Project ID: DTP656 | Project co-funded by European Union funds (ERDF, IPA, ENI)

RDA Green Karst

Interreg
Danube Transnational Programme
D-CARE

VIRTUAL CONFERENCE

Transnational Policies for Elders Smart Care Services Development and Implementation

18/10/2022 (9.30 – 12.30)

INTRODUCTION

ABOUT D-CARE PROJECT

Bogdan Covaliu, University of Medicine and Pharmacy "Iuliu Hateganu", Cluj Napoca, Romania

Project ID: DTP656 | Project co-funded by European Union funds (ERDF, IPA, ENI)

Interreg
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Developing, piloting and validating smart care models in Danube region for supporting social innovation, improving competences and entrepreneurship – D-CARE

Summary

D-CARE action is focused on establishing a transnational cooperation network that will design, test and implement the model of Innovative Learning Environments for elderly people 55+, in 9 Danube regions, in order to facilitate the creation, validation and deployment of smart care services that will strengthen and integrate regional social and healthcare systems by improving competences and generating innovative smart care models.

17 ERDF Partners

2 IPA Partners

1 ENI Partner

July 2020 – December 2022

Project Partners

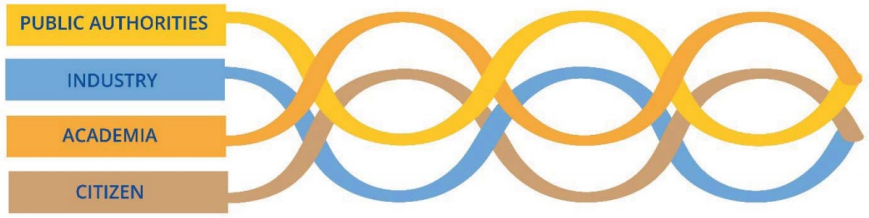
1. Lead Partner - University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj Napoca,, Romania
2. ERDF Project Partner 1 – Dr. Vasile Micu Association, Iasi, Romania
3. ERDF Project Partner 3 – Mayor's Office of the City of Kaba (KABA), Kaba, Hungary
4. ERDF Project Partner 6 – Jan Evangelista Purkyne University in Usti nad Labem (UJEP), Usti nad Labem, Czech Republic
5. ERDF Project Partner 7 – Volunteer Center (DC), Usti nad Labem, Czech Republic
6. ERDF Project Partner 8 – BIOLAGO e.V. – the health network, Konstantz, Germany
7. ERDF Project Partner 9 - Gründerschiff UG (haftungsbeschränkt) & Co. KG, Konstanz, Germany
8. ERDF Project Partner 10 – University of Ljubljana, Ljubljana, Slovenia
9. ERDF Project Partner 11 – RDA Green Karst Ltd,, Pivka, Slovenia
10. ERDF Project Partner 12 – Muncipality Ilirska Bistrica (OIB), Ilirska Bistrica, Slovenia
11. ERDF Project Partner 13 – Regional Agency for Entrepreneurship and Innovations – Varna, 3, Bulgaria
12. ERDF Project Partner 14 – National Alliance for Social Responsibility (NASO), Varna, Bulgaria
13. ERDF Project Partner 15 - Johanniter Österreich Ausbildung und Forschung gemeinnützige GmbH, Austria
14. ERDF Project Partner 16 – UIV-Urban Innovation Vienna GmbH, Austria
15. ERDF Project Partner 17 - IFKA Public Benefit Non-profit Limited Company for the Development of the Industry, Budapest, Hungary
16. ERDF Project Partner 18 - DBH InnoHub Ltd, Budapest, Hungary
17. ERDF Project Partner 19 - CedarNet-Erasmus Institute Ltd (in Hungarian: CedrusNet-Erasmus Intezet Kft.), Budapest, Hungary
18. IPA Project Partner 1 – City of Prijedor, Prijedor, Bosnia and Herzegovina
19. IPA Project Partner 2 - Chamber of Commerce and Industry of Banja Luka, Banja Luka, Bosnia and Herzegovina
20. ENI Project Partner 1 – Public Medical Sanitary Institution Institute of Oncology,, Chisinau, Republic of Moldova

https://d-care.ifka.hu/en/page/partership

D-CARE Objectives

1. To improve elder's access to demanded social and healthcare services by developing and implementing innovative smart care models/services in 5 pilot regions: Romania, Austria, Hungary, Slovenia and Germany
2. To develop Innovative Learning Networked Environments (ILNE) in each project region for improving smart care skills & competences, elder's digital skills and assure continuous learning through innovative training and educational programs
3. To increase local/regional authorities capacity for designing policy frameworks, policy tools and programs that support smart care services generation, deployment and implementation in Danube project regions

Quadruple helix mechanism – main tool for cooperation in the Project

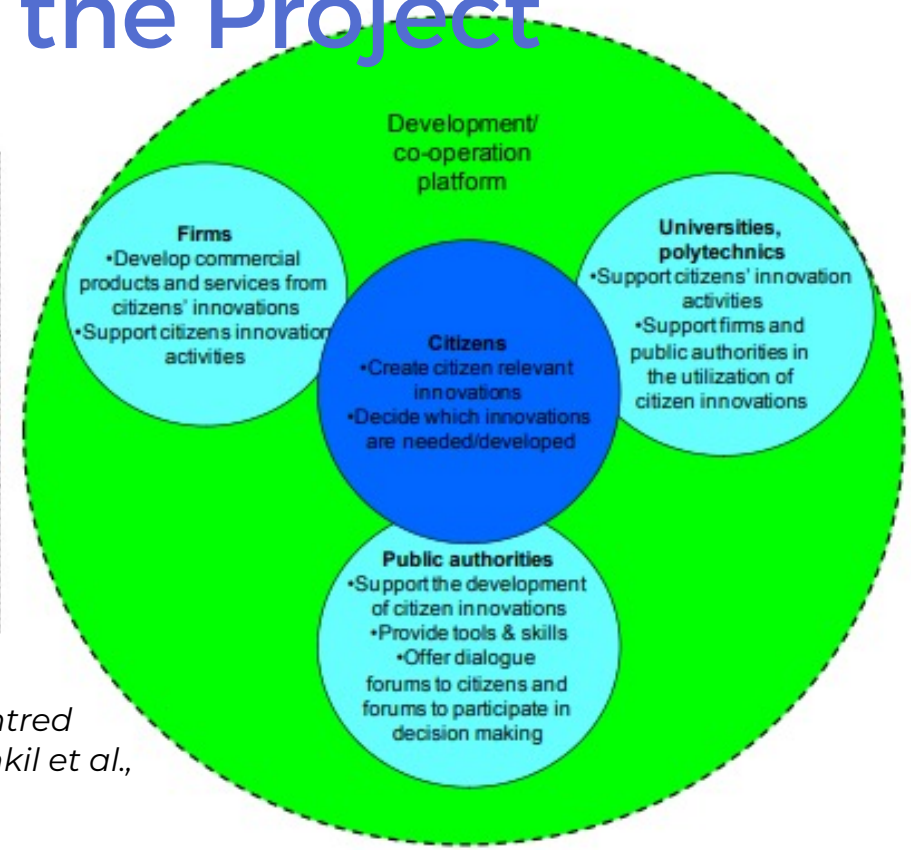


Quadruple Helix model

Main goal of innovation activity
•To produce products and services relevant for citizens

Type of innovation
•Innovations relevant for citizens

Initiators of innovation process
•Citizens



Citizen-centred model (Arnkil et al., 2010).

D-CARE project

3 main action pillars:

1) Innovative Learning Networked Environments – in progress

2) Smart Care Pilots deployed in 5 project regions for development, testing, validation and implementation of smart care models – in progress

3) Transnational Policy Learning Center for smart care policies design

1. Innovative Learning Networked Environments

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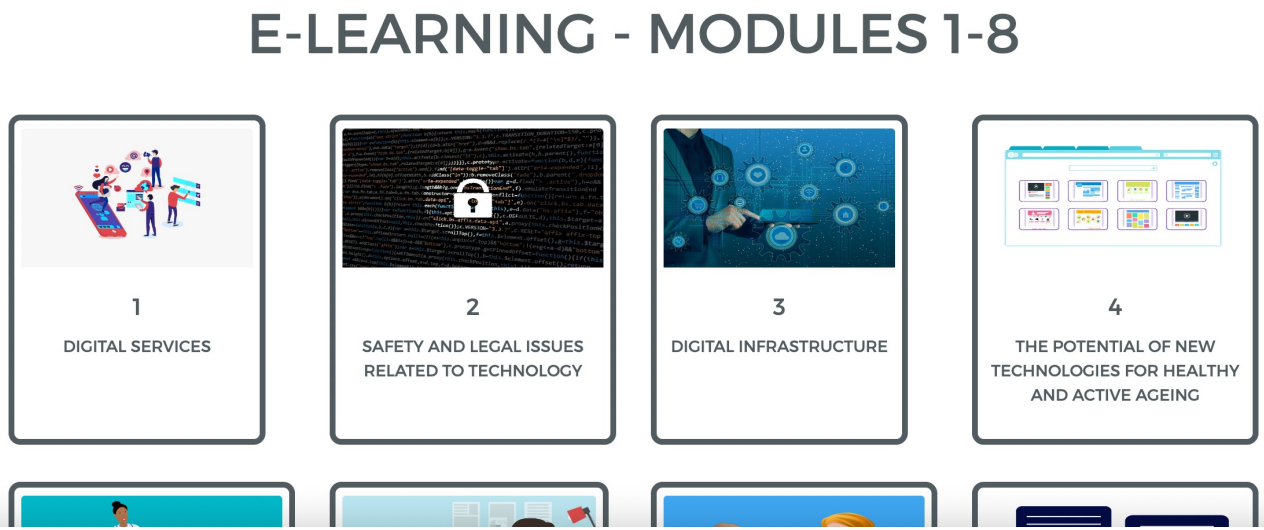
- ILE – in each country
- Smart Care Learning Programs
  - Digital skills
  - Data analytics
  - Smart care skills

