



26 June 2015

BSPC Working Group on Innovation in Social and Health Care Meeting 6, Åland Islands, 11-12 June

Draft Notes

The BSPC Working Group on Innovation in Social and Health Care (BSPC WG ISHC) held its sixth meeting on the Åland Islands on 11-12 June 2015. Short notes from the agenda items follow below, with emphasis on decisions and agreed issues for further action. A list of participants is found in Annex 1.

Excursion

The meeting itself was preceded by a study tour of Health Care Clinic Medimar and Åland Central Hospital.

Expert Presentations

The Working Group was briefed by **MD Mathias Grunér**, CEO Bimelix, on the Bimelix Laboratory and the Medimar Borrelia Clinic. Bimelix Biomedical Laboratory is based in Åland and provides laboratory services in microbiology for health care in Finland and other Nordic countries. It provides services for clinics in the private sector, hospitals, laboratories and for the public sector. Most importantly, it possesses unique expertise in tick-related diseases and specializes in Lyme disease. The Bimelix test algorithm for Borreliosis is a result of decades of research. It combines the best commercially available test systems. It was developed after years of continuous in-house research on patients from outside. To do so, Bimelix relies on the close connection with Medimar Borrelia Clinic, thus combining laboratory knowledge and clinic. The borrelia clinic can therefore offer a comprehensive care package of specialized physicians, nurses, physiotherapists and CBT therapist, as well as blood tests, treatment, rehabilitation, follow-up and further investigations.

Prof. Dag Nyman from Medimar followed up with a presentation on lyme borreliosis. Lyme Borreliosis is a multisystemic vector-borne, inflammatory infectious disease caused by the immune-defense to spirochetes of the borrelia burgdorferi s.l. complex. It is the most common vector-borne infectious disease in northern Europe. Ticks are the vectors for borreliosis, transmitting borrelia bacteria from the host to the human. There are several reasons for treating borreliosis in a dedicated clinic: the epidemiology of the disease, the possibility for differential diagnostics, the level of treatment, especially with regard to chronic infection and persisting symptoms. With regard to diagnostics Prof. Nyman highlighted that there is no consensus on what constitutes the right diagnosis of borreliosis. Therefore, the clinic collaborates with over 100 clinics on this issue. He went on to state that the occurrence of ticks is especially prevalent in the Baltic countries. Incidences of borreliosis have increased over the last 10 years, though it is not certain if this is due to an actual rise or better detection

methods. Åland holds the world record with 2000 incidences of clinical borreliosis per year per 100,000 inhabitants, and borrelia has been detected in 23% of the ticks investigated. Regarding the diagnosis of neuro borreliosis, Prof. Nyman cited various diagnostic steps with increasing diagnostic precision. All too often, diagnoses are made, which are insufficient to determine whether or not a treatment should occur. Medimar is collaborating with the European Society of Infectious Diseases to push for common guidelines for diagnosis.

At the Åland Central Hospital **MD Katarina Dahlman** spoke about challenges with a hospital on a small island. The hospital is responsible for all public healthcare on the Åland Islands. Laws both from Finland and Åland apply – jurisdiction is shared. Laws regarding the organization of healthcare are mainly under Åland jurisdiction. In case a patient is in need of more comprehensive treatment he or she is sent to a respective university hospital in Sweden or Finland. 15 clinics are part of the Åland health authority (Ålands Hälso- Och Sjukvard). 46% of the Åland budget concerns healthcare.

Doctor of Infections, **Marika Nordberg**, followed with a presentation on tick-borne encephalitis (TBE) on the Åland Islands. There are 800 different species of ticks, which are divided into 2 families. A tick lays 1,000-5,000 eggs. In order to get to next life stage they need to suck blood. The cycle takes about 2-3 years. About 10,000 clinical cases occur every year worldwide. Only 0.1-5% of ticks carry the TBE virus; on Åland the percentage is at 0.2-0.9%. Ms Nordberg went on to stress that there is no treatment of TBE and that only vaccinations can help. In 2000 Åland still accounted for 2/3 of all cases in Finland. In 2014 this share is now much lower and in favor of Åland, among others due to a mass vaccination program, which was started in January 2006. 70% of the Ålandic population is now vaccinated. The hospital continues to conduct a lot of research in this area and cooperates closely with other university hospitals.

