

Breakout session 4

The performance of the Dutch and German health systems in the border region

Breakout session 4: The performance of the Dutch and German health systems in the border region



Jochen Mierau, Stefan Pichler, Dheepa Rajan, Ashika Maharaj

- Health4DE-NL
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Current project: Health4DE-NL



Health4DE-NL

Cross-border cooperation in healthcare for more healthy years in the DE-NL border region

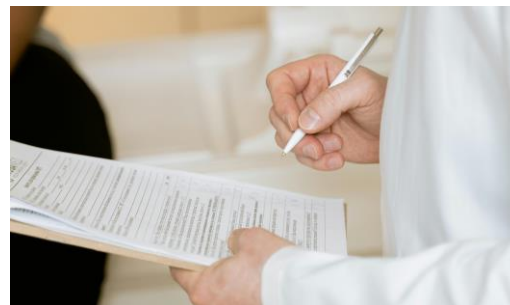
• Infrastructure

- Build a strategic cross-border health network in our region and along the DE-NL border



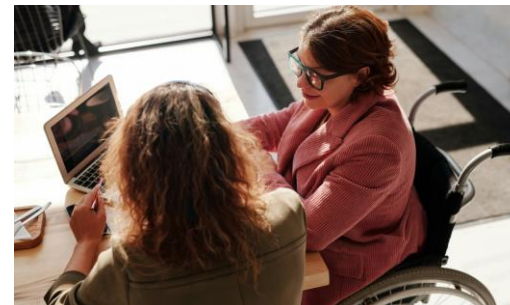
• Framework

- Conduct a health systems performance analysis to work towards health equity



• Connection

- Strengthen the connection and cooperation of public health offices from both sides of the border



• Society

- Implement public engagement activities to empower citizens about the care of their health



Team – Work Package 2



Prof. Dr. Stefan
Pichler



Prof. Dr. Lars
Schwettmann



Dr. Ashika
Maharaj



René
Puhlemann



Dr. Adriana
Pérez Fortis



Dr. Dheepa
Rajan



Prof. Dr. Jochen
Mierau



Prof. Dr. Kathrin
Boerner

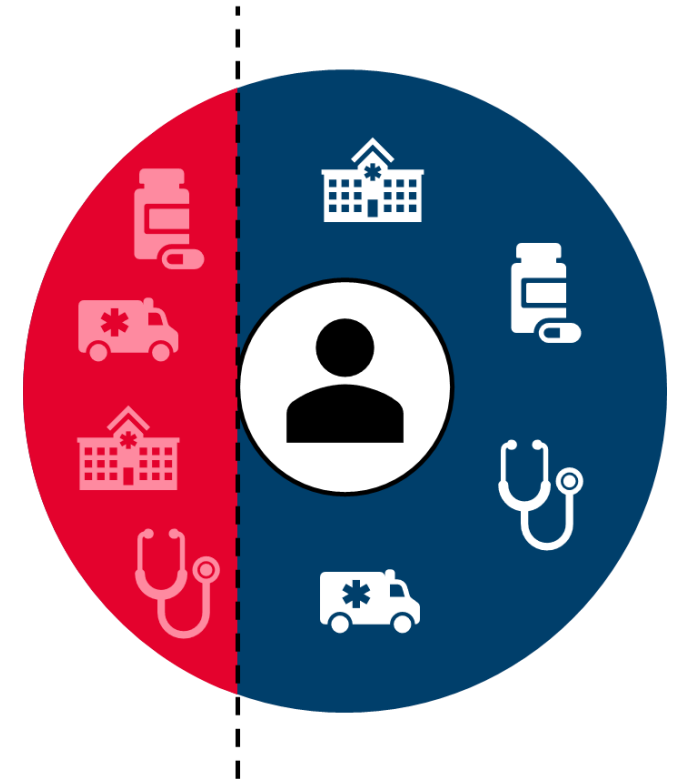
Intended Scope Of Work

- Investigate health system performance in the
- Ems-Dollart-Region (EDR) through:
 - empirical evidence with quantitative data
 - experiential evidence with qualitative data
- Aim: Develop shared public health and prevention agenda that informs a **cross-border health action plan**