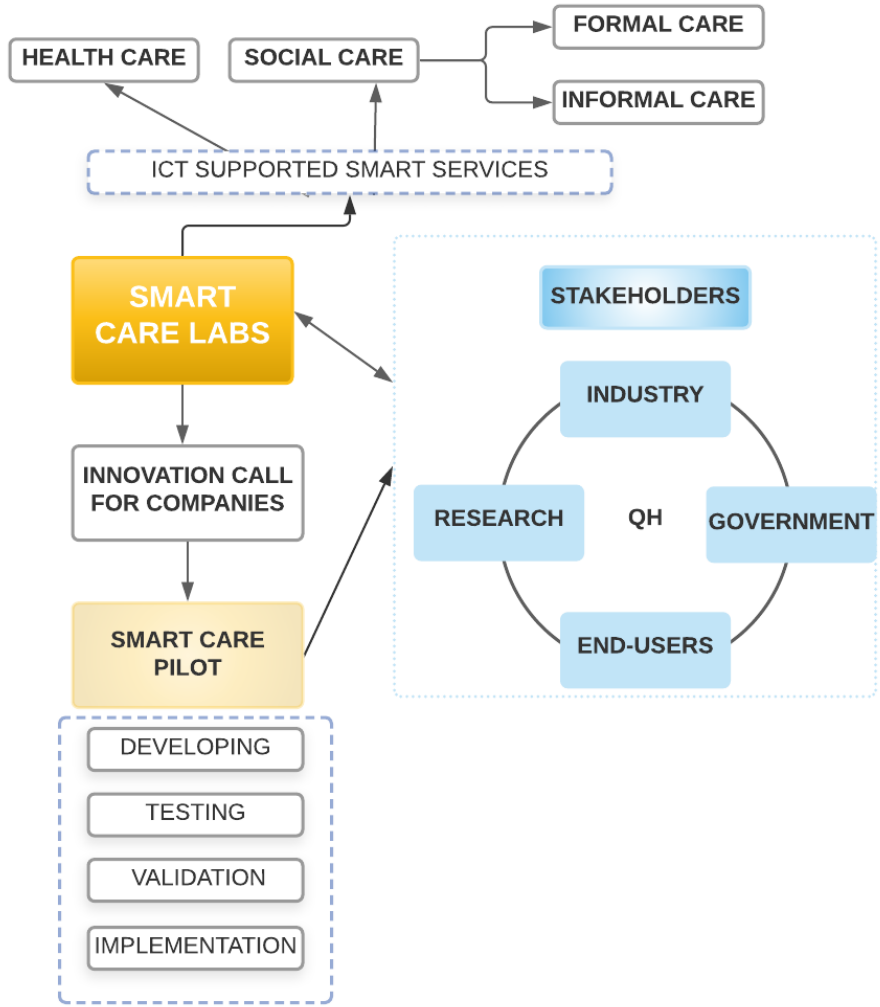
- The E-learning platform:
  - https://d-care.ifka.hu/



9 Smart Care Labs

- Stakeholders engagement mechanism in order to achieve sustainable innovative solutions for e-health and e-care

- Companies require user knowledge
- Users require better technological aids
- Municipal/public actors needs sustainable service for t heir citizens in the future



Smart Care Labs

STEPS:

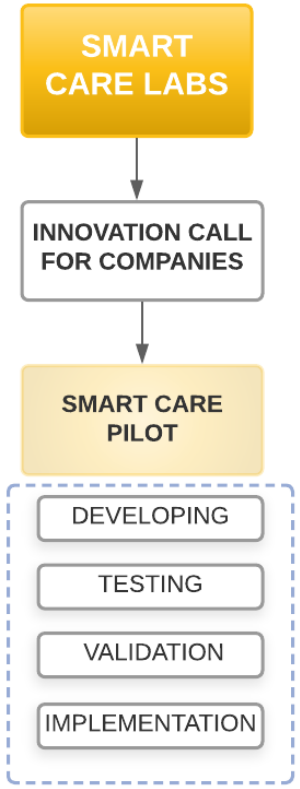
Creating quadruple helix multi-stakeholder groups (from 4 helixes: government, research, business, civil society/demand)

Deployment of Smart Care Labs

Designing and launching innovation call for companies located in Danube region (solving demand challenges - scout and select the most disruptive solutions that can be used for generating smart care services dedicated to end users)

Assessing and selecting solutions (proposed by companies)

Developing / **testing / validation and implementation** personalized, adaptive, customized technologies that fit older adults needs and preferences (in the region)



3. Learning Policy Center

Project ID: DTP656 | Project co-funded by European Union funds (ERDF, IPA, ENI)

WP objective is to improve local and regional authorities capacity for developing policy tools or programs that will support the implementation process of elders smart care services/models in Danube region. PP's have established a Transnational Learning Policy Center that designs learning tools and content for assuring know-how generation, knowledge diffusion and transfer, as well as best practices sharing in order to increase public authorities capabilities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services.

Results:

- Interregional Learning Seminars
- Best Practice Case Studies
- D-CARE knowledge diffusion toolkit
- Transnational Strategy for Elders – Smart Care Services Development and Implementation

For any questions, suggestions or cooperation ideas, please contact us at:

dcare@elearn.umfcluj.ro

http://www.interreg-danube.eu/approved-projects/d-care

https://www.facebook.com/dcareproject

SESSION I: D-CARE TRANSNATIONAL STRATEGY

D-CARE TRANSNATIONAL STRATEGY FOR SMART CARE SERVICES

Tomáš Siviček , Jan Evangelista Purkyně University in Ústí nad Labem (UJEP), Czech Republic

D-CARE TRANSNATIONAL PRIORITIES

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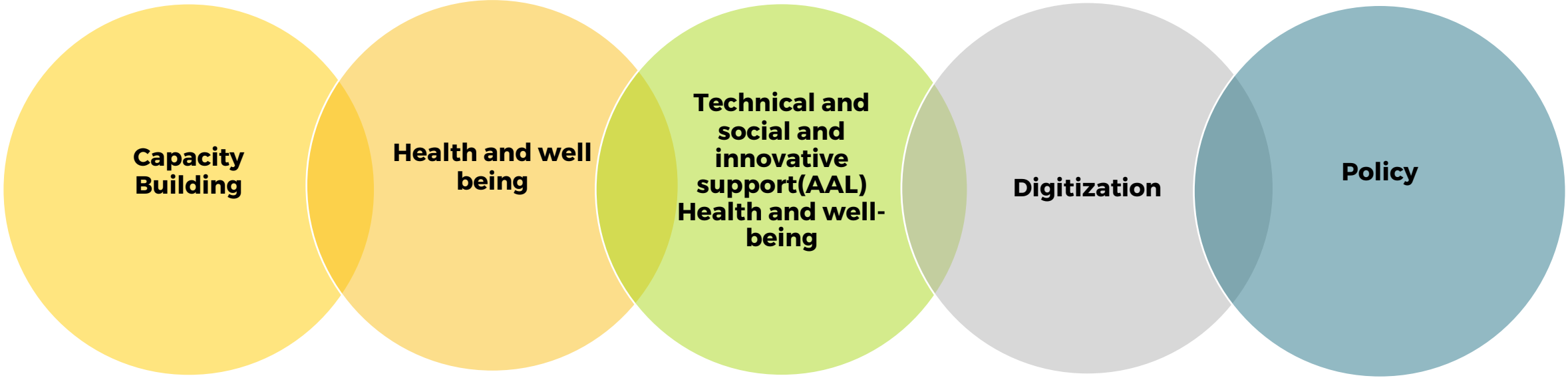


- Creating Smart Care Labs to drive innovation
- Enhancing cooperation between stakeholders
- Exchange of knowledge by transferring good practices
- smart Care Labs to stimulate innovation

- Social isolation, loneliness
- Improving the social and economic inclusion of the elderly
- Improving the quality of life of elderly people with serious illnesses

- Assisted living in a home (AAL)
- Warning and emergency systems for home care and nursing homes;
- Digital solutions for assisting and ICT for nursing homes

- Lack of digital skills in the elderly
- Lack of digital competence of service personnel
- Development of digitally based products and services

- Integrated care (including telemedicine, AAL ...)
- Developing a regulatory policy framework for digital skills for the elderly
- Crisis Management incl. preparation for pandemics

Vision

Ensuring **compatible and integrated smart care services and e-Health** for every person in Danube Region through

- effective promotion and exchange of knowledge,
- know-how and experience among stakeholders,
- fostering the development of digital technologies,
- improving digital skills and competences of all interested parties,
- and ensuring clear procedures and financial resources from public and private sources.

Principles and methods

- Inspiration and encouragement
- Vision
- Priorities as a framework
- Inclusive and human centred approach
- Synergies
- Regional ownership and leadership

SESSION I: D-CARE TRANSNATIONAL STRATEGY

INNOVATIVE LEARNING ENVIRONMENTS FOR ELDERLY SERVICES

Bence Janek, IFKA, Hungary

WPT1 - dedicated goal to develop an Innovative Learning Networked Environment in each project region

- Network-based innovative learning environments
- Identifying target group/-s
- Improving smart care skills and competences

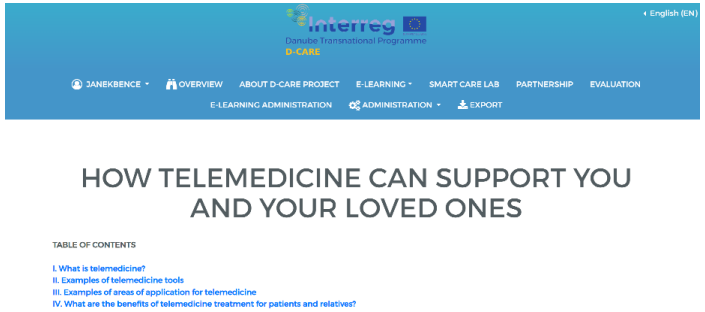
Innovative Learning Environment (ILE)

ILE built up from 24 training modules

- Austrian, Bosnian, Bulgarian, Czech, German, Hungarian, Romanian, and Slovenian National Training Programs

- Each training module is designed for a specific traget group
  - Public authorities;
  - Elderly 55+;
  - SMEs;
  - Interest groups

- Modules available in multiple languages - internationalization



E-Learning Platform

Czechia

Tested Modules	13 & 19
Target group	Social workers
Overall impression of module 13	60% neutral, 40% indicated satisfied or extremely satisfied
Overall impression module 19	40% extremely satisfied, 20% satisfied, 2 persons neutral

Bulgaria

Tested Modules	1 & 14
Target group	Social workers
Overall impression of module 1	80% extremely satisfied, 20% neutral
Overall impression of module 14	40% extremely satisfied, 20% satisfied, 40 persons neutral

Testing Results: Czechia and Bulgaria

Germany

Tested Module	8
Target group	EMTs, doctors
Overall impression of module 8	60% marked neutral, while 40% unstaisfied -extremely unsatisfied

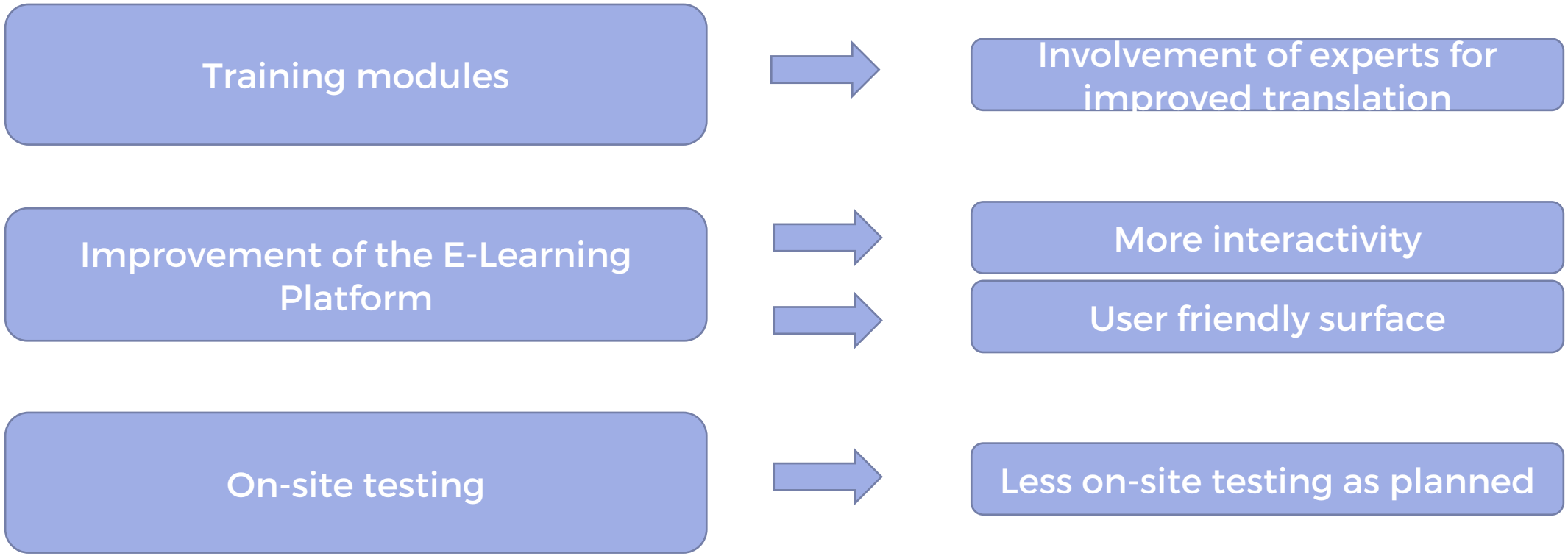
Slovenia

Tested Modules	4 & 6
Target group	Retired persons, public institutions
Overall impression of module 4	83% extremely satisfied, 17% very satisfied
Overall impression of module 6	20% neutral, 20% very satisfied, 20% satisfied

