

Maturity model for scaling-up – Experience of Olomouc Region – Czech Republic

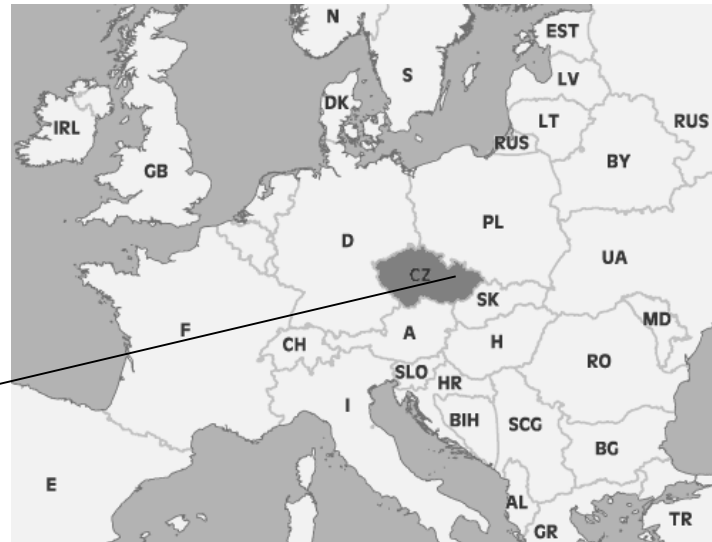
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WEBINAR ON B3 MATURITY MODEL
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The Region in the Czech Republic

- Olomouc Region - located in northwest Moravia – 5274 sq. km
- Industrial – agriculture; 640 000 inhabit. (CR has 10 mil.)