Scoping Literature Review

- Scoping review on cross-border health system function, performance and cooperation in Europe
- Evidence & data – review performance, functioning, challenges, and gaps in Europe’s cross-border healthcare.
- Cooperation mechanisms – assess legal, administrative, and institutional structures enabling cross-border healthcare



HSPA: access to care for EMS-Dollart residents

- **Policy issue:**
- Improving health care access for citizens living close in border regions
- **Question:**
- Key drivers of poorer access for the cross-border region?
-

Final goals of the health system

Health improvement:

Ensuring health is conferred to the population by the health system

People-centredness:

Ensuring people's individual rights, needs and preferences are respected

Financial protection:

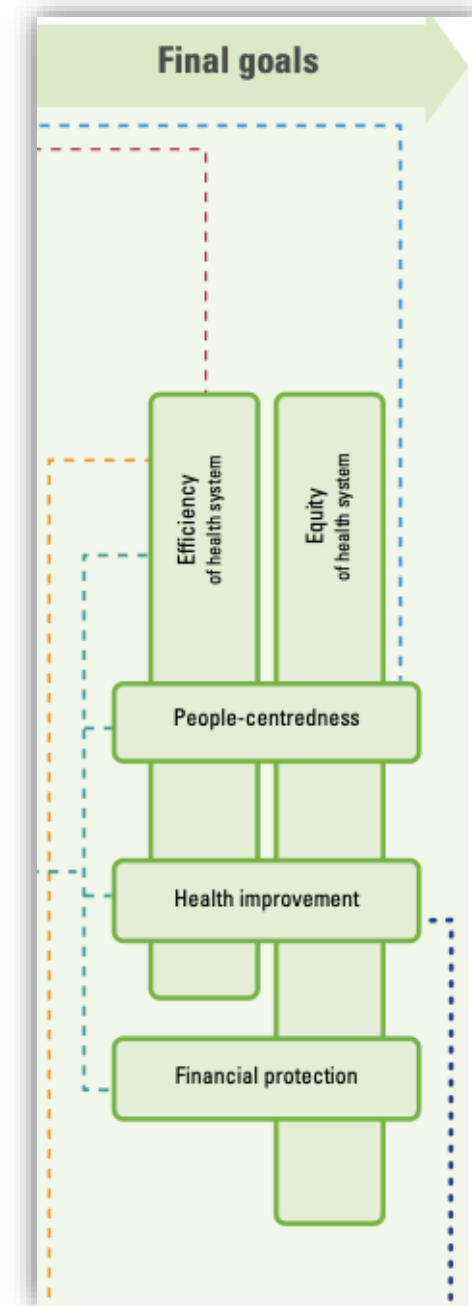
Protecting the population from the (financial) risks of ill health

Health system equity:

Reducing inequitable variation in the above outcomes across different population groups

Health system efficiency:

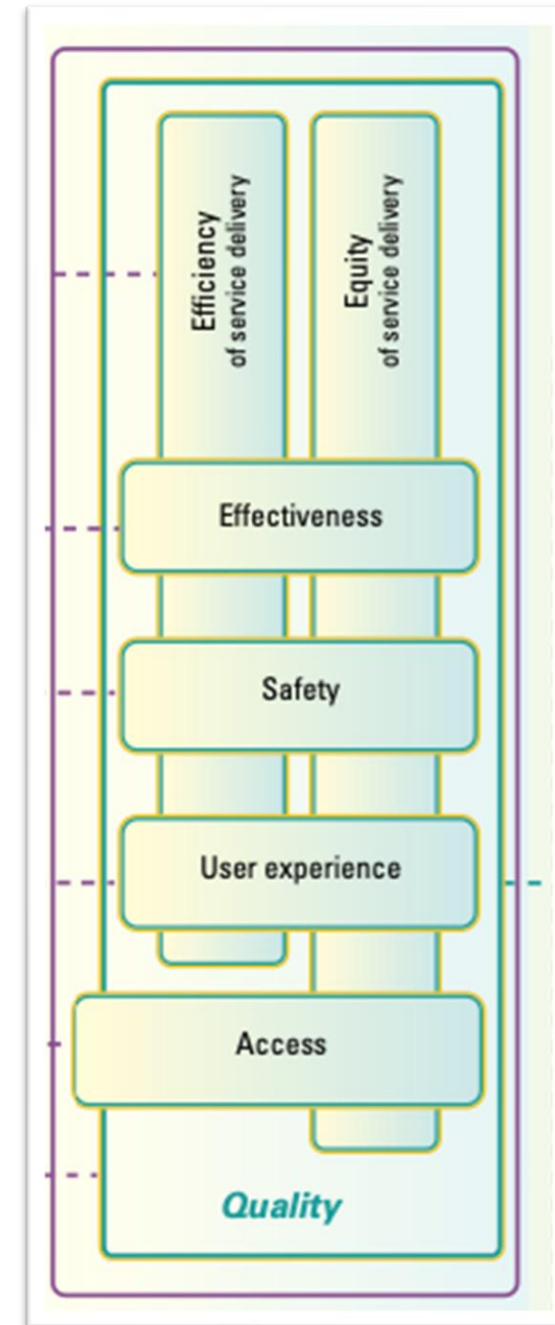
Ensuring health resources are efficiently used to achieve these outcomes



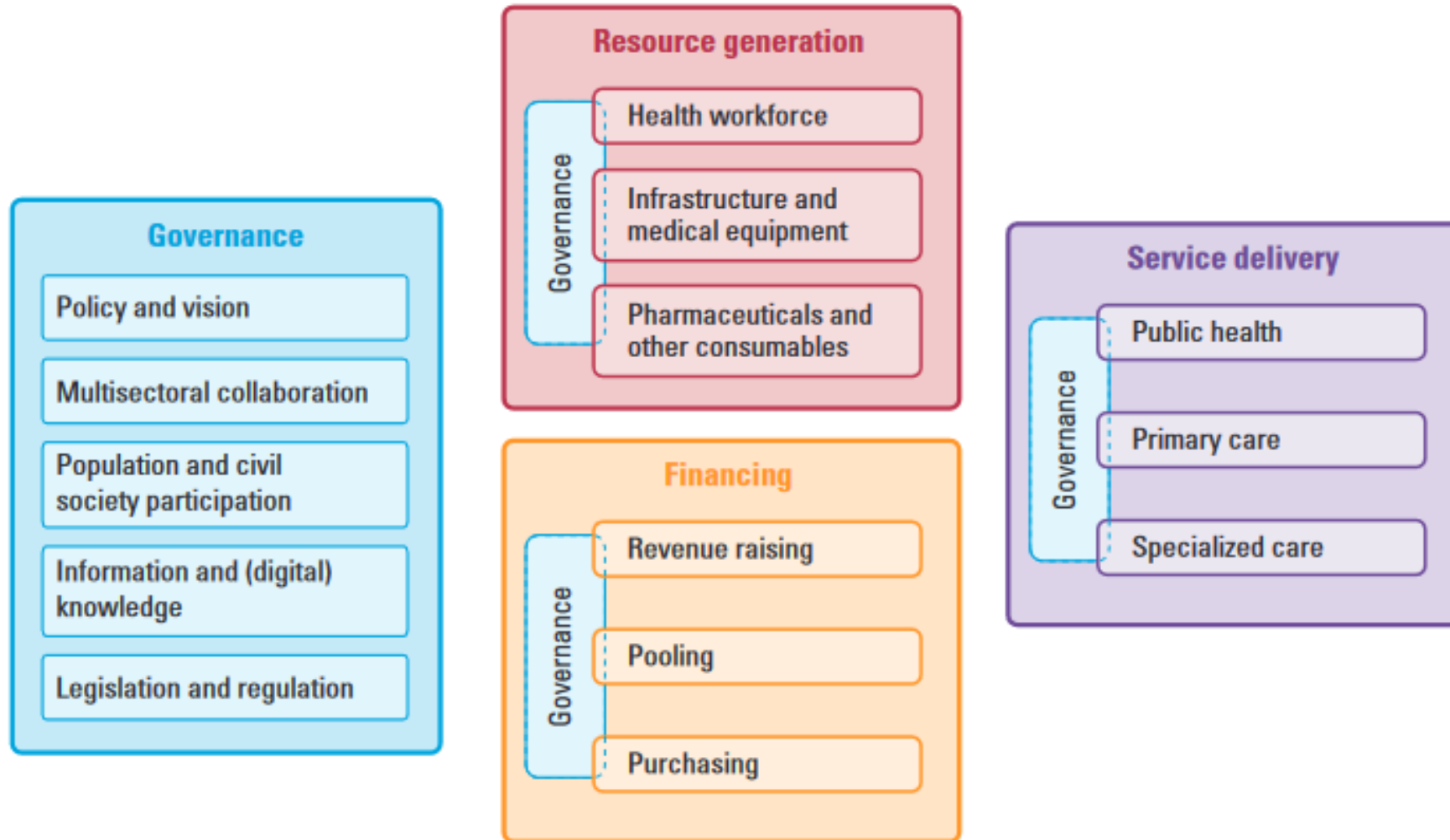
Intermediate objectives of the health system

