise management in public health establishments, geared to obtaining results that correspond to the needs and expectations of people/clients, with rigorous accountability of managers for obtaining those results (Axis II);
- Promotion of partnerships for development, diversification and management of the system of health care (Axis III);
- Reorganization of the whole system provider, composed of public entities, private and social, based on the concept of networks: the network of primary health care, hospital care network, long-term care network (Axis II and III);
- Establishment of a regulatory function, with functions at the level of the framework, regulatory and orientation of the behaviour of the various stakeholders (Axis II).

The context of economic and financial crisis experienced from 2008, both international and national level, created difficulties at the end of the QCA III, justifying an extension of the period of eligibility of expenditure of the Saúde XXI (and others programs) until 30 June 2009, with the aim of maximizing the use of Structural Funds.





Georgios Margetidis, Senior Scientific Officer, EAHC (formerly CEO of Greek Cancer Centre Project funded under FEDER, Attiki Regional Operational Programme)

Georgios Margetidis holds a graduate degree in European Law from the Paris I Sorbonne University and has completed postgraduate studies at the Ecole Nationale d'Administration in Paris, France. From 1996 to 2001, he served as a special adviser, first at the Ministry of the Interior, Public Administration and Decentralization and subsequently at the Ministry for Health and Social Welfare.

Deputy coordinator for the Health Reform Task Force, he had the overall project management responsibility for the 2000-2004 Greek National Health Service reform program leading to a revised legislative and regulatory framework (incl. among others, acts on healthcare services' organisation, hospital management structure reorganisation, emergency and intensive care units in Greek hospitals). From 2001 to 2004 he was CEO/ Managing Director of the "Aghii Anarghiri" Cancer Center in Kifissia, Athens where he also had the responsibility for the planning/ follow-up of construction of new hospital installations (324 beds, 54M€) including tender process.

From January 2008 he was involved in the implementation of an important technical assistance project for the modernization of tertiary care services of the Serb republic. More specifically, he was tasked with supporting the implementation of the business plans at the four University hospitals, inter alia through the identification of achievable improvements in the operations and performance of the hospitals during the transition period and the development of adapted in-house training modules on the key patient flows. He is currently senior project officer for the implementation of the EU Health Programme, covering a portfolio of 30 projects, mostly dealing with performance and quality indicators in several areas of health and healthcare.

Contact: Georgios.MARGETIDIS@ec.europa.eu

Title of the presentation:

Healthcare Infrastructure planning and organizational change: the case of the "Aghii Anarghyri" General and Cancer Hospital, Athens, Greece

Georgios Margetidis (MSc), Annete Katravas (BA, Dipl. Mgt), Nicholas Koumbis (BSc, MSc, ICE), Guy Dargent (MD, MPH)

Issue:

Significant healthcare infrastructure investments through the extensive use of the European Union's Structural Funds, to build new and refurbish existing secondary and tertiary hospitals, have shaped the public hospital sector in Greece in the last fifteen years. The use of tailored hospital planning methods, instead of ready-made solutions, can result in the optimization of the funds used, while it can also lead to improved access conditions to specialized care.



Context:

The context is that of the Greek National Health System, i.e. a system with the following characteristics:

- (a) Highly centralised decision making system (MoH centred);
- (b) Highly centralized structure of the MoH for healthcare investment planning and implementation (Single state-owned company for all hospital projects -DEPANOM S.A.);
- (c) A system strongly focused on hospital care with very weak primary care and inexistent referral system;
- (d) A system in chronic financial deficit, with weak healthcare insurance and a long-term, structural in nature, deficit of public hospitals.

Description:

Following the Athens earthquake in 1999 and the irreparable damages it caused to one of the three cancer centres of the wider Attica area, the “Aghii Anarghyri” Cancer Hospital, the Greek Ministry of Health decided to invest approximately 60M€ in building and equipping (basic medical and hotel equipment) a new hospital with EU co-funding (3rd European Support Framework Programme). The necessity to reduce the overall budget of the project led to a thorough review of the initial preliminary study. Moreover so, this had to be done within a very tight timeframe, as the tendering (international restricted procedures) process was running and the pre-selection phase had already been completed.

At the same period, a new legislative and regulatory framework was introduced, following a comprehensive reform of the Greek NHS with, at its centre, an effort to de-centralize management decisions and responsibilities. This also included the implementation of a new system of hospital management, as well as the introduction of business planning as a mandatory tool to support the future development of existing hospitals.

Results:

The initial feasibility study of two separate physical entities provided for a general hospital of 180 beds and a separate Cancer centre based on the concept of “Istituto de Tumori” of Milan, linked together through a bridge, for a total of 335 beds. The final master Plan (with the input of the “Insitut Gustave Roussy”) led to a radically optimized single hospital structure, presenting the same number of beds for a reduced global building surface and was completed by a successful tendering process and subsequent project implementation.

Furthermore, the combination of a comprehensive cancer centre, integrated into a secondary level general hospital, fully participating in the Attica Emergency system, has the potential to significantly improve the access of the Athens area patients to highly specialized cancer care.

Conclusion:

Investing in secondary and tertiary healthcare is not only an important policy decision, but also a highly demanding technical task. In order to optimize such high scale investments, it is of critical importance for healthcare systems to plan carefully and with a view to improve the overall quality of care provision.

Important considerations might be missing in the early stages of such a planning process; in such a case, hospital management has a responsibility to challenge and improve initial planning decisions. Recourse to existing know-how and relevant best practices is, together with the inclusion of all stakeholders in the decision making process, the key to success.