Healthcare system in the CR

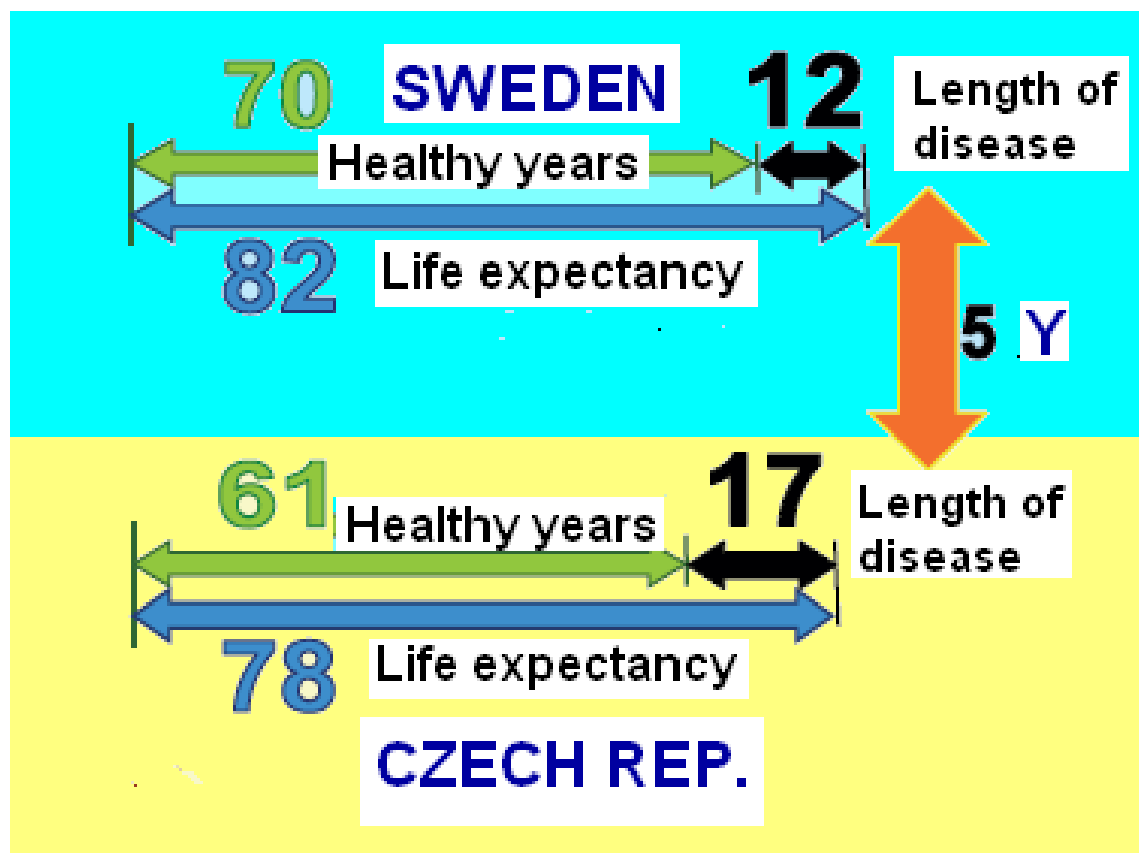


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- Healthcare and social care policies and rules in Czech Rep. are unified/centralized;
- Current healthcare (HC) system grounds were established in 19th c. on Bismarck system principles
 - National system, mandatory health insurance, separated from social insurance, one of the most solidarity HC system in the world
 - All healthcare services provided in principle free of charge; Equal services for all (no differences in care)
 - Several insurers, the biggest (VZP) performs some regulatory tasks
 - Almost all finance flow (hospitals, clinics, GPs, spas,...) is in hands of insurances (exceptions – e.g. clinics for foreigners)
 - Centrally controlled network of HC providers from GPs to highly specialized clinics, lege artis is supported by law
 - Homecare is used only in extreme cases (on the side of patients)
- Social care – mostly based on care facilities, or financial support to the client to use market or community services, families