More immediate outcomes of health service delivery, through which final goals are achieved

- Access
- Quality
 - Effectiveness
 - Safety
 - User Experience
- Equity of Service Delivery
- Efficiency of Service Delivery



Functions and sub-functions



Societal well-being

Societal well-being acts as a proxy for quality of life and satisfaction.

Underpinned by three dimensions: **environmental sustainability, social cohesion, and economic development.**



HSPA: access to care for EMS-Dollart residents

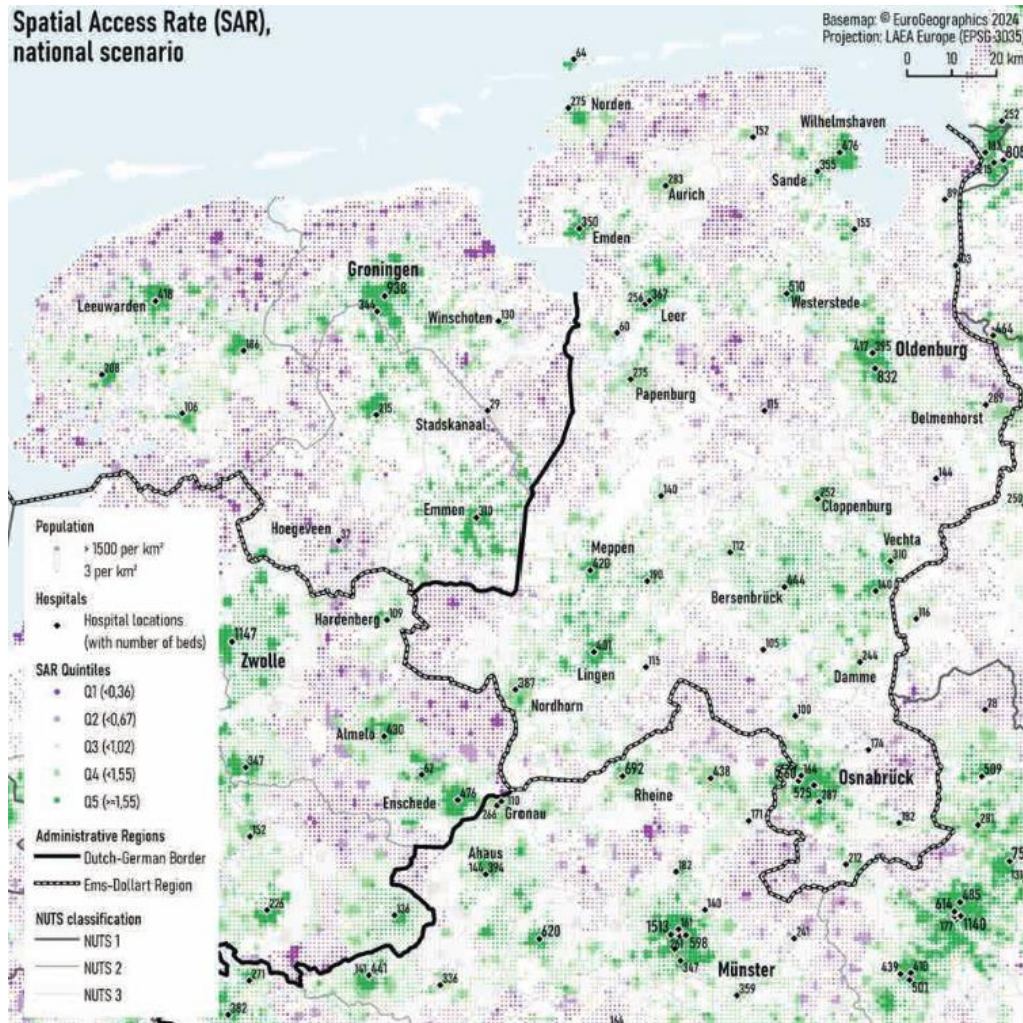
- **Policy issue:**
- Improving health care access for citizens living close in border regions
- **Question:**
- Key drivers of poor(er) access for the cross-border region?