Associate Professor of Surgery, **Mr Haile Mahteme**, shared his thoughts with the WG members on why he believes health professionals on Åland care more about their patients' wellbeing than elsewhere. For one, according to him efficiency is not the common denominator at the Central Hospital, which allows for greater engagement with the patient than elsewhere. Secondly, due to the few inhabitants on Åland and the relatively small size of its central hospital, continuity for the patient can be ensured, as patients receive care from the same doctors over a long period of time.

The Åland Minister for Health, **Ms Carina Aaltonen**, spoke about Public Health on the island. She highlighted that the people of Åland are the healthiest in Finland. 46% of running government costs is allocated to healthcare. There are 30,000 people living on the island; about 1,000 work at the hospital. Only 2 people work at the governmental healthcare department. She did contend that the costs for the hospital are increasing. To address this challenge the government has invested a lot into preventive programs and has taken up money e. g. for a quit-smoking campaign and a chlamydia campaign. Further work remains to be done regarding municipalities without fertile people as well as regarding chronic stress, especially among young people. There is also a need for nutrition campaigns.

Selected PowerPoint presentations are forwarded along with the draft notes.

The meeting took note of the information.

1. Opening and Adoption of the Agenda

The meeting was chaired by **Olaug Bollestad**, Chair of the WG.

The meeting adopted the draft agenda.

2. Approval of the Minutes of the WG Meeting 5, 16-17 March 2015

The meeting approved the minutes of meeting 5.

3. Final Report to the 24th BSPC

The meeting discussed intensively the content and structure of the WG Final Report. The below outcomes reflect discussions by **Olaug Bollestad, Giedrė Purvaneckienė, Annette Holmberg-Jansson, Romualds Ražuks, Roland Utbult, Uwe Lohmann, Bodo Bahr, Beate Christine Wang, Dan Alvarsson** and **Florian Lipowski** on the following subjects: readability and scope of the report, inclusion of the insights from the WG homework, presentation of the projects and institutions visited, adequate account of the WG activities, and topics covered.

Regarding the **content** of the report, the meeting decided to prominently include and highlight eHealth, prevention, lifestyle-related diseases such as tobacco, diabetes and alcohol, and alternative healthcare such as music therapy in the report.

Regarding the **structure** of the report, the meeting decided to compile two volumes. Volume I will be published and will include the main conclusions of the WG, Volume II will – until further notice – be an online version only and will include additional, more detailed information. Specifically, the structure shall look as follows:

- **Volume I**

- Summary & Political recommendations of the WG
- Mandate and scope
- Challenges for ISHC
- Innovation in ISHC
- WG composition and activities

The report should be re-written in such a way that references to individual countries appear in Volume II of the report instead. Further, the answers to the WG homework (part of the appendix in the former draft report) should equally be transferred to Volume II of the report – instead an overall summary of the answers to the questions should be written and included in Volume I. As regards the summaries of the individual WG meetings, URLs shall be included to reference pertinent websites and slideshows, if applicable.

- **Volume II**

- WG meeting programs, as far as study visits and expert presentations are concerned
- Summaries of the presentations and study visits, as they appear in the meeting notes
- Any applicable photographs
- Any slideshows from expert presentations (double-check with organizer of WG meeting if slideshows can be published!)
- Original answers to the WG homework

Volume II thus takes out certain detailed information from Volume I of the report, hence making the latter more readable and concise, while preserving the information the WG gathered throughout its mandate. Volume II will be an online version only, containing further information, with the possibility of publishing it at a later point.

Following an extensive discussion of the draft Final Report, version 1, the meeting decided to produce a revised draft Final Report based on the discussion and the above outcomes. The revised draft Report will be distributed well before the conference in Rostock-Warnemünde. Amendment proposals to the revised draft report should be submitted to the Secretariat no later than 1 week after its distribution. The report will be sent to print in early August at the latest.

4. WG Input to the 24th BSPC Resolution

The meeting instructed the Secretariat to elaborate the following recommendations to be conveyed to the Drafting Committee of the 24th BSPC Resolution:

“The participants, elected representatives from the Baltic Sea States and European Parliament, call on the governments in the Baltic Sea Region, the CBSS and the EU

Regarding Cross-border cooperation in Healthcare

- to expand and deepen cross-border cooperation in Healthcare in the Baltic Sea Region because of the common challenges all Baltic Sea Region countries face in the field of social- and healthcare, and therefore
- to support the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) as a highly valued and innovative regional network, significantly contributing to the improvement of peoples' health and social well-being in the Northern Dimension area, including its efforts to coordinate the new NDPHS 2020 Strategy and its Action Plan and
- to launch and develop concrete cross-border healthcare initiatives, such as ScanBalt or the WHO's Healthy Cities project;
- to improve the borderless cooperation and medical specialization in treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment;
- to broaden the scope of the Könberg report to the entire Baltic Sea Region, in order to gain a comparable overview of the status of health and care in the Baltic Sea Region and
- to intensify exchanges of experience and the cooperation with the aim of fighting multi-resistant microbes and to implement research in this area;
- to spread innovative practices throughout the Baltic Sea Region to become a model region in healthcare and continue the development of the Baltic Sea Health Region;
- to strive to introduce same standards in the treatment of contagious infectious diseases on a high level all around the Baltic Sea Region;

Regarding Health Economy

- to use synergies with existing strategies, such as the Innovation Agenda by ScanBalt;
- to improve the support for the development of innovations in healthcare to undertake measures in order to prevent a brain drain;
- to improve the conditions to support the development of innovations in healthcare, especially in the fields of eHealth and telemedicine;
- to improve early intervention to strengthen a good public health through social investment like vaccine programs, and work towards a stronger alcohol, tobacco and illicit use of drugs prevention, diabetes and other lifestyle illnesses;
- to support the usage of cost-reducing methods for better life quality, like cultural and physical health-related activities in treatment;
- to foster the development of health-related services within the tourism strategies of the Baltic Sea Region countries;

Regarding Sustainable and Accessible Social- and Healthcare

- to ensure affordable healthcare for everybody and emphasize the focus on the needs of the patient;
- to raise the awareness of the people living in the Baltic Sea Region to support approaches for more responsibilities of the patients;
- to take strong measures to ensure equitably available social welfare and health care services, e.g. between urban and rural areas and between socio-economic groups;

- to develop and strengthen strategies addressing the demographic change, an important issue affecting all partner regions;
- to carry out studies with the aim of developing prevention strategies in healthcare, such as the North-Trøndelag Health Study (HUNT);
- to create incentives to improve the conditions of the nursing and care professions;
- to install geriatric healthcare centers and modify social rehabilitation centers to ensure healthcare in rural areas as well as to improve age-appropriate medicine;
- to recognize that strong social partners in the social- and healthcare professions exist, and to protect their activities;
- to consider health in all policies;
- to commission a regular report on the status of health in the countries of the Baltic Sea Region.”

5. Way Ahead

The meeting agreed to propose to the BSPC Standing Committee that **Olaug Bollestad** is appointed as BSPC Rapporteur on Innovation in Social- and Healthcare.

6. Events, Reports

The meeting took note of the information.

7. WG Calendar

The Final Report of the WG will be presented at the 24th BSPC in Rostock-Warnemünde 30 August – 1 September 2015.

8. Any Other Business

None tabled.

BSPC WG ISHC meeting 6, 11-12 June 2015
List of Participants

Member Parliament	Members
Parliament of Norway	Ms Olaug Bollestad, MP, <i>Chair</i>
Parliament of the Åland Islands	Ms Annette Holmberg-Jansson, MP Mr Niclas Slotte, staff Ms May Falck, staff
Parliament of Lithuania	Ms Giedrė Purvanekienė, MP, BA President Ms Anete Kalnāja, BA Secretariat
Parliament of Latvia	Mr Romualds Ražuks, MP
Parliament of Sweden	Mr Roland Utbult, MP Mr Dan Alvarsson, staff
Parliament of Hamburg	Mr Uwe Lohmann, MP
Nordic Council, the Welfare Committee	Ms Beate Christine Wang, staff
Parliament of Mecklenburg-Vorpommern	Mr Florian Lipowski, staff
BSPC Secretariat	Mr Bodo Bahr, Head of Secretariat
Experts	
Minister Carina Aaltonen	
Prof. Dag Nyman, Clinic of Borellios Research	
MD Mathias Grunér, Managing Director	
Chief Medical Officer Fredrik Almqvist	
MD Katarina Dahlman, Managing director of the Åland health- and medical care	
Ms Marika Nordberg, Doctor of Infections	
Haile Mahteme, Associate Professor of Surgery	