Testing Results: Germany and Slovenia

Romania	
Tested Modules	16
Target group	Healthcare workers, stakeholders
Overall impression of module 16	57% extremely satisfied, 43% very satisfied

Testing Results: Romania



Lessons/Difficulties Identified During the Testing Phase

Thank you for your attention

SESSION I: D-CARE TRANSNATIONAL STRATEGY

SMART CARE LABS AS MECHANISMS TO FOSTER INNOVATION IN D-CARE REGIONS

Janja Drole, University of Ljubljana, Slovenia

D-CARE TRANSNATIONAL PRIORITIES

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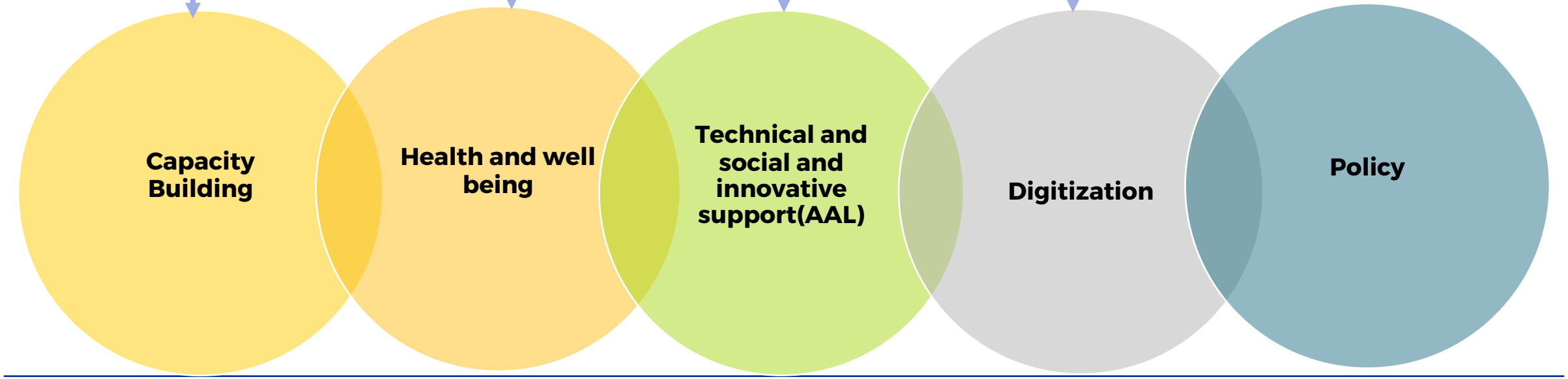
WP 2 - GOALS

1 ESTABLISHMENT AND DEPLOYMENT OF SMART CARE LABS

2 IMPLEMENTATION OF INNOVATION PROGRAM



ESTABLISHMENT OF SCL/IMPLEMENTATION OF INNOVATION PROGRAM

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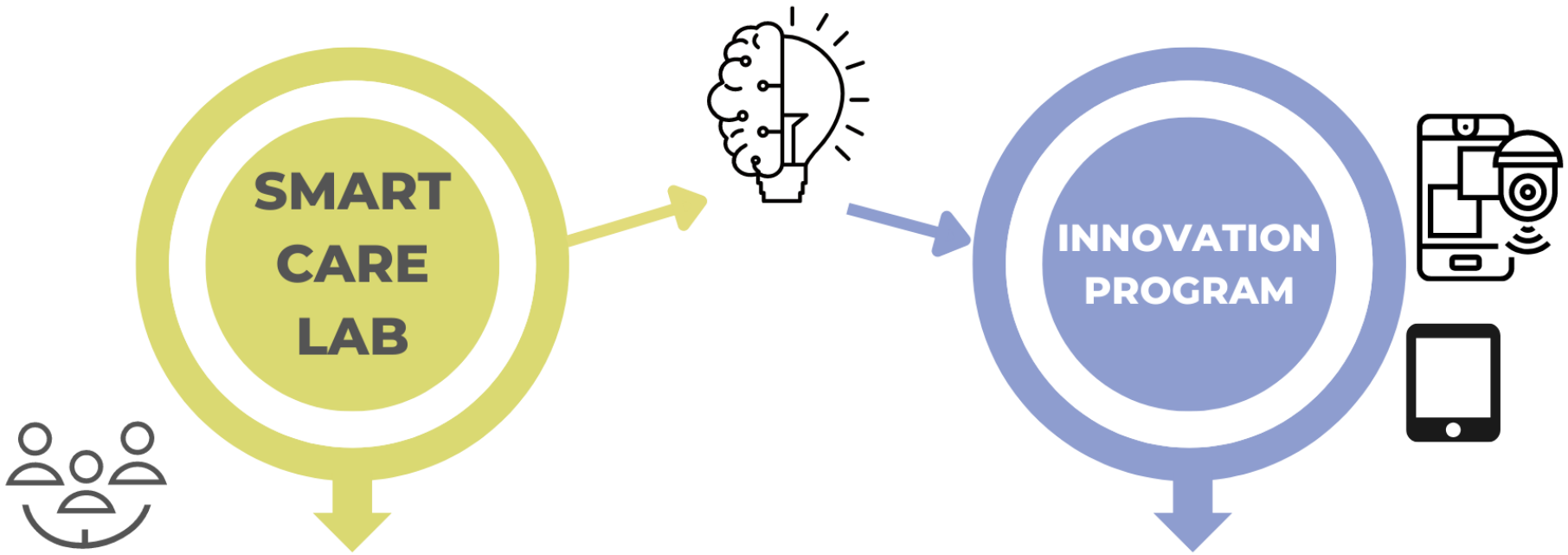
D-CARE



Stakeholders' engagement mechanism/ecosystem in order to implement sustainable innovative solutions for e-health and smart care in the region.

- **Deploying and assessing Smart Care Pilots in project countries**
- **Implementing sustainable innovative solutions for e-Health and smart care**

ESTABLISHMENT OF SMART CARE LABS

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QUADRUPLE HELIX

- Public sector
- Academia/ research institutions
- Private sector/industry
- End-users/end-users organizations

WHO

SMART CARE LAB

WHY

Objectives of SCL:

- networking
- finding new ideas, services, products
- exchanging knowledge
- identifying issues, challenges in the region
- collaboration
- foster innovation
- sustainability

WHAT

INNOVATION PROGRAM

INNOVATION

- Deploying and assessing Smart Care Pilots in project countries
- Implementing sustainable innovative solutions for e-Health and smart care

IMPLEMENTING INNOVATION PROGRAM - PROCESS

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Requirements specification

- Quadruple helix cooperation
- Defining key issues and challenges in the region

Innovation Call

- Country specific innovation contest
- Innovation Prize
- Small Scale Pilot
- Large Scale Pilot

Assessment and selection

- Co-creation process

Pilot Testing and validation

- On-site testing with end-users (Large Scale Pilots)
- Bussiness model canvas (Small Scale Pilots)

IMPLEMENTING INNOVATION PROGRAM - TESTING

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D-CARE

AUSTRIA

ISSUES AND CHALLENGES

- Social isolation
- Loneliness
- Improving the social and economic inclusion of older adults
- Warning and emergency systems for home care and nursing homes

SOLUTION(S) SELCTED

- MEINE HILDA - dementia prevention
- ELLY - multifunctional lamp, used by care persons
- **IBM - sensor-based solution, fall detection, panic button**

D-CARE Innovation Prize

IBM - The integrated Elderly Care Platform

- Target group: Older adults
- Sensor based solutions (fire, water, panic button, fall detection, irregular behaviour)
- integrated control centre, professional care givers

Benefit:

- allows older people to live independently at home
- live safely in care facilities

IMPLEMENTING INNOVATION PROGRAM - TESTING

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BOSNIA AND HERZEGOVINA

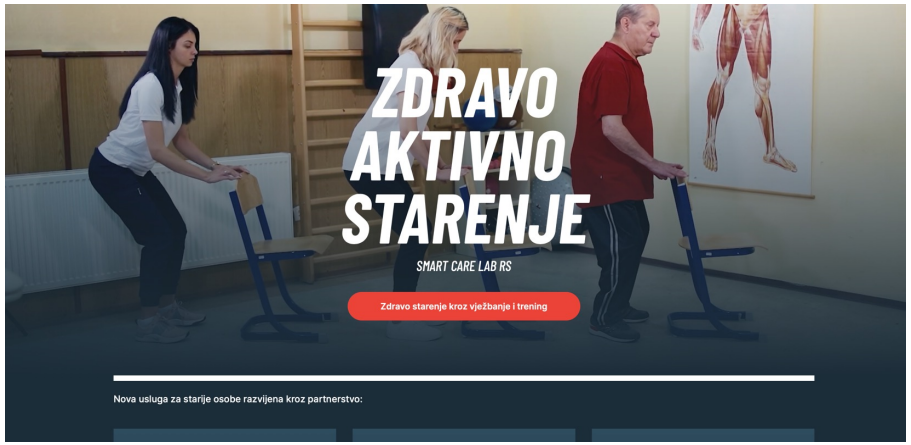
ISSUES AND CHALLENGES

- Lack of care capacities
- Low level of digitalization of services for older adults
- Tertiary health care

SOLUTION(S) SELCTED

Active Aging – Aktivno starenje
(High Medical School Prijedor)

- Web based tool for older adults for exercising
- Platform to be developed into educational tool for older adults



IMPLEMENTING INNOVATION PROGRAM - TESTING

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CZECH REPUBLIC, BULGARIA

ISSUES AND CHALLENGES	SOLUTION(S) SELCTED	
• Mobility impairments • Loneliness • Improvement of the psychological and social conditions	**AI Care alerts** *(Scitecto 21)*	Smart **doorbell camera system** based on artificial intelligence (AI) - system for smart video surveillance and communication It enables a safe social life for people with visual impairments and it can reduce feelings of loneliness or isolation.