What do we mean by access?

- The means to a service, a provider or an institution, thus defined as the opportunity or ease with which consumers or communities can use appropriate health care services in proportion to their needs.
- **Levesque, Harris & Russell, 2013 – access dimensions**
 - *Accessibility - physical ability to reach a service*
 - *Acceptability – service meets cultural, social norms & user values*
 - *Affordability - expenses linked to accessing service, e.g. travel costs*
 - *Availability - service exists in sufficient quantity and can be reached in a timely manner (e.g., physical presence, opening hours, transport)*
 - *Appropriateness - fit between services and users' needs, and quality of services (e.g., whether care meets needs, follow-up)*

Drivers for poor access in Ems-Dollart Region?



- No. of people using EU cross-border care generally limited (Wismar et al. 2022), also in EMR (6% of NL Common Care Report respondents had used planned medical care in DE) → **why?**
- Majority of the population - 25- 30 mins by car to health facility (DE & NL) (Specht et al. 2025)
- Accessibility for *inpatient care* is below respective national averages, but mainly near north sea coast (rurality?)
- Known cross-border care barriers persist (Common Care Report 2020, NL)
 - 50% (n=745) unaware they can access planned medical care in bordering countries / EU
 - Over 70 % willing to receive planned medical care in DE (shorter wait times, specialist care)... only if costs were covered by their health insurer
 - Most frequently cited barriers:
 - reimbursement uncertainty
 - unfamiliarity
 - language

Which access issues?

Levesque, Harris & Russell, 2013 – access dimensions

- Accessibility - physical ability to reach a service
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What are the gaps?

