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INTEGRATED CARE IN OLOMOUC REGION

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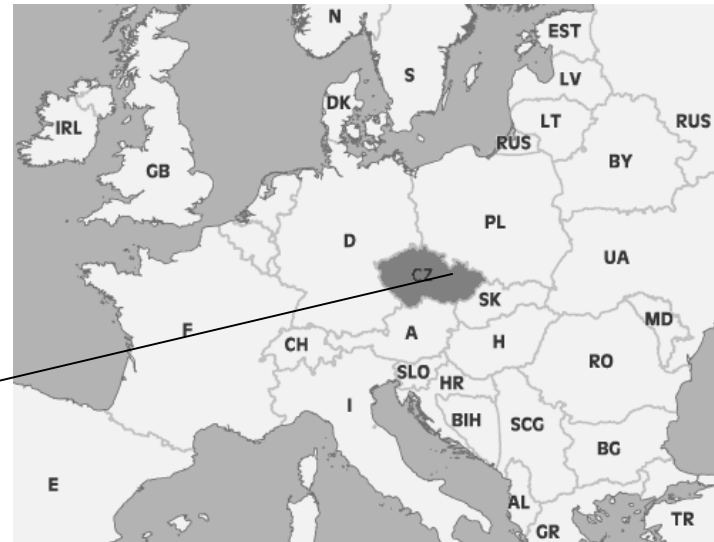
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Olomouc Region in the Czech Republic

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



Health and Social Care System in the CR

Healthcare in the CR (all regions)

- Bismarck model – based system, modified, reflects many changes over years – complex, mandatory insurance for all, expenditure on HC - 7,5 % of GDP (low)
 - Local and time availability of care – 7 health insurances are responsible (do not compete in this, however); no regulator, only supervision by ministries
 - 7 types of healthcare providers (state, regions, private,..), 8 types of healthcare
 - Free of charge for patients, universal availability, services equal for all, free choice of GP, specialists, hospitals by patients

Social care (of older people) in the CR

- Separated from healthcare, legally, economically, organizationally, conceptually
- Regions are responsible for social care network, municipalities only voluntarily, unequal availability of care providers in cities, institutional care dominates, families are traditionally involved
- Care allowances are distrib. directly to people, subsidy to care providers

Integrated care in the CR and Olomouc

- Current problems in healthcare – insufficient number of doctors but mainly nurses (unattractive profession); age, local availability of GPs + specialists, no eHealth – reluctance; no registry of doctors; rigid system with respect to innovations, changes, reforms.
- Current problems in social care of elderly – competencies, responsibilities for services for sick elderly are not clear, distributed money are not always used for care, lack of home care services, limited market for innovative services, confusing network of services.
- Even most urgent areas – social-health services, long term care – no progress in legislation until 2017.

Integrated care in the CR and Olomouc

- Advanced acute care with good results, e.g. National cardiovascular program (9 medical societies together), complex care from prevention to aftercare.
- High level of discussion of IC conducted in early 2000's – no conclusion until 2017, no national IC program.
- Initiatives in IC **from the bottom** – smaller cities, sub-regions, districts – also the way for Czech National eHealth Center.

Current strategies in HC and SC

Ministry of Health of the CR

- **Health 2020** - National Strategy for Health Protection and Promotion and Disease Prevention (implements WHO Program Health 2020) - **patient/people empowerment, Integrated healthcare sector, healthy ageing**; not introducing real changes in care system
- **National Strategy for eHealth** – approved in November 2016, mainly quality and access to HC services, gradual implementation in 2017 (priorities: ePrescription, registries, infrastructure for regional eHealth)

Ministry of Labour and Social Affairs

- **National action plan supporting positive ageing for 2013-2017** (updated in 12.2014)