In the longer term, only the introduction of structuring tools such as the business planning process can ensure the sustainable development of the secondary and tertiary healthcare delivery system; this in turn can only happen by positioning organizational/ functional requirements and efficiency gains as a pre-requisite for future investments in infrastructure and equipment.





Prof Kurt J.G. Schmailzl, Medizinische Klinik A, Ruppiner Kliniken GmbH, Neuruppin, Brandenburg, Germany, Dean of Institut für International Health management, University of Potsdam

Prof. Dr.Dr. Kurt J.G. Schmailzl, born 1952 in Munich, Germany. Studies of social sciences, physics, and medicine in Munich and Berlin. Heart surgery in Berlin and Hershey, PA, U.S.A. Clinical cardiology in Munich, Berlin. Head of the cardiological department at Ruppiner Kliniken, Neuruppin/Brandenburg. Professor for International Health Management (UMC Potsdam).

www.schmailzlonline.eu

Contact: kjg.schmailzl@ruppiner-kliniken.de

Title of the presentation:

Experiences from a previous beneficiary of Structural Funds used for health sector investment at regional level

To interest the players of a particular region for structural funds it is crucial to look for the strengths and weaknesses of a region, its opportunities and threats (SWOT). In Ruppiner Land one of our opportunities turned out to be a high percentage (18%) of people employed in the health sector, and a threat identified a relatively poor accessibility of higher education (universities, business schools). Thus we focused project proposals and applications on these.

To gain sustainability of actions taken in our view it is important to engage regional industry and manpower: maybe for the advancement of a run-down infrastructure, maybe for the recuperation of fully-fledged personnel.

In changing societies as well as economic turmoil neither party politics nor prestigious projects seem promising relating to sustainable results. To get all regional stakeholders on board addressing a structural problem should be one of the very first steps.





Mieczysław Pasowicz MD, PhD, General Director, John Paul II Hospital, Malopolska Region, Poland

Mieczysław Pasowicz, Director of the John Paul II Hospital in Krakow 1981-2009, coordinator and participant of numerous projects, including those co-funded by the EU, in the field of telemedicine, infrastructure, management and scientific research.

Author and co-author of over 140 original and review papers and case reports, about 15 chapters in reference books and scientific editor of 5 books, over 280 oral and poster presentations in cardiology and cardiovascular imaging.

Originator of the innovative project “The Development of the Krakow Center for Medical Research and Technology” and “The Integrated Center for Specialist Emergency Medicine” approved for implementation in 2007-2012.

Board Member of the International Health Forum Gastein and the European Association of Hospital Managers; President of the Polish Association of Hospital Directors and Chairman of Health Group in Life Science Cluster Krakow.

Contact: mpas2@vp.pl

Title of the presentation:

Using Structural Funds for health sector investment at regional level

From the Municipal Sanitary Hospital to the Center for Personalized Medicine - the concept devised by Mieczysław Pasowicz-

To meet patient needs, the Hospital has expanded the range of medical care and health programmes, both on the in-hospital and out-patient basis. Implementation of projects co-funded by the European Union resulted in major alterations of the hospital structure providing measurable health effects. New diagnostic and therapy modalities were introduced. Continuity and complementarity of the therapy process was ensured. These projects and health promoting activity of the hospital determined the quality and scope of medical services, their availability, shortening waiting lists and increasing the number of admissions. The presentation will show how the EU structural funds can be used to improve the quality of specialist services, how to translate innovations into the top-quality care and how to move the treatment of common illness forward. The presenter having the experience of a hospital director for 20 years will explore the idea of a digital hospital, telemedicine, genetic studies, prevention, innovative therapy, transfer of knowledge and technology guiding the John Paul II Hospital to success in the third millennium.





Sara Pavoncello, Member of Operational Unit for planning and management of structural funds in health sector, Ministry of Health, Italy

Sara Pavoncello part of the Health programming directorate general of Italian Ministry of Health dedicated to developing European projects, with a particular focus on EU twinning projects, member of Operational Unit for planning and management of structural funds in health sector.

Contact: s.pavoncello@sanita.it

Title of the presentation:

Achieving broader health gains by using Structural Funds for non-direct health investments

Managing the projects in the previous EU budgetary period 2000-2006

What were the results and the lessons learned from the experience.

Brief description of the general framework of the decentralization of the Italian National Health Service to the Regions. The action of the Ministry of Health supporting sustainable integrated regional and local economic development, strengthening the capabilities of the regional level and implementing the autonomous strategies and skills in the development of local projects.

Positive and critical emerging issues. The results of the projects.

The making of the new Project, EU budgetary period 2007-2013

Cooperative building of the new Project starting from an analysis of needs of the Italian Regions under the Convergence Objective. Identification of specific projects in each region and of common lines of activities in all the regions. Differences and similarities. The connection with the actions, developed under the Fund for Under-utilized Areas, aimed to implement health and social home care for elder population (65 and over). The global coherence of all the projects programmed under different Funds.

Organization of Ministry of Health's Technical Unit

The aims and components of the technical Unit which will support the development of the projects.

Future challenges: where do we go from here?

Within this framework the following topics will be addressed:

- the role of the Ministry of Health in reducing gaps and disparities among Regions
- the different activities carried out in the projects: contents and methodologies adopted (training of regional health programming teams, capacity building, identifying best practices)
- how can EU Funds help the economical and social growth of the regional and local structures
- delivering of integrated social and health services on a local basis.