Life Expectancy and Healthy Life Years in the CR

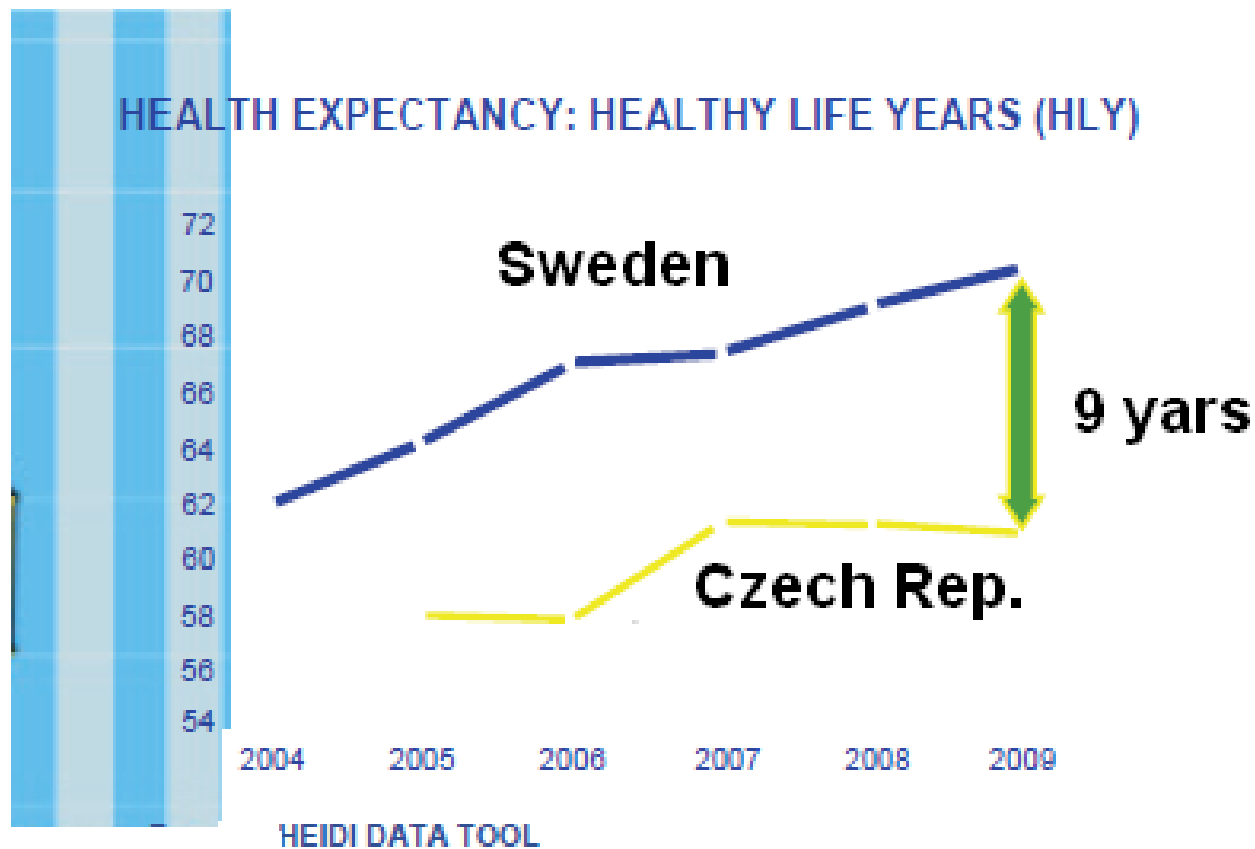
- Comparison of Sweden – CR



Challenges for AHA - HLY



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Conditions for IC in the CR



- Traditional healthcare model still functions well
- Accent on acute care and support of prevention, screening of diseases with high incidence
- No central concept of IC exists, social care and healthcare with separated funds, no legal framework for IC
- No regional/national electronic healthcare record, no share of information in general (between hospitals or various layers of care)
- A few experimental attempts of horizontal integration in the CR – partial local individual initiatives with mixed financing
- **Vertical integration** in healthcare – organizational measures as designed mostly by medical societies: e.g. National cardiovascular program (9 medical societies), Functional cooperation on all medical levels from GP to specialized care - functions well but players act usually as standalone units without electronic information sharing

Needs for Integrated care

Typical issues nationwide:

- **Lack of proactive systematic approach by municipalities – health condition of seniors; impact on access to healthcare facilities for screening and care – all left on clients, families; social oriented needs of seniors are rarely subject of systematic community care**
- **In hospitals: social beds are missing, expenses paid from healthcare funds rather than from social one, social dependent people after intervention have no other choice**
- **In social care facilities: healthcare nursing services without rules and reimbursement, issues even in medication**
- **At home: social- and health- care separated, fragmented, not coordinated, even confusing, varies city from city**
- **Long term care of patients at home; care after discharge from hospital**

With growing complexity of diseases and care, various integration concepts are discussed by medical and social care communities, administrations and other stakeholders

Newly developed strategies



Key documents:

Ministry of Health of the CR

- **Health 2020** - National Strategy for Health Protection and Promotion and Disease Prevention (implements WHO Program Health 2020) – of 2014, to be endorsed by gov. in 2015; includes objectives: **patient/people empowerment, Integrated healthcare sector, healthy ageing**; mentions social-healthcare integration and development of model of long term care incl. financing
- **National Strategy for eHealth** – under development (exp. in I Q.2016) 4 objectives (patient empowerment, health sector effectiveness, quality and access to HC services, infostructure and governance incl. Standards)

Ministry of Labour and Social Affairs

- **National action plan supporting positive ageing for 2013-2017** (updated in 12.2014) , incl. first link to EIP - AHA on national level