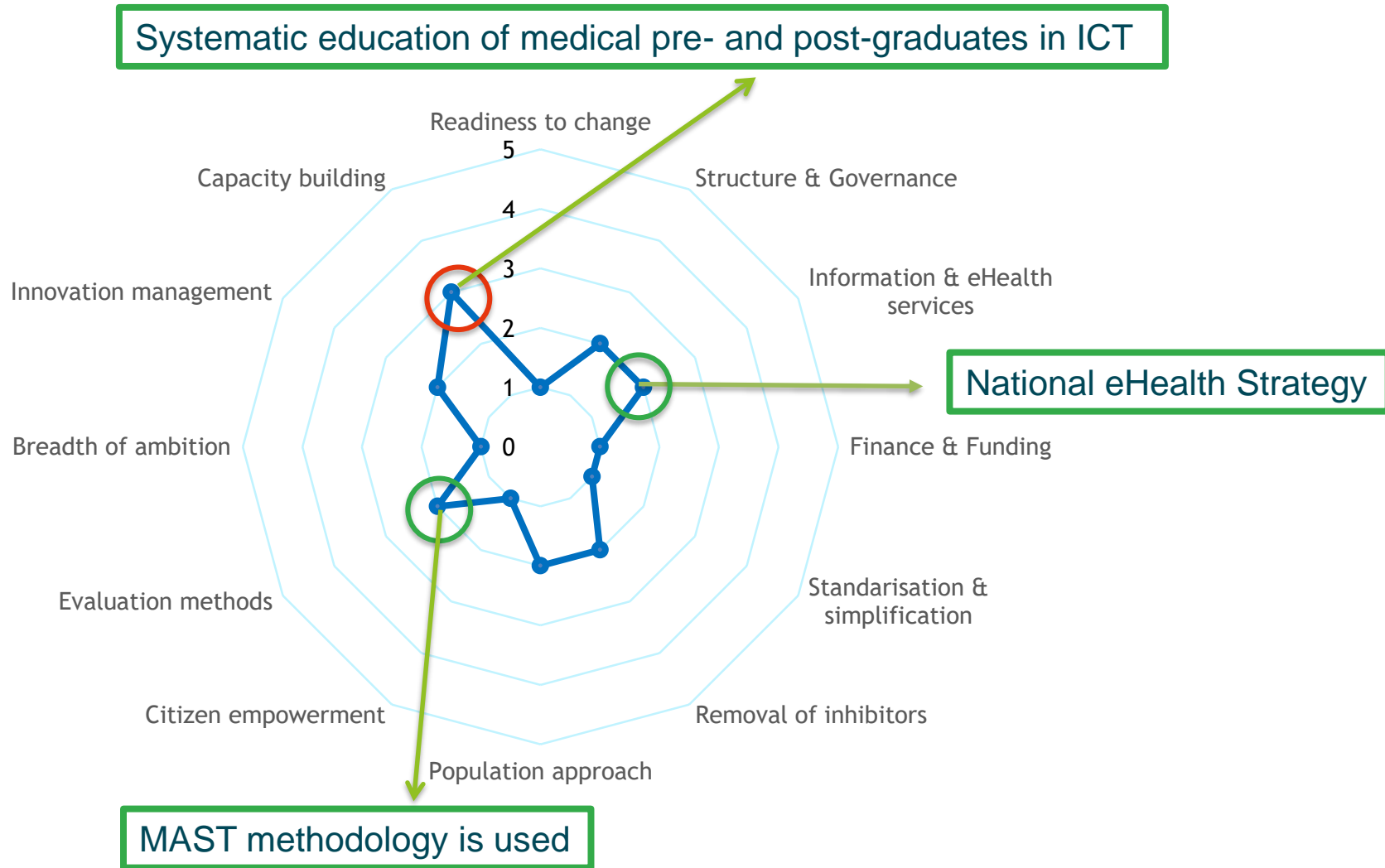
Olomouc Reg. and UHO-NTMC initiatives

- Olomouc Region – public administration of HC in the Region but concept of HC is given by the state
- University Hospital Olomouc (state owned) - largest HC provider, Czech National eHealth Center (NTMC) – innovations based on ICT and Integrated care vision for patients (elderly) with chronic diseases, better integration of various levels of HC
- **Gradual building of fundamentals for future IC:**
 - Promoting and lobbying for IC at stakeholders, creation of networks
 - Implementation of ICT in care, incl. patient empowerment
 - Sharing health information between providers
 - Education of ICT at the University (Medicine Fac.)
 - Creation of modular telemedicine program for a number of diseases and interventions for Olomouc Region
 - Development of Good Practices based on ICT and tailored to the conditions in the Region

Good Practice - Telehealth service for patients with advanced heart failure

- Program for cardiacs with congestive heart failure to improve treatment of patients with advanced stages (NYHA cl. III, IV) and deploy telehealth services for their monitoring in the Region
- Telehealth service consists of telemonitoring with the protocol used in a large EU project Unite4Health adapted to conditions in the Region and complemented by drugs ordering and, appointment reminder and other communications facilities for the patients
- Tailored technological solution, co-designed by MDs (includes telemonitoring of weight, SpO2, BP), call center, support

Maturity Assessment of the Good Practice



Maturity Assessment of the Good Practice – The Experience

- The MM scores were completed taking into account the conditions that are formed by the healthcare system.
- Many of the conditions addressed by the dimensions were not found favourable as they are formed by conditions that depend on available resources and funding; if this practice becomes a systematic part of national reimbursement scheme a number of dimensions would get higher score.
- The dimensions of the MM are still greatly appropriate, just the nature of practice (medical) would possibly deserve more care process and clinical oriented views.
- The practice can be a building block of IC (various levels of healthcare) and the assessment provided a preview of what is needed to develop further to progress in integration.

Overall Conclusions

- Such exercises with MM are very useful for us and the Region in order to support and promote concept of integrated care
- The online implementation of the MM is a practical tool
- Scoring the dimensions in given regional conditions gives opportunity to review readiness for deployment of a good practice
- The MM tool is being applied in the Region now to health and social care in general



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