IMPLEMENTING INNOVATION PROGRAM - TESTING

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GERMANY

ISSUES AND CHALLENGES

- Demographic change
- Higher demand for care services vs. lack of caregivers
- Warning and emergency systems for home care and nursing homes

SOLUTION(S) SELCTED

CogvisAI
(Cogvis Software and Consulting)

cogvisAI
Technology –
for a safer and healthier life

CogvisAI – smart home alarm system

It can detect motion in the room using 3D smart sensors, analyse & trigger an alarm in critical situations (fall, aggression, absence, wandering, suicide)

IMPLEMENTING INNOVATION PROGRAM - TESTING

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ROMANIA

ISSUES AND CHALLENGES

- Lack of digital skills
- Hearing or visual impairments
- Social isolation
- Loneliness
- Improving the social and economic inclusion of older adults
- Warning and emergency systems for home care and nursing homes

SOLUTION(S) SELCTED

Chytrá péče

- The solution provides an <u>innovative emergency device for care services.</u>
- Device for patients detecting and reporting emergencies - system connected to a device sends alerts to the responsible staff.

Benefits:

- voice feedback on device interaction
- sending an SOS alarm.

IMPLEMENTING INNOVATION PROGRAM - TESTING

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SLOVENIA

ISSUES AND CHALLENGES

- Demographic change
- Higher demand for care services vs. lack of caregivers

SOLUTION(S) SELCTED

Barcode technology
(Art d.o.o., Metlika)

- Social care / health - Using bar codes in care homes (greater traceability and transparency in the provision of nursing services, care services ...)

IMPLEMENTING INNOVATION PROGRAM - TESTING

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HUNGARY

ISSUES AND CHALLENGES

- Lack of digital skills
- social isolation
- loneliness,
- improving the social and economic inclusion of older adults

SOLUTION(S) SELCTED

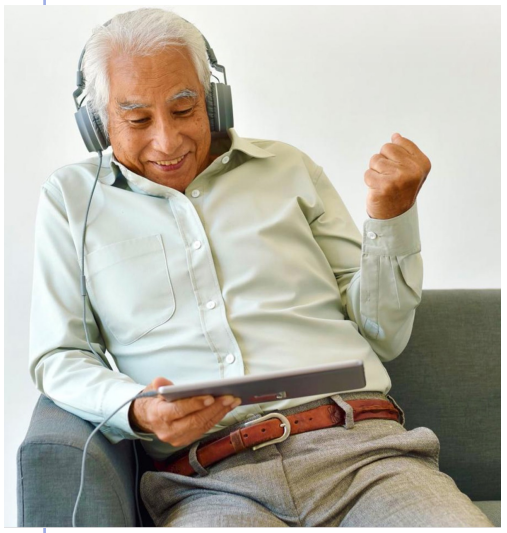
AmigoBox
(OSSI, Austria)

"AmigoBox"

- **communication tool -** used by older adults with little to no digital experience
- Communication device to communicate with their relatives.
- communication happens through the digital means of video-calls, receiving images and photo albums and receiving text-messages

Benefits:

- Easy to use



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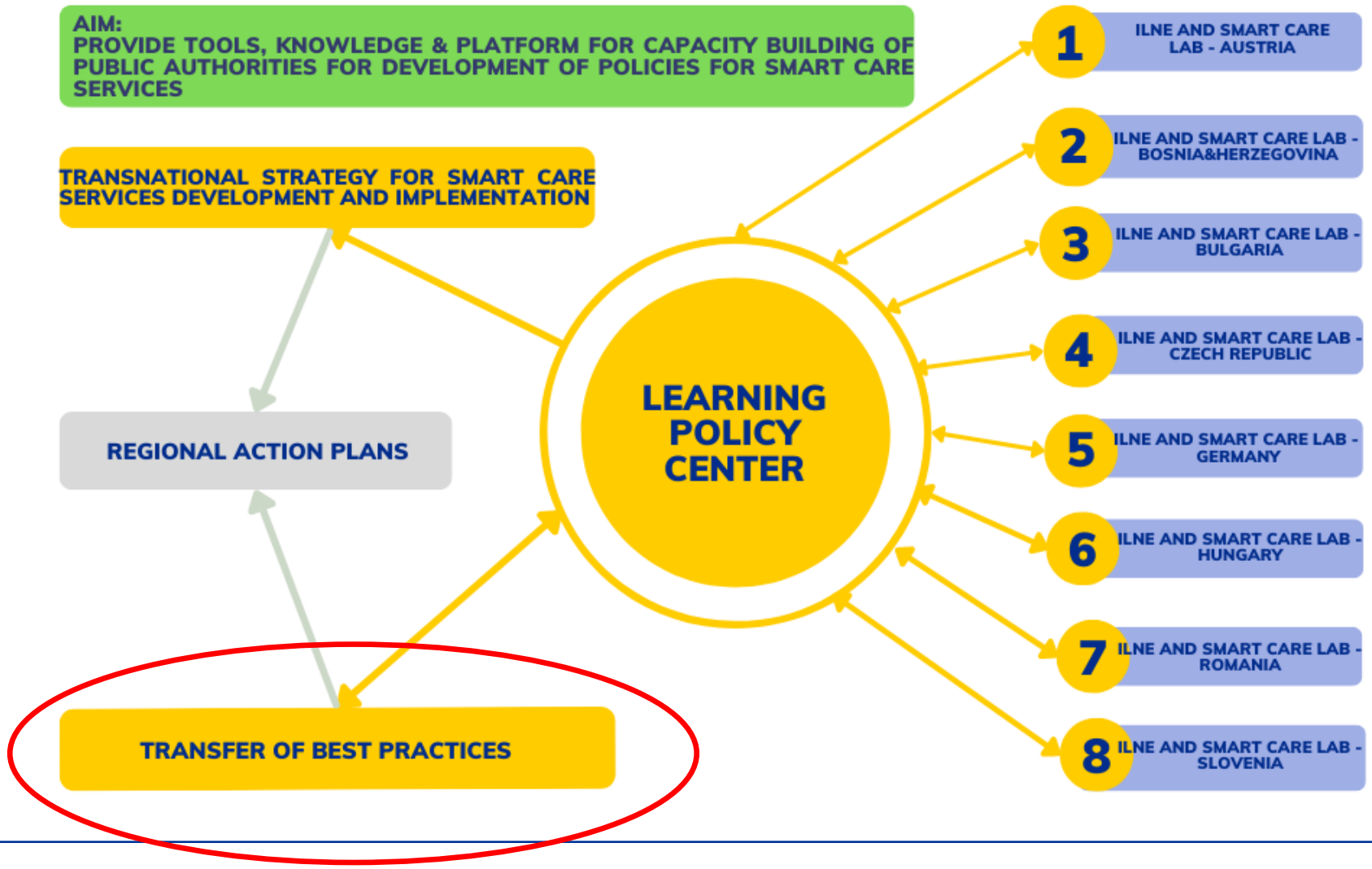
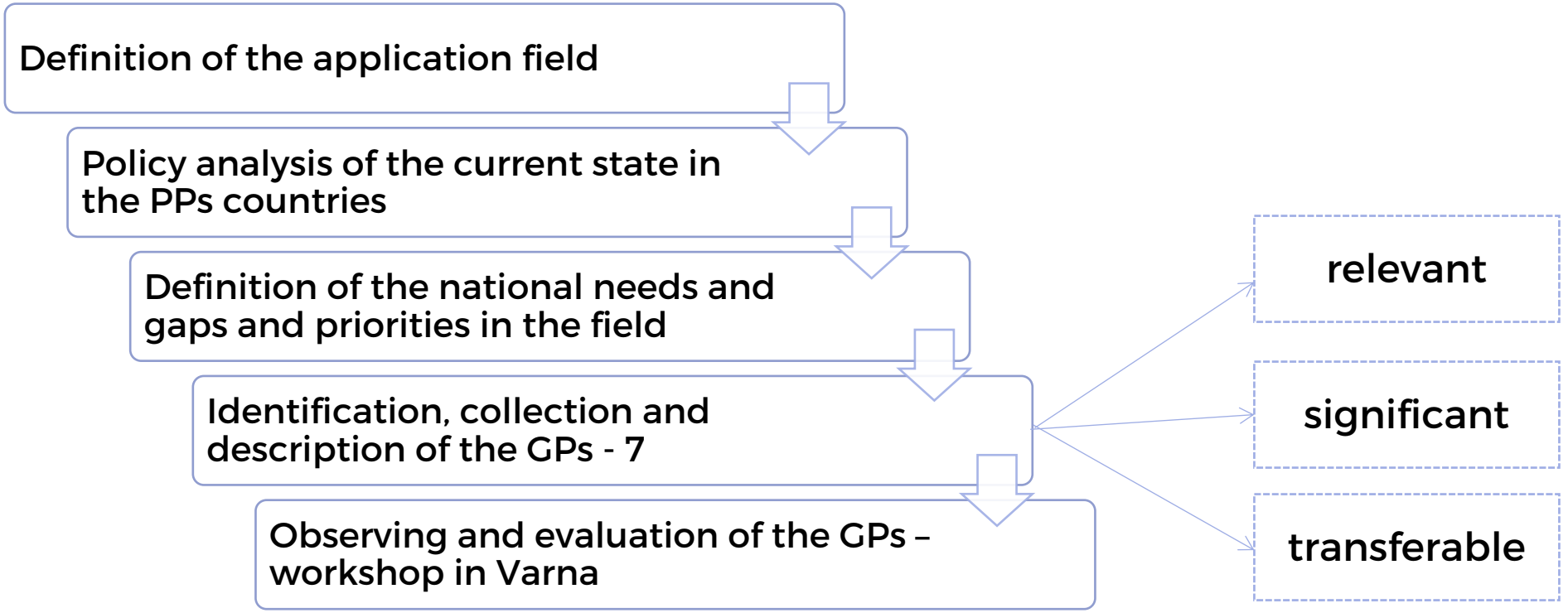
D-CARE Best Practices Manual

Mariya Zlateva, RAPIV, 18.10.2022


AIM:
PROVIDE TOOLS, KNOWLEDGE & PLATFORM FOR CAPACITY BUILDING OF PUBLIC AUTHORITIES FOR DEVELOPMENT OF POLICIES FOR SMART CARE SERVICES
TRANSNATIONAL STRATEGY FOR SMART CARE SERVICES DEVELOPMENT AND IMPLEMENTATION
REGIONAL ACTION PLANS
TRANSFER OF BEST PRACTICES
LEARNING POLICY CENTER
1 ILNE AND SMART CARE LAB - AUSTRIA
2 ILNE AND SMART CARE LAB - BOSNIA&HERZEGOVINA
3 ILNE AND SMART CARE LAB - BULGARIA
4 ILNE AND SMART CARE LAB - CZECH REPUBLIC
5 ILNE AND SMART CARE LAB - GERMANY
6 ILNE AND SMART CARE LAB - HUNGARY
7 ILNE AND SMART CARE LAB - ROMANIA
8 ILNE AND SMART CARE LAB - SLOVENIA

Methodology applied:

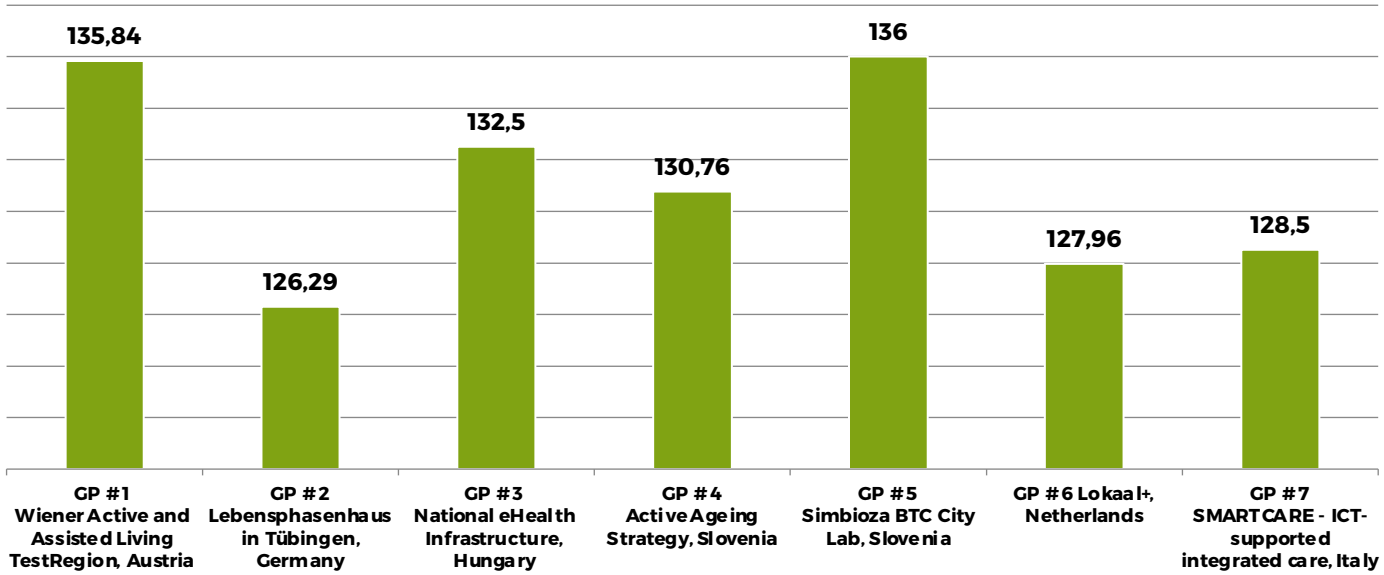
The process of searching for suitable good practices (GP) is divided into several sequential steps:



Identified Good Practices

No	Title of the GP	Owner of the GP	Country
1	Wiener Active and Assisted Living TestRegion – WAALTeR	UIV Urban Innovation Vienna GmbH (LP)	Austria
2	Lebensphasenhaus	University of Tübingen, Ministry of Education and Social Services Baden-Württemberg	Germany
3	National eHealth Infrastructure (EESZT)	National Directorate General for Hospitals	Hungary
4	Active Ageing Strategy/ Strategija dolgožive družbe	Ministry of Labour, Family, Social Affairs and Equal Opportunities	Slovenia
5	Simbioza BTC City Lab	Simbioza Genesis, Social Enterprise	Slovenia
6	Lokaal+: future proof education programme for vocational health care students in an aging society	Summacollege Eindhoven	Netherland
7	SMARTCARE - ICT-supported integrated care	Health Authority of Trieste	Italy

Transnational Best Practices Event – Varna, Bulgaria



Thank you!

THE STORY OF SIMBIOZA

Brigita Dane, Simbioza Genesis, social enterprise

SIMBIOZ@ E-LITERATE SLOVENIA
(2011- 2013)

…and so **Simbioza** was born – a nationwide volunteer project of intergenerational cooperation in connection with e-literacy.

For one week the young became teachers and the elder became students = recipe for symbiosis.


OUR MISSION
• Intergenerational cooperation
• Volunteering
• Lifelong learning
In the field of ICT!

BRIDGING THE GAP…

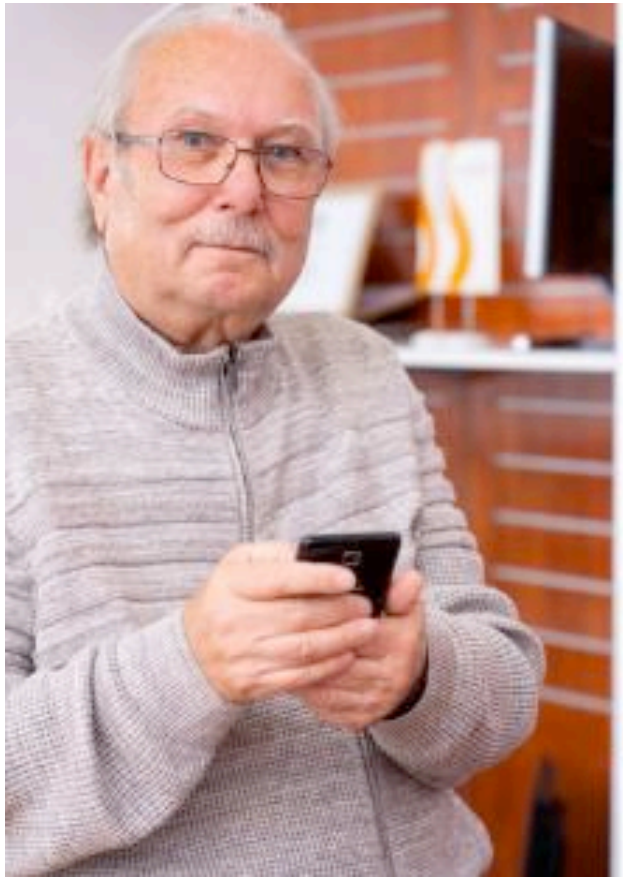
- **Simbioza SCHOOL** since 2014
- **Simbioza MOVES** since 2014
- **Simbioza BTC CITY LAB** since 2017
- **Simbioza COMMUNITY** since 2020

SIMBIOZA
BETWEEN GENERATIONS

DIGITAL AND SOCIAL SOLUTIONS

SIMBIOZA
BETWEEN GENERATIONS

ČvekiFON – free of charge telephone line for elderly



#ostanidoma in pokliči

ČvekiFON

080 38 07

BREZPLAČNI KLEPETALNIK ZA STAREJŠE

Magda – mobile app for elderly

AKTUALNO
> VSTOPI

KORONAVIRUS SARS – COV-2
> VSTOPI

SIMBIOZA NOVICE
> VSTOPI

HUMANITARNI IN AKTIVNI
> VSTOPI

ZDRAVJE
> VSTOPI

DIGITALNO
> VSTOPI

22.06.2021

Pomagajte razbiti tabu

Ne, ne. To črnivko imam od vrat omare, ki so se mi zaprle direktno v oko,« mi je hitela razlagati 78-letna Jolanda, pri kateri so se modrice kar množile. Vedela sem, da niso bila kriva vrata omarice … Ampak gospa preprosto ni želela govoriti o tem. Ko sem jo direktno izzvala, ali je nad njo

VEČ

PREVOZI
> VSTOPI

NEGA IN POMOČ NA DOMU
> VSTOPI

KLICNI CENTER ZA COVID-19
> VSTOPI

POŠTA
> VSTOPI

HUMANITARNE ORGANIZACIJE
> VSTOPI

UPRAVNE ENOTE
> VSTOPI

CENTER ZA SOCIALNO
> VSTOPI

DOM IN GRADNJA
> VSTOPI

Izberi kraj

KRAJEVNI URAD BELTINCI, UPRAVNA ENOTA MURSKA SOBOTA

POKLIČI | SPLETNA STRAN | POŠLJI E-POŠTO

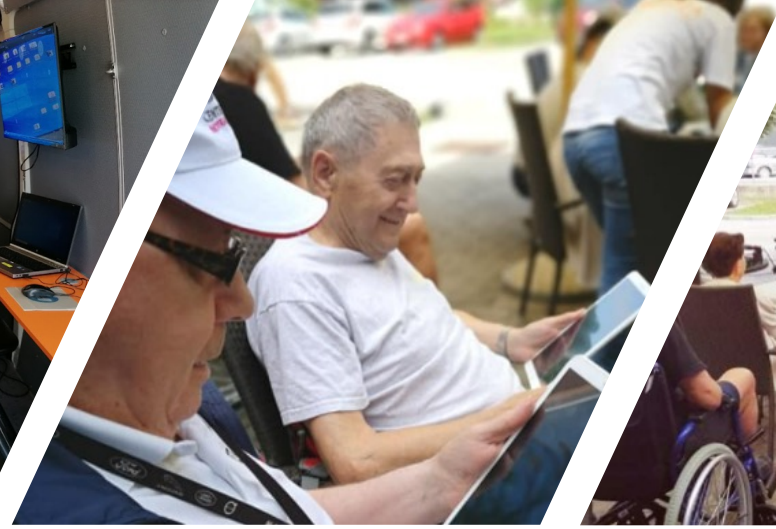
Upravne enote so ustanovljene za opravljanje nalog državne uprave, ki jih je treba organizir…

UPRAVNA ENOTA AJDOVŠČINA

POKLIČI | SPLETNA STRAN | POŠLJI E-POŠTO

Upravne enote so ustanovljene za opravljanje nalog državne uprave, ki jih je treba organizir…

KRAJEVNI URAD CANKOVA, UPRAVNA ENOTA MURSKA SOBOTA



SIMBIOZA MOBILN@ -
the mobile classroom on vehicle

Our current projects:

- **On National level:**

  Digitally inclusive

https://digitalnovkljuceni.si/

On European level:

E-Health Literacy

https://heal-digital.org/

SIMBIOZA
BETWEEN GENERATIONS

Thank you

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SIMBIOZA
BETWEEN GENERATIONS

WAALTeR Wiener AAL TestRegion
Viennese AAL TestRegion

BEST PRACTICE AUSTRIA

WAALTeR
Aktives Altern findet Stadt

urban innovation vienna
Klima- & Innovationsagentur Wien
ein unternehmen der wienholding

DIE JOHANNITER

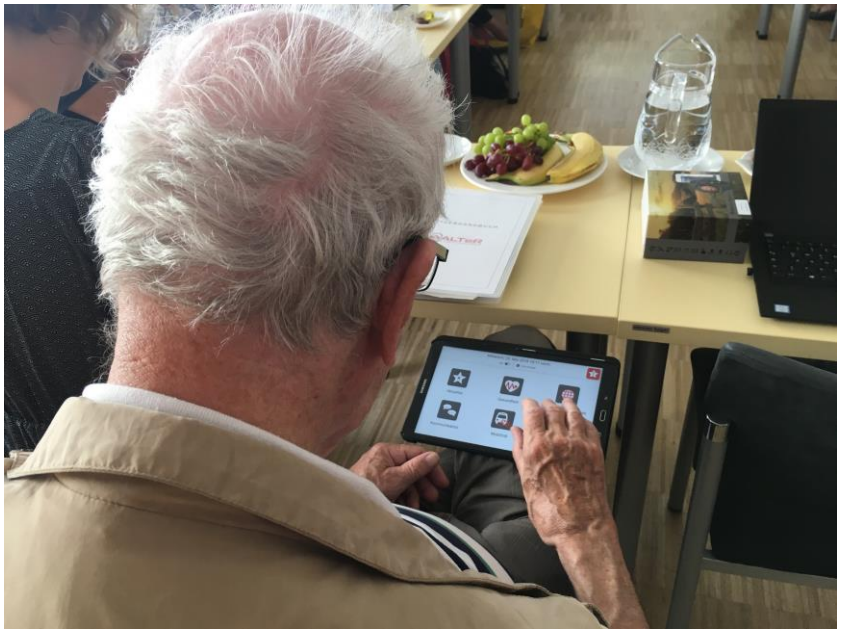
Technologies for senior citizens
Objectives

- WAALTeR evaluated services regardind "Social Integration", "Security" and "Health" in 83 households over a period of 18 months
- Johanniter, the Viennese Social and Care Services and the Social Fund Vienna were part of the consortium
- UIV Urban Innovation Vienna GmbH was responsible for project management and cooperation with the relevant stakeholders (e.g. WAALTeR advisory board, Smart City Wien governance bodies)

Research questions
Of the evaluation study

1. What impact does the intervention (tablets and safety watches with software for communication resp. social integration, safety and health applications supplemented by fall detection, blood pressure monitor and pedometer) have on mobility, social integration, safety and health, and quality of life in old age?
2. How does the necessary design of the service packages and the technical solutions for the target group look like?
3. How do you anchor the results in care and support concepts and processes?
4. Which subsequent use and business models are required for further use?