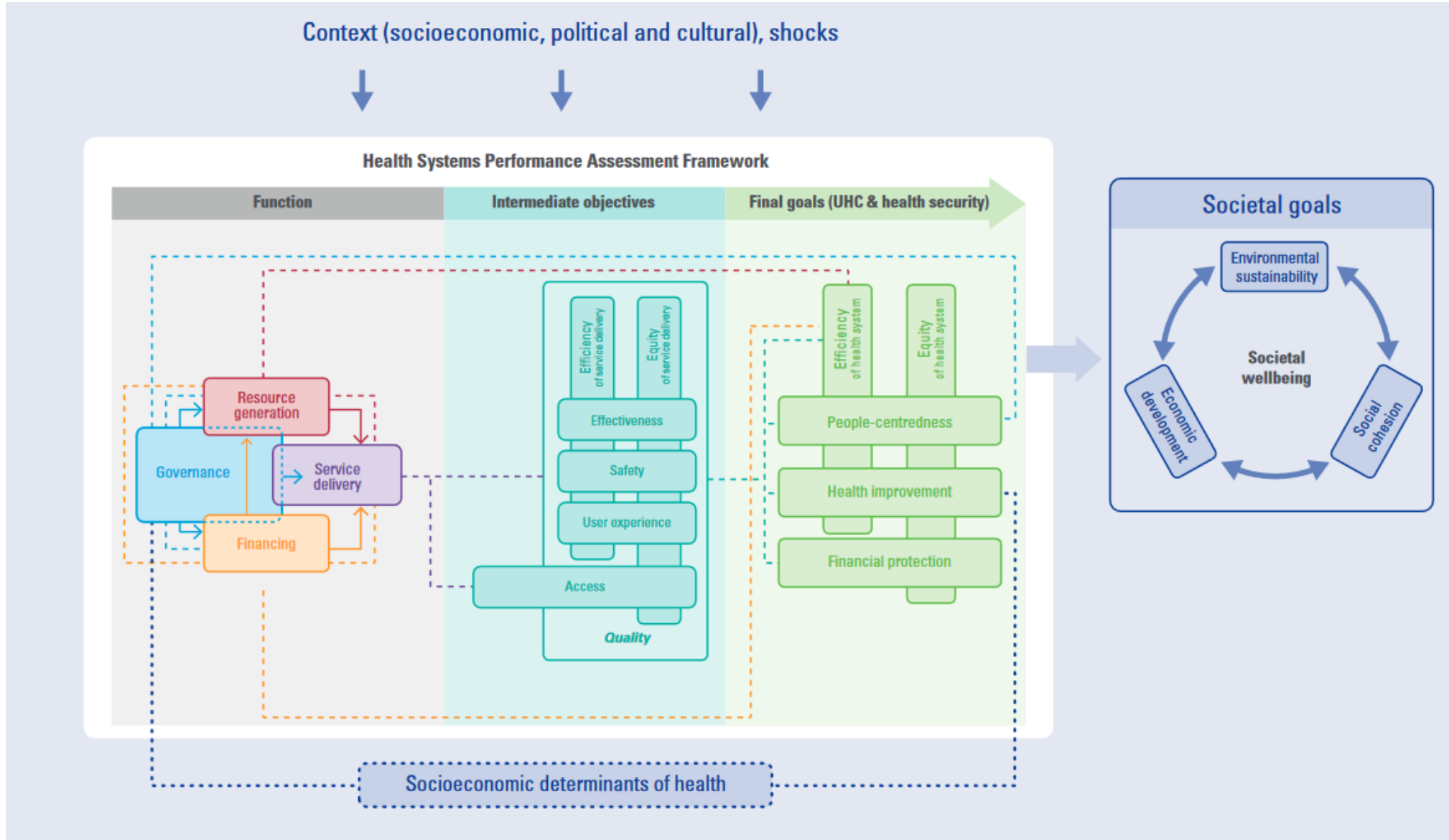
- Numerous national and/or comparative studies on access in the literature – lack of data for EDR specifically
- **Primary care access!!!!**
- Common care study undertaken in NL – does not include information from DE
- Qualitative insights into access barriers has gaps → quantitative data is currently entirely missing
 - Patient mobility data
 - Is public transport an issue; for how many?
 - Are there significant socioeconomic factors contributing to poor access in the region?

What do you think?

Do you think access is an issue in the Ems Dollart region?

Would making cross-border care more accessible improve outcomes?

Cross-border cooperation - catalyst for improving performance?



→ Structural / functional links

- - - Performance and resilience links within health system

..... Intersectoral performance links

What populations are most relevant in this context?

- Older adults and healthy aging
- Different socioeconomic groups and health inequality
- Public health, primary care, and specialist care
- Others?

Next Steps

- Measures, indicators and data sources – **quantitative** e.g. surveys
- **Qualitative interviews** with key stakeholders
 - User satisfaction from the provider and community member perspectives
 - Semi-structured interviews with healthcare providers and community members
- **Delphi Study** for a Joint Policy Agenda
 - (public) Health policy makers
 - (public) Health professionals
 - Health-related SMEs
 - Patient organizations



- **Please contact:**
 - Ashika
- a.d.maharaj@rug.nl
 - Stefan
- s.pichler@rug.nl

Do you have data that can support our data collection on 'access' in the EDR?