



CZECH NATIONAL E-HEALTH CENTER

Czech Republic and Integrated Care

FNOL-NTMC

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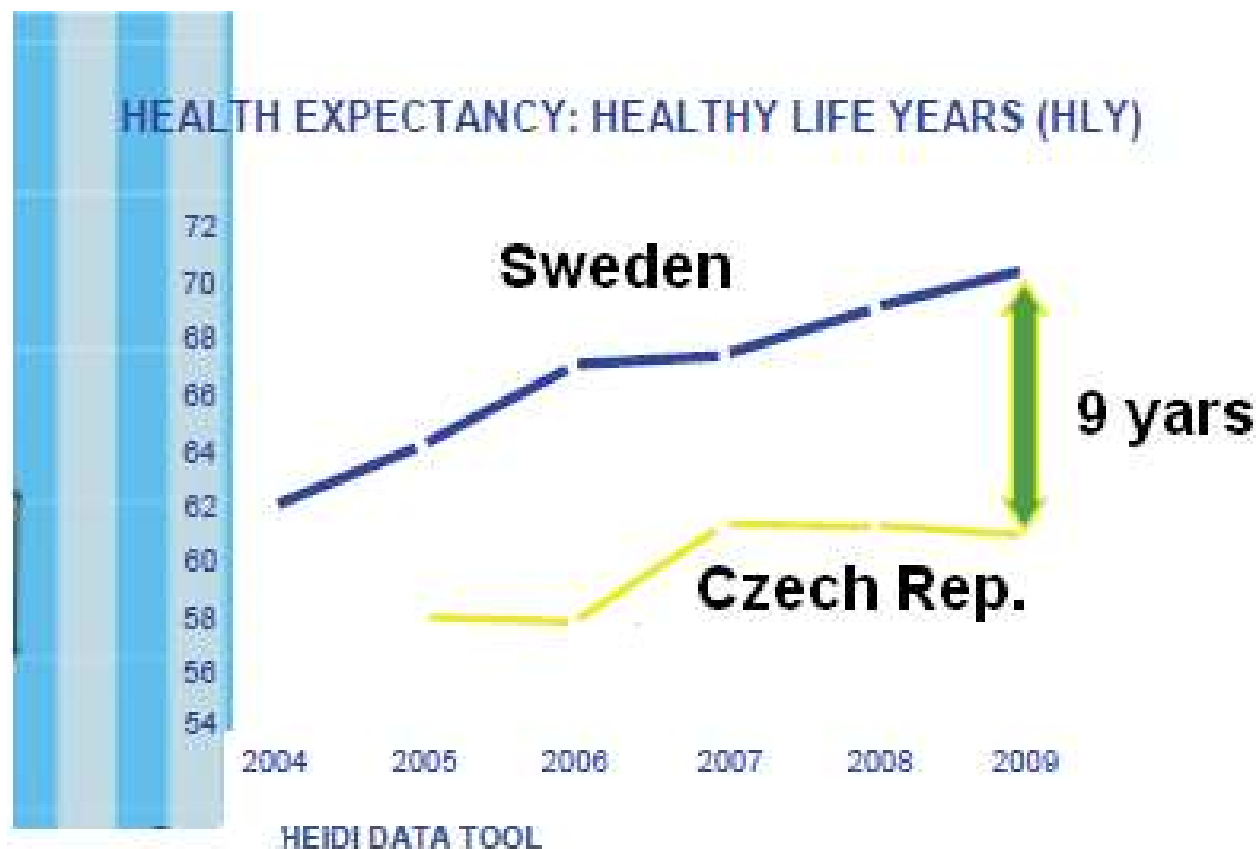
Agenda

- Czech National eHealth Center and system oriented aspects of health and social care
- EIP on AHA and its approaches, good practices
- Tools for maturity assessments in integrated care
- Conditions in the Czech Republic for integration of care and proposals

Czech National eHealth Center and system oriented aspects of health and social care

- Implementation of eHealth (digital health) in the CR has been extraordinary slow over decades – why?
- Established healthcare (HC) and social care SC system (SC) the CR were found not friendly to digital innovations, as well as to system changes
- How it is in other countries (esp. in EU)?