Policy measure



- WAALTeR aims at familiarizing over 60-year-olds in Vienna with the use of digital devices in everyday life. Participants were equipped with a tablet with defined components and a mobile emergency call device (GPS-Watch).
- After one year, the study group was expanded to include voluntary testing of telemedical equipment (e.g., fall detection, Bluetooth blood pressure gauge and pedometer).

Selection for best practices
WAALTeR is transferable

The core concept of WAALTeR is transferable to different geographic regions. The objectives correspond well with D-CARE objectives which include:

- enhance digital literacy of (older) adults
- digital inclusion
- preventive and health promotive measures, due to information and awareness raising as well as social inclusion and empowering self determination

D-CARE Strategy objectives
WAALTeR refers to

- Overall well-being
- Social and digital inclusion (prevention of social isolation and loneliness)
- Enhance digital literacy
- Improvement of the personal sense of security (GPS-emergency watch, which concerned all over quality of life and self-determination)

-> general digital literacy; capacity building

Smart Health Podium at Digital Days 2018 with WAALTeR

Potential for learning transfer

Listen to what the participants need

- Low-threshold and everyday introduction of technology to target groups with low technology affinity and/or previous experience.
- Delivering supportive measures (accompayning social programm with regular meetings) for the development of fundamental digital competences.
- Adjustment to the needs of participants.

Facts
WAALTeR

- December 2016 – November 2019
- Budget: 2.310.021 Euros
- Funding: 1.196.909 Euros
- Funding rates from 35% over 50% to 60% (large enterprises; medium enterprises; research/academia and SMEs)

- www.waalter.wien
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THANK YOU!

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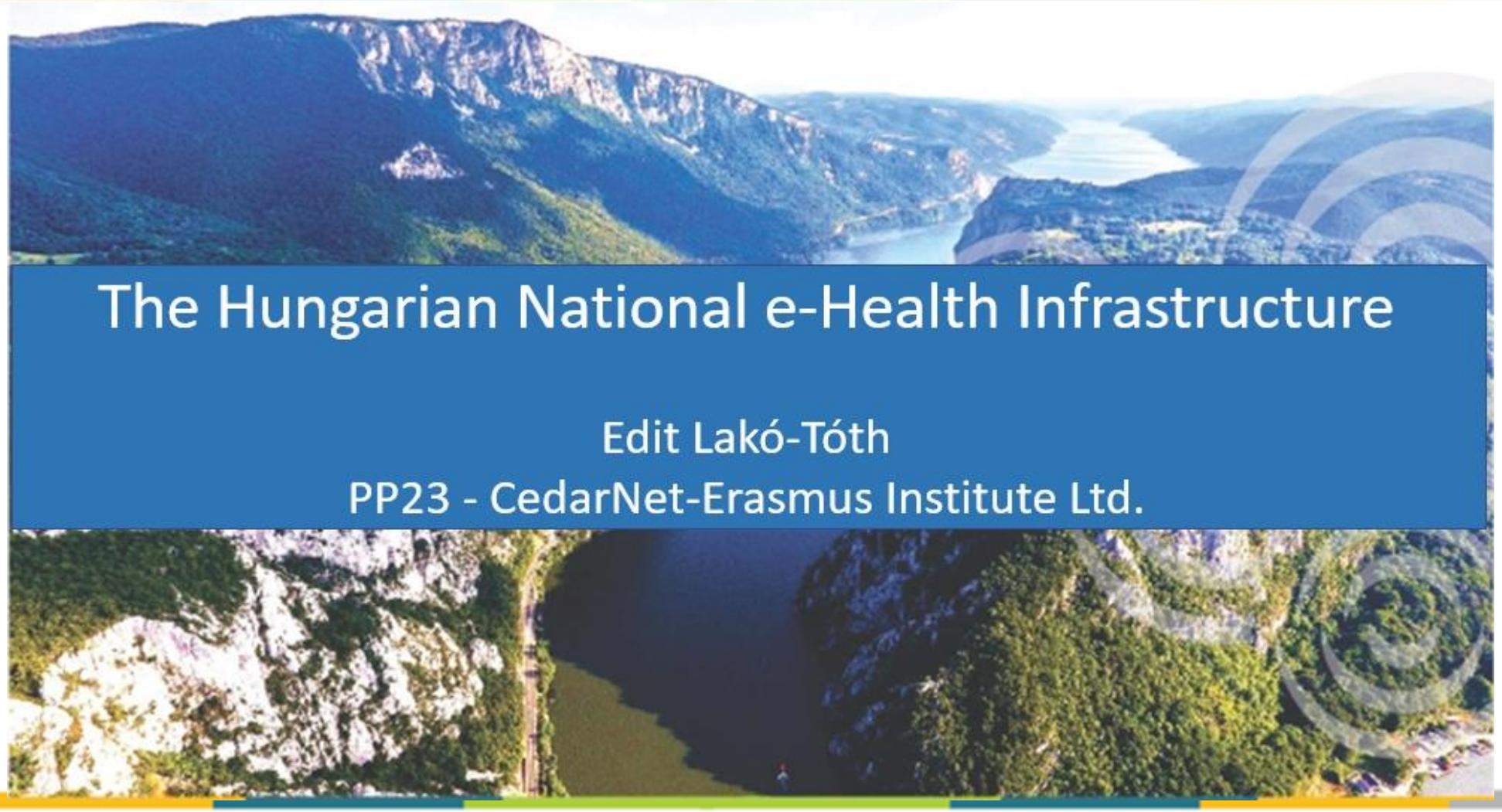
Best practice from Hungary



CEDARNET PROGRAM

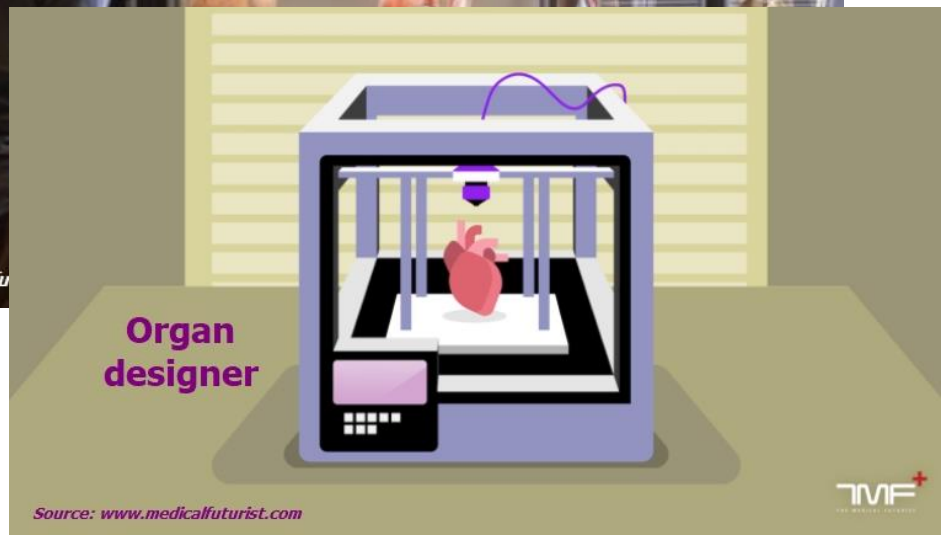
CedarNet is a self-evolving social innovation.
It is an alternative for the operation and sustainability of a rapidly ageing society.
The **CedarNet concept** is based on the multi-purpose use of life and work experiences. It thinks in terms of life stages and calls for an urgent change of approach to ageing.

OUR MISSION

- to change attitudes so that **ageing people are not a problem but a valuable human resource for the society**,
- to make the senior experience useful,
- to make people understand that dealing with ageing is a task for everyone in the society.

FUTURE JOBS IN HEALTHCARE

Source: Dr. Bertalan Meskó - *www.medicalfuturist.com*



FUTURE JOBS IN HEALTHCARE

Source: Dr. Bertalan Meskó - *www.medicalfuturist.com*

National eHealth Infrastructure (EESZT)

Elektronikus	Electronic
Egészségügyi	Health
SZolgáltatási	Service
Tér	Space

WHAT IS IT?

The National eHealth Infrastructure

- is the **eHealth system of Hungary**,
- **innovative approach** in Hungarian health service,
- **centralized communication interface** using cloud-based technologies connects public and private healthcare providers, pharmacies and the population
- **introduced on 1 November 2017** - it was joined by general practitioner services, outpatient and inpatient care institutions and all pharmacies.
- **continuous contact** between health care institutions, therapists and pharmacies,
- the information/data is **consistent**,
- and **accessible** to all eligible participants.

MAIN OBJECTIVES

OBJECTIVES:

- **improving the quantity and quality of services** provided by the Electronic Health Service Space
- **interconnecting the earlier** fragmented health care data systems in all of Hungary, collect all data in a central system,
- **allowing the various treatment locations to access** the necessary information
- **improving the efficiency** of the health sector and the quantity and quality of services provided to the population.
- The ultimate goal of e-Health is **to improve the health of the population, both internationally and domestically**.

INTRODUCTION PHASES

2017, in a first round,

the **most important actors of the care system** - publicly funded GP services, outpatient and inpatient care institutions and pharmacies - joined the Hungarian e-Health system. Furthermore, a major system development "boom" took place in 2016-2017.

By 1 November 2018,

private providers that are legally obliged to report to the Central Implant Registry and the National Hip and Knee Joint Endoprosthesis Registry had to be connected.

And by 1 January 2020,

all medical and dental health care providers providing non-publicly funded services had to complete their connection activities to start reporting to the EESZT from 1 June 2020.

As a result:

In 2020, more than 26,000 doctors and 13,000 pharmacists were regular users of the system in Hungary. From 2020, more than 22,000 institutions, including private providers have access to EESZT.

HOW DOES IT WORK?

ePrescription

eReferral

Event catalogue - online patient pathway tracking

eMedical history

Digital Image Forwarding

CASE STUDY – MR. KOVÁCS

One morning, János Kovács woke up feeling an unpleasant sensation of tightening pain in both his legs. He had health problems and his limbs would sometimes swell up, but he has never experienced such pain and therefore had no idea what the problem might be. After breakfast, he decided to visit his family physician.

Following patient admission at his family physician, he found that he forgot to go to the pharmacy for his latest heart medication.

ePrescription

The physician quickly took a blood test and sent it to the laboratory, then referred Mr. Kovács to the secondary care cardiology service clinic, as he perceived that the patient's condition had deteriorated.

eReferral

Additions to data protection

Family physician

CASE STUDY – MR. KOVÁCS

At the clinic, Mr. Kovács used his e-ID card as proof of identity, and needed no further documents or data entry.
Patient admission only took a few seconds as the electronic referral was immediately transferred from the EESZT with the IT system of the secondary care clinic.
The therapist had immediate access to the notes of the referring doctor as well.
Based on the examination and the medical history of a long-standing heart disease, the cardiologist decided on the most effective and fastest treatment: He prescribed diuretic injection therapy for Mr. Kovács which resulted rapid health improvement.

eMedical history

Physician

Therapist

Electronic prescription

In the meantime, the laboratory also uploaded the results of Mr. Kovács's blood sample requested by the family physician for testing, in the knowledge of which the therapist decided to change Mr. Kovács's medication. The IT system of the secondary care clinic immediately updated the new medication data in the EESZT.

CASE STUDY – MR. KOVÁCS

On his way home, Mr. Kovács decided to step into the nearest pharmacy where he used his electronic identification card to identify himself; the pharmacist could immediately see the list of prescriptions in the system and gave Mr. Kovács the most recently prescribed heart medication. Seeing that Mr. Kovács did not purchase the previously prescribed heart medication, the pharmacist called his attention to the dangers of missing doses of medicine.

ePrescription

Pharmacist

That same night, Mr. Kovács visited the Citizen Portal of the EESZT (eeszt.gov.hu) where he could log in using Client Gate authentication and his Social Security Number (TAJ). On the portal, he looked at the course of his treatment and reviewed the documents related to his care, and the prescriptions page. Mr. Kovács decided to visit the website regularly to make sure that he does not forget to go to the pharmacy for his most recent medication or that he does not miss the upcoming examinations for which his physician referred him.

Citizen Portal

CITIZEN PLATFORM

On the Citizen Portal

- Identification via Client Gate identification and Social Security Number
- Citizens can have access to all data and documents generated in relation to their health care.
- They can **track** the course of their health care,
- view all of **prescriptions and referrals**,
- and **eProfile data** that summarise never or rarely changing data characterising you to ensure that your therapist has these available as soon as possible in case of emergency care.
- within the framework of digital patient consent you can choose who can access your data.

www.eeszt.gov.hu

PROGRAMME AND FINANCE

- Social infrastructure operating programme **with support from the European Union and co-funding by the Hungarian State** (project numbers: TIOP-2.3.2-12/1-2013-0001 and TIOP-2.3.1-13/1-2013-0001
- **Investment**: 4,87 billion HUF (cca 13,5 million EUR)
- Continuous development of the system is ensured by **forms close cooperation of the Hungarian State and the European Union** such as project no. 1.9.6 of the Human Resource Development Operating Programme / EFOP of Hungary.
- The tender **was in line with the Government's Healthy Hungary 2014-2020 Sectoral Strategy for Health.**

GROWING NUMBER OF USERS

- More than **6000 General Practitioners**' practices are active in the system,
- **100 inpatient practices**
- **3,000 pharmacies**
- 8800 private care institutions
- On average, 800,000 new electronic prescriptions (or ePrescriptions) are ordered every day.
- By June 2020, the monthly prescription rate for electronic prescriptions has increased to 90%.
- A total of 22,376 healthcare providers are connected, of which 21,224 are able to provide data.

BENEFITS

For healthcare institutions and their staff:

- ACCESIBILITY: the treating physician can access the patient's health data at any time.
- **POSSIBILTY TO RETRIVE**: 1) physician can retrieve treatment, medicatio, and test data stored in EESZT 2) In the case of emergency
- **TRACKING** - the General Practioner can track the patient's care events.

For pharmacies

- drug safety: interactions, overdoses, adverse drug events can be detected more quickly.
- easier to monitor therapy from pharmacy care systems.

Benefits of EESZT for the public

- Paperless prescription dispensing is possible.
- Avoid unnecessary repetition of tests.
- More information about the patient is available to doctors.
- Care becomes safer and more personalised.

THANK YOU FOR YOUR ATTENTION.

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DIGITAL CITY .WIEN

Stadt Wien

urban innovation vienna

Klima- & Innovationsagentur Wien

ein unternehmen der wienholding

DigitalCity.Wien

Short Overview

What is DigitalCity.Wien Initiative

What we aim for:

DigitalCity.Wien is a joint initiative of the City of Vienna, the Viennese ICT sector, representatives from research & science and the civil society with the aim of developing Vienna into a digital capital.

Our focus is on the following goals:

- Make digital solutions in an coming out of Vienna visible. Locally, nationally, internationally.
- **Network actors of Vienna's digital location with one another and in particular with the City of Vienna and its city administration.**
- Discuss digitalization developments and trends to ensure a future-oriented development in Vienna.
- Implement digital solutions through innovative cooperative projects on site.
- Increase the digital skills of everyone in Vienna: citizens, schoolchildren, administration, science and companies.

DigitalCity.Wien is operated by DigitalCity.Wien association and UIV Urban Innovation Vienna (project office) on behalf of the City of Vienna. The CIO of the City of Vienna chairs the initiative together with the board of the DigitalCity.Wien association.

Organisational Structure

DigitalCity: A Bridge between City and the ICT Sector

City of Vienna
MD-OS/PIKT (MA01),
Government Departments, Politics
UIV (Projekt-Office)

DigitalCity.Wien
Registered Association

Community
(Company and Community Partners
and the wider public)

Icon by Surang

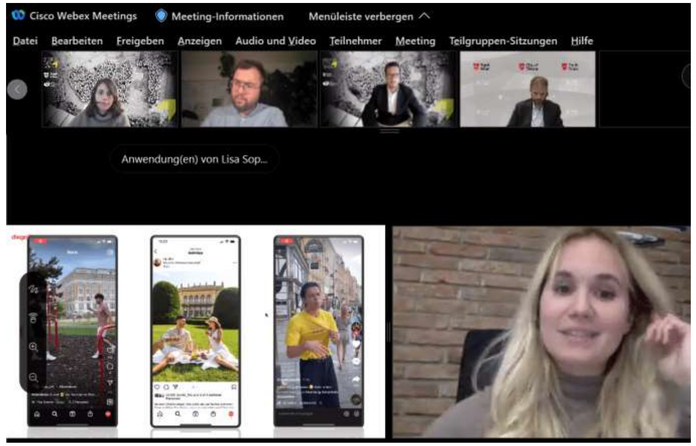
Events, Networking & Awards

Digital Days - Yearly Event.

700 On-Site Participants
700 Online Participants
9 Panel discussions
8 Workshops for schools and company experts
1 Hackathon
1 Award Ceremony (Hedy Lamarr Prize of the City of Vienna)

Monthy Community Meetup

currently digital



30 to 80 meet-up participants
Key-notes and pitch presentations
Networking between city and companies

Hedy Lamarr Prize of the City of Vienna

award for female researchers in ICT

10.000 Euros Award for outstanding contributions to the sector of ICT.

Cooperation & Innovation

Fokus Communities

Initiating innovative Projects and PoC

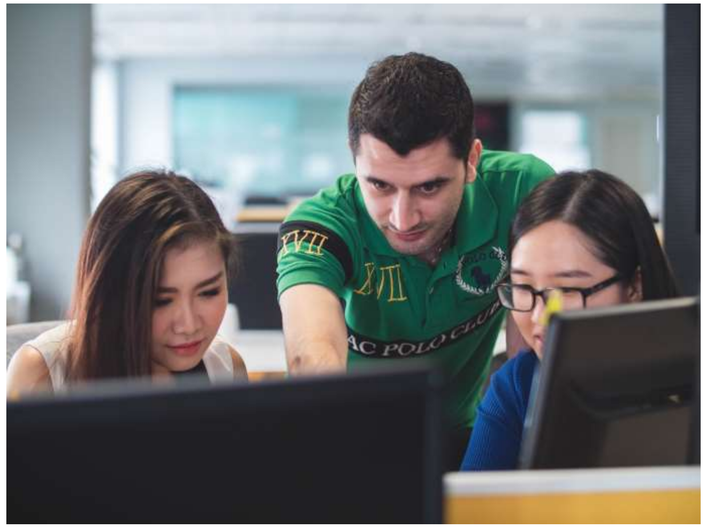
Focus-Communities in the areas

Digital Competencies and Skills
Security & Privacy
Future Technologies
Digital Health

www.digitalcity.wien

Digital skills initiative

covid-pause

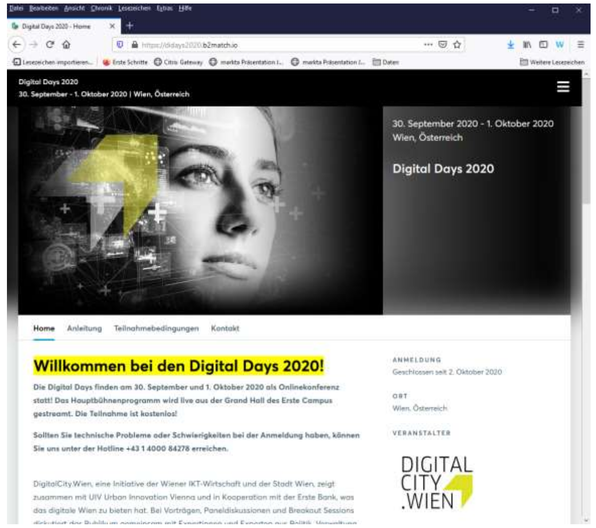


Experts go school

Company partners visit Viennese schools introducing their topic of expertise to kids and teenagers.

Digital Community & Participation Plattform

currently in the build up



Community platform

Access to community events
Marketplace for community members to present their ideas, services and products to the community.

Contact

Want to know more?

Contact:

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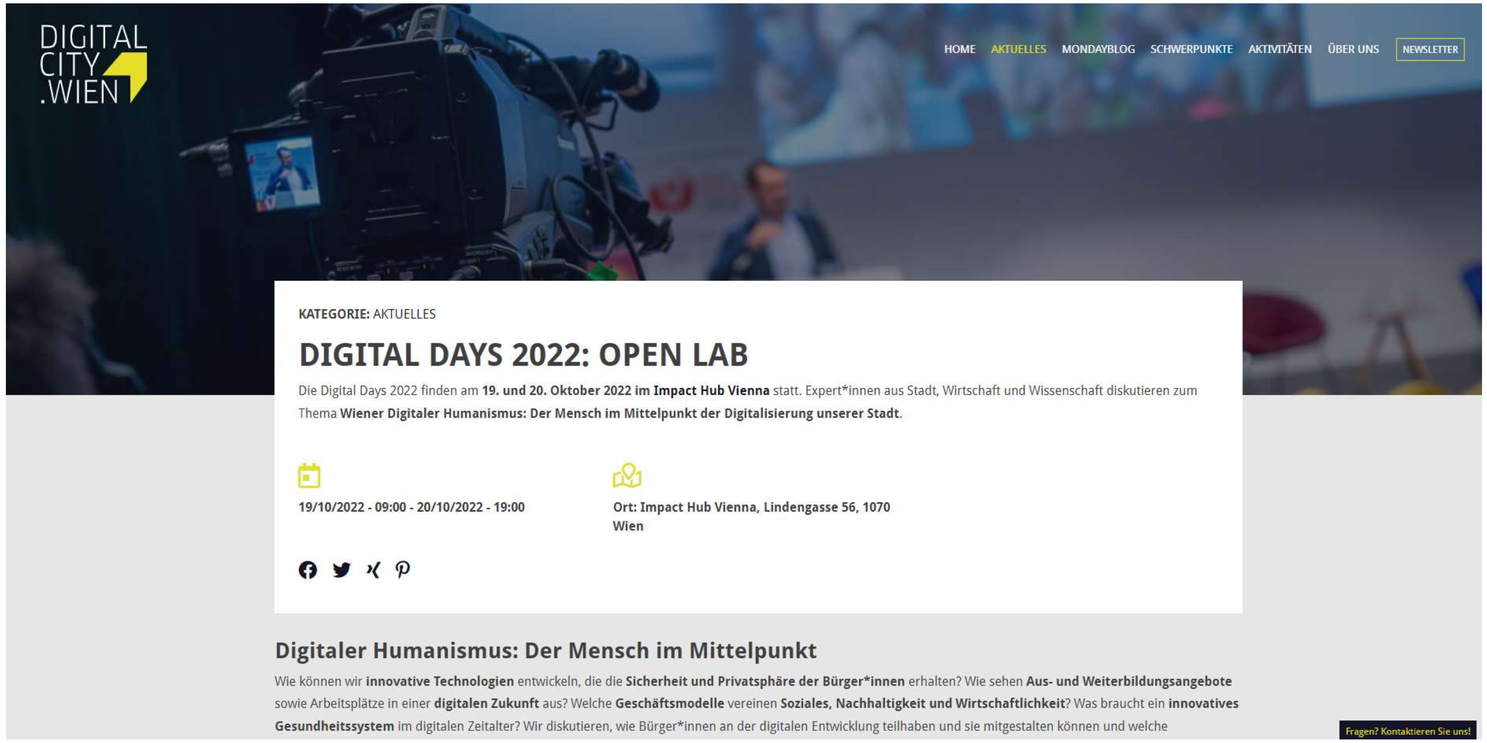


Visit our Website: https://www.digitalcity.wien/

HoCare
Interreg Europe

European Union
European Regional
Development Fund

Good practice from Czech Republic

HOCARE PROJECT - EXTENSION

HoCare project

The Interreg Europe HoCare project aimed to support the provision of innovative home care solutions. The project contributed to optimise Structural Funds investments to strengthen regional innovation systems in healthcare by promoting quadruple helix in regional innovation chains.

- **The ageing of the population is a challenge for all areas of European society. Identifying the potential in developing innovative solutions for home care.**

The project challenge is to help develop the open potential to use innovations in home care.

- **PROJECT OBJECTIVE:** To strengthen the creation of innovative solutions in the field of home care.
- **REALIZATION:** 1.4. 2016 – 31.3. 2020
- **PROJECT OUTPUTS:** collected examples of good practice, thematic reports and policy studies, regional country reports, adaptation of OP calls

PARTNEŘI PROJEKTU: mezinárodní partneři ze zemí EU

HoCare extension

- **AIM:** Produce a regional report describing how national policies in these areas have changed in the context of the COVID-19 pandemic:

1. Home Care/HoCare and related R&I
2. Quadruple Helix - collaboration across key sectors
3. Examples of good practice
4. Information and experience sharing with FP

- **Realization:** 1.10. 2021 – 30.9. 2022

- further exchange experiences on how the crisis affects the issues at stake and on possible measures to face and recover from the crisis,

- to further improve regional development policies to better face this unprecedented situation and recover more quickly.

Project partners

Home care - innovative impulses

- Home Care / Home Care is a narrow segment of the health and medical care industry
- With the rapid emergence of ICT technologies into the mainstream, doors are opening in other sectors

Usability of ICT technologies: for selected and appropriate tasks only

Prospective in terms of implementation of modern technologies and innovations

1. **COVID = impetus for further development**
2. **Encountering new concepts of smart or intelligent home care**
3. **Recent years = rapid emergence of practical applications, introduction of mobile health (mHealth) and telemedicine technologies**
4. **Digital literacy of the population and healthcare professionals is also a key aspect of the development of digitalisation**
5. **Building trust in digital health services among citizens and health professionals**
6. **The big theme of digital security**

Home care - strategic position

- Health care is an integral part of the government's core strategic documents
- The topic of home care (HoCare) and the use of technology is a rather peripheral topic
    - Exceptionally explicitly mentioned in strategic documents - a peripheral topic
    - Improvement over the original period (covered by the original 2016-2020 project)

The state's response to the COVID situation is evident in its strategic thinking

The role of the state is to create an environment that:

- enable collaboration across sectors
- create a knowledge base
- contribute to the effective development and flow of innovation into the health sector and therefore into the home care sector

Strategies at national level can guide the development and shift of digital health and Quadruple Helix collaboration

- Stimulating collaboration = fostering innovation
- This thinking in the form of Quadruple Helix support is evident in the definition of specific and sub-objectives of selected strategic documents at national level

- Motivation for digitalisation, eHealth = to make the service more efficient and to prevent the continuous increase in healthcare costs, which are also supported by the ever ageing population of Europe

STRATEGIC DOCUMENTS

In the areas of HoCare, Digitalization of Healthcare and Quadruple Helix support

MINISTERSTVO ZDRAVOTNICTVÍ ČESKÉ REPUBLIKY

Zdraví 2030: Overview of key objectives

Strategic framework for the development of health care in the Czech Republic until 2030 - Implementation plan for the digitalization of health care

- An important part of the Health 2030 strategy is specific objective 2.3 Digitisation of healthcare. It provides a comprehensive structure of objectives that address both themes - the quadruple-helix ecosystem and research and innovation in home care.
    - 2.3.8 Promote the use of new digital technologies and practices in personalised medicine, home care and integrated care.
    - 2.3.9 Promoting the use of artificial intelligence
    - 2.3.10 Developing the research and innovation base for digital healthcare and developing the knowledge base for digital healthcare
    - 2.3.12 Promoting mobile healthcare and telemedicine technologies
    - 2.3.13 Development of platforms for communication and coordination between public administration, industry and academia for the development of digital services in health and healthcare
    - 2.3.14 Development of general and specific digital literacy programmes for health professionals.
    - 2.3.15 Programmes to build the confidence of citizens and health professionals in digital health services.

MINISTERSTVO
PRŮMYSLU A OBCHODU

Operational Programme
Technologies and Applications for Competitiveness

- In the original HoCare project there was cooperation with representatives of the MIT - OPPIK
  - Note: the original HoCare project achieved modifications of selected calls of the previous OP PIK
- Successor OPPIK 2014-2020
- Start of drawdown during 2022; specific focus of calls

- **Key priority in HoCare, innovation and collaboration:**
  - Priority 1 Strengthening the performance of enterprises in research, development and innovation and their digital transformation
  - Specific objective 1.1 - Developing and strengthening research and innovation capacities and deploying advanced technologies
  - Specific objective 1.2 - Reaping the benefits of digitisation for citizens, businesses, research organisations and public authorities

- **Specific objective 1.2**
  - Supported activities: development and acquisition of specialised software, other digitisation activities, introduction of artificial intelligence
  - Beneficiaries of aid: SMEs and mid-market capitalisation companies, research and knowledge dissemination organisations, operators of research and innovation infrastructure, including regions, municipalities and organisations established by them, non-profit organisations.

MINISTERSTVO
PRŮMYSLU A OBCHODU

National RIS3 Strategy 2021 - 2027

This strategy recognises that the Czech Republic faces the challenge of demographic change in the form of an ageing population. The combination of modern medicine and digital technologies is essential to address the impact of these trends and the sustainability of health systems.
Support priorities:

i. *Development of information and communication systems in healthcare, telemedicine, personalised medicine.*
ii. *Combination of modern medicine and digital technologies*
iii. *Progressive digital technologies such as artificial intelligence (AI) and digital security and connectivity*

Recommendations

Stimulate the creation of new companies based on R&D knowledge, especially from public research, with potential for application in health and medical care (including technologies using artificial intelligence and ICT).

The Ministry of Health has defined 6 basic principles of electronic health care

1. the primary goal of e-health development must be to benefit patients and the quality of health care;

2. the patient's right to receive adequate care; the protection of personal dignity and personal data protection must not be weakened by the introduction of e-health means, but rather strengthened;

3. physicians, other health professionals and other health professionals (hereinafter referred to as "health professionals") must be involved in the projects already at the stage of preparing project plans, planning and designing the solutions to be implemented within the project. The views of the professional community must be actively sought and adequately taken into account in projects;

4. before the introduction of new eHealth tools and services into practice, their usability, quality, stability and performance must always be sufficiently verified and evaluated;

5. when introducing new eHealth services and tools, positive motivation should be used above all and new technologies should be introduced gradually and judiciously so as not to jeopardise the continuity and safety of health service provision, endanger patients or worsen the working conditions of health professionals;

6. wherever possible and appropriate, new solutions should make use of all available scientific research and proven technologies, including standards for the exchange and display of health information

Conclusion - HoCare and Quadruple Helix

- In many strategies, it is evident that the governmental level emphasises the integration and cooperation of different sectors
- One example is the Health 2030 strategy, which, among other things, targets:
  - Creation/development of new scientific research and innovation centres
  - Institutionalization of platforms for communication and coordination between public administration, industry and academia
- This is a qualitative shift in strategic thinking
  - The (not only) MoH applies principles that allow to implement modern technological solutions that may not be isolating in nature.
  - On the contrary, measures will be supported that are not only innovative and the output of the work of innovative companies, but will be created with the support of end users -> in this case doctors, health professionals and possibly of course patients
- Strategic "theoretical" vision based on the focus of the strategic documents, the key is to work on implementation

EXAMPLES OF PROJECTS AND INITIATIVES

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC - eHealth

The main objective of the project is to introduce a higher standard of care for the elderly and people with health limitations (chronically ill citizens), using new and more modern technologies.

Assistive care and telemedicine should increase its users' sense of security in everyday life at home and outdoors. Thanks to the new possibilities, these people can live a full life without fear and in their own home environment in old age or with health limitations.

This project was directly linked to the cooperation with doctors, who play a vital and indispensable role.

The aim of the project was to create a unique setup of inter-ministerial cooperation between the Ministry of Labour and Social Affairs (social/emergency care) and the Ministry of Health (health care).

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC - eHealth

The project promotes the Quadruple-Helix. Multiple stakeholders from different sectors were involved in the preparation and implementation of the project as well.

An important aspect of the eHealth project is the linking of the social and health sectors. Although it is a social service, in addition to social workers, a doctor, either on discharge from the hospital or a general practitioner with whom the individual is registered, may suggest its use depending on the individual's situation.

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC - Research of the Operational and Economic Model of Telemedicine Care

The main aim of the project is to investigate and propose appropriate operational and economic models for the provision of telemedicine services in CZ, which will subsequently support quality of health care provision in CZ and thereby increase quality of life.

Partial aims of the project are:

- **To prepare a background analysis on the organization and economy of care**
- **Obtain appropriate data for review**
- **Evaluate the data obtained and propose economic and operational models**
- **Test and evaluate the models**
- **Define conclusions and recommendations**

The main output of the project will be a research report, which addresses appropriate economic and operational models and a feasibility study, which verifies these models with examples of the applicant's services.

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC – HoCare 2.0

The HoCare2.0 project aims to deliver highly innovative, digital-based, customer-centered home care solutions for the elderly. The project targets this area for innovation due to the ageing of European society.

This process opens up a significant market – the Silver Economy – which still lacks solutions that are designed with the elderly.

The success of newly delivered ICT based solutions and products depend largely on two main factors:

1. The solution must meet with the real needs of end-users;
2. End-users need to accept the solution.

It often happens that one might have a fitting solution, but it is not used by the elderly as they are not comfortable with the technology.