National eHealth Centre



CZECH NATIONAL E-HEALTH CENTER

- **Olomouc** - 6th largest city in the CR 102 000 residents, founded in 10th century
- **University hospital Olomouc** (6th largest in the CR, broad range of services of Regional hospital, 1200 beds, 3350 employees, 50000 hospitalizations/year, 17000 operations/year). State owned (not by the Region)
- **National eHealth Centre (NTMC)**, founded in 2012, Structural funds – European Social Fund
 - Medically driven unit, task force and association, located on cardiology clinic
 - Leading expert centre for telemedicine in the CR, coordination of activities in eHealth

NTMC approach



- Participates on Nat. eHealth strategy development
- Co-founded Platform for Electronic Healthcare – promotion of eHealth, debates, esp. in medical community in the CR
- Participates in Key activity of Ministry of Labour and Social Affairs „Support of assistive technologies“ – evaluation of current AT and ICT use in social care and healthcare in the CR and development of mechanisms for deployment of AT for citizens with social and health needs.
- Creation of modular telemedicine program for a number of diseases and interventions in Olomouc Region
- Establishment of a call centre
- Regional and interregional shared medical record initiative

NTMC initiatives



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- Strategy: Bottom-up in innovations and to expand skills
- Mapping and resolving issues of ICT use in medicine (and social care) – barriers: financing, reimbursement, acceptance by stakeholders, modification of current protocols of care that are face-to-face oriented
- Initial services of NTMC – distant monitoring of pacemakers and defibrillators, later chronic diseases, e.g. diabetes, heart failure
- Teaming with stakeholders on national and regional level to progress from pilots/studies to regular use
- Integrated care vision for patients (seniors) with chronic diseases
- Education for future, esp. medical personnel (University)

University Hospital – NTMC networks and projects

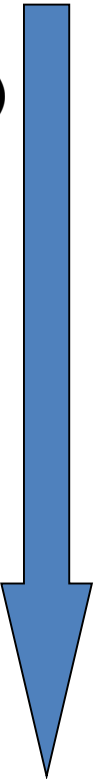


- Development of national projects dealing with various aspects of ICT use in healthcare and social care
- Joining EIP-AHA AG B3 -sharing experience with advanced regions in EU
- Teaming with other EU EIP-AHA partners with the aim of twining and scaling up good practices
- AHA Reference Site with 2 Good practices, improving HC in the Region
- Cooperation with Olomouc Region
- Participation in project SmartCare – as observer, sharing experience with countries with centralized system
- CORAL network - information sharing
- Other EU projects related to applied ICT in healthcare (United4Health, Connected for Health, Momentum)
- Regional and national scaling up good practices (e.g. diabetes)

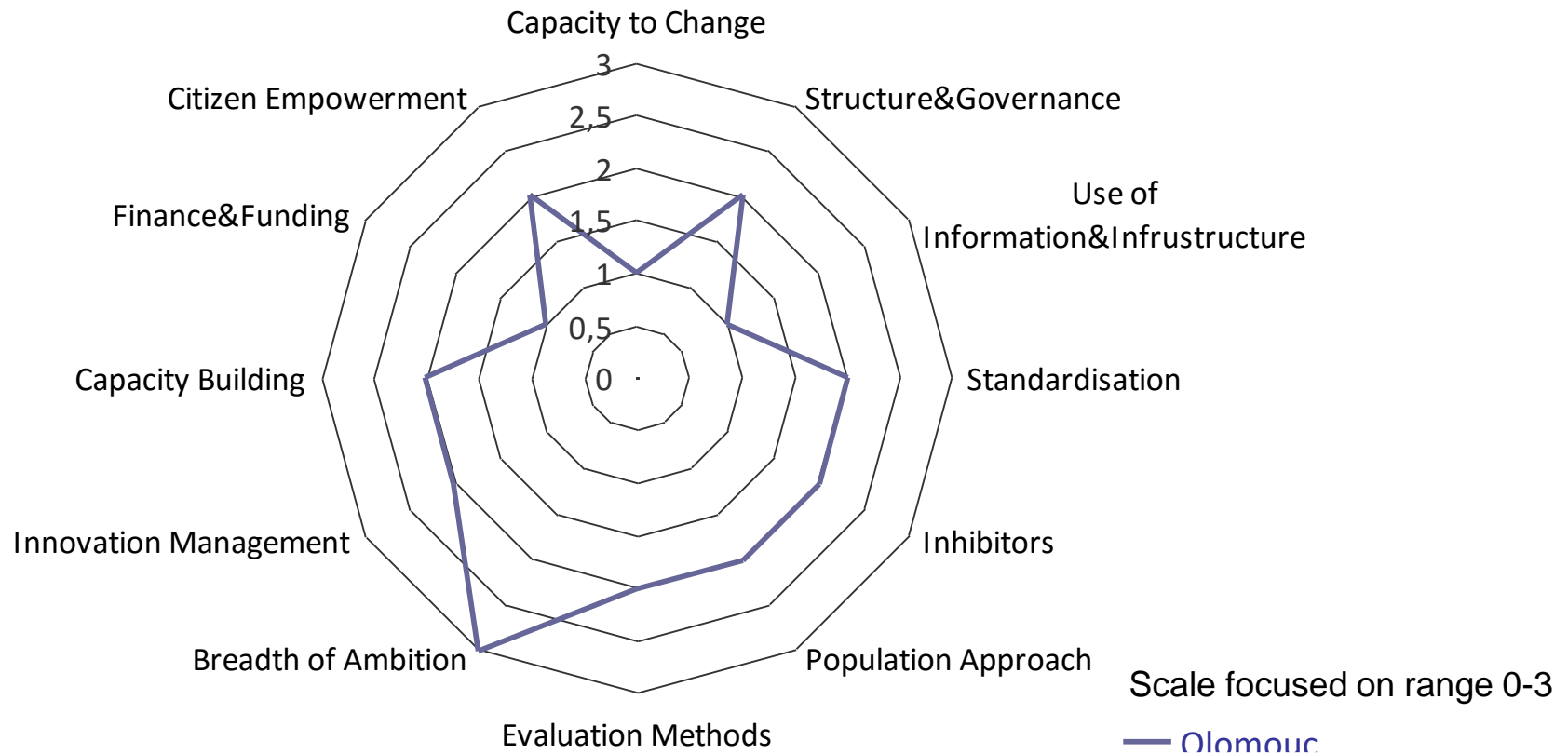
University Hospital – NTMC and dimensions of maturity



- Activities in 12 dimensions of maturity model that we address in NTMC (in order by our effort):
 - **ICT competence centre, communications, participation in programmes (dimension - Struct.&Governance)**
 - **self-monitoring of health st. with advanced functions (Citizen empow.)**
 - **education and training, universities involv. (Innovation mngmt)**
 - **eHealth implementation and promotion in medical comm. (eH infras.)**
 - **sharing knowledge (Capacity building)**
 - **health impact assessment (Evaluation methods)**
 - **stakeholder support in IC vision, adoption of proven ideas (Capacity-readiness to change)**
 - **organizational barriers removal (Removal of inhibitors)**
 - **scaling up good practices, investment (Finance and funding)**
 - **step by step integration of services (Breadth of ambition)**
 - **anticipating demand for services (Population approach)**
 - **standardisation (Standardisation)**



Maturity matrix - Olomouc Region/CR current score in 12 dimensions



Added value of B3 maturity model



- First tool to identify elements and objectives for conceptual work on IC
- Model to be used in negotiations with parties facilitating IC as it is very focused on the topic. Model provides to us good reference communication tool recognized by European leaders in IC implementation
- Model enables complex evaluation of the status and progress in IC – both horizontal and vertical
- Model is easy to use, comprehensible for broad spectrum of stakeholders from both social and healthcare
- Even regions and countries that are in initial stage of IC can use it
- Tool is also good for interregional/international comparison of IC



Thank you for your attention!

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EIP on AHA Website <http://ec.europa.eu/active-healthy-ageing>