Good healthcare characteristics of the CR but some outcomes are not so spectacular



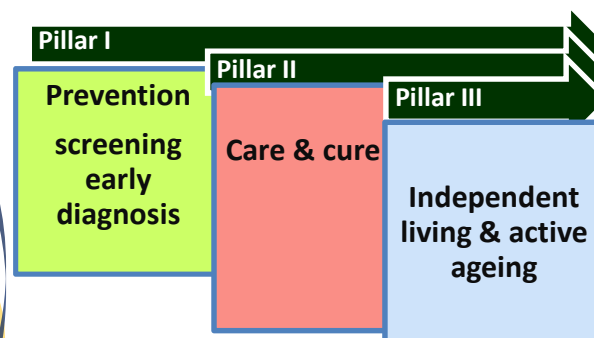
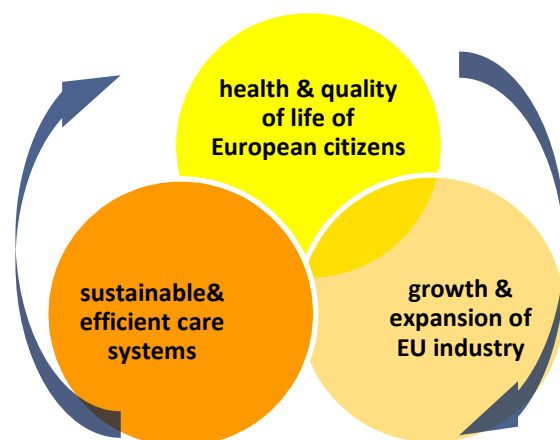
European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)



crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

Specific Actions – Action Groups

+2 HLY by 2020
Triple win for Europe



Improving prescriptions and adherence to treatment



Better management of health: preventing falls



Preventing functional decline & frailty



Integrated care for chronic conditions, including telecare



ICT solutions for independent living & active ageing



Age-friendly cities and environments

EU countries and Integrated care

- Countries in EU - transformations of HC systems to respond to ageing population:
 - better coordination between levels of care (plus SC),
 - move from acute, hospital based care to early preventions, home-based care, patient centric system with empowered citizen, digital innovations, connected actors, chronic care management,
 - investment in innovations to consider as an opportunity.
- **Integrated Care (IC)** is a **concept** for changes in HC in EU countries rather than a concrete model
- AHA AG B3 „Integrated Care“: good practices (GP) over 100 with IC, methodology: 5 stage strategy for scaling up of GPs
- IC is adopted in different rates and diverse ways across EU countries
- However, practices and knowledge about IC are typically bound to their local contexts
- Lack of tools for helping to build sustainable systems, support implementation, scalability and transferability of IC solutions

SCIROCCO Maturity model tool

- 3 years EU project SCIROCCO has further developed AG B3 Model with 12 dimensions reflecting various aspects that need to be managed in order to deliver **integrated care**, dimensions are scored from 0 to 5 points by stakeholders
- The model eases the adoption of Integrated Care by:
 - **Assessing the Maturity of Healthcare Systems for Integrated Care**
 - Can be used also for Assessing **Maturity Requirements** of Good Practices and Supporting **Twinning** and **Coaching** to transfer good practices
- On-line tool available for self-assessment
- Pertinent methodology for assessment - validated

**From
Conceptual
Model to an
Online Self-
Assessment
Tool for
Integrated
Care**



Example of discussion after self-assessment (Dim.: Breadth of ambition)



Integrated care in the CR

- Common issues with IC but even stronger barriers: lack of
 - concepts,
 - legal framework,
 - separated HC and SC,
 - no financial and business models.
- Assessment by SCIROCO tool resulted in very low scores across all 12 dimensions
- Since early 2000s – no public nor political discussion of IC, strategies, long term perspectives; even rationalizations in HC are difficult, weak monitoring/processing of the needs of population
- Health insurances – plan with 1 year horizon, no regulator
- IC initiatives from the bottom, underfinanced, almost no ICT
- Homecare in infancy

What could be done for IC in the CR?

- Stronger recognition of the role of shared health information and other ICT
- Long term strategy of IC useful but consider gradual approach with smaller integrative actions in healthcare (vertical integration), measures (practices) that address urgent issues of healthcare and also mid-term perspectives (chronic patients); later plus social care
- Coordination of care on primary care level, interworking with other HC levels
- Active search for potential clients for IC - in local communities (complex patients), on long term care (comorbidities), and after discharge from hospitals
- Amend legislation, consider reforms in healthcare
- Also to make municipalities to be interested in care of citizens
- Develop Integrated Care pathways, chronic diseases management (incl. CHF, COPD, diabetes, obesity)
- Evaluation, education for IC
- How to proceed? In steps. All stakeholders to participate. Inspiration in EU. Possibly establishing of an Innovations fund.

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European Innovation
Partnership on Active
and Healthy Ageing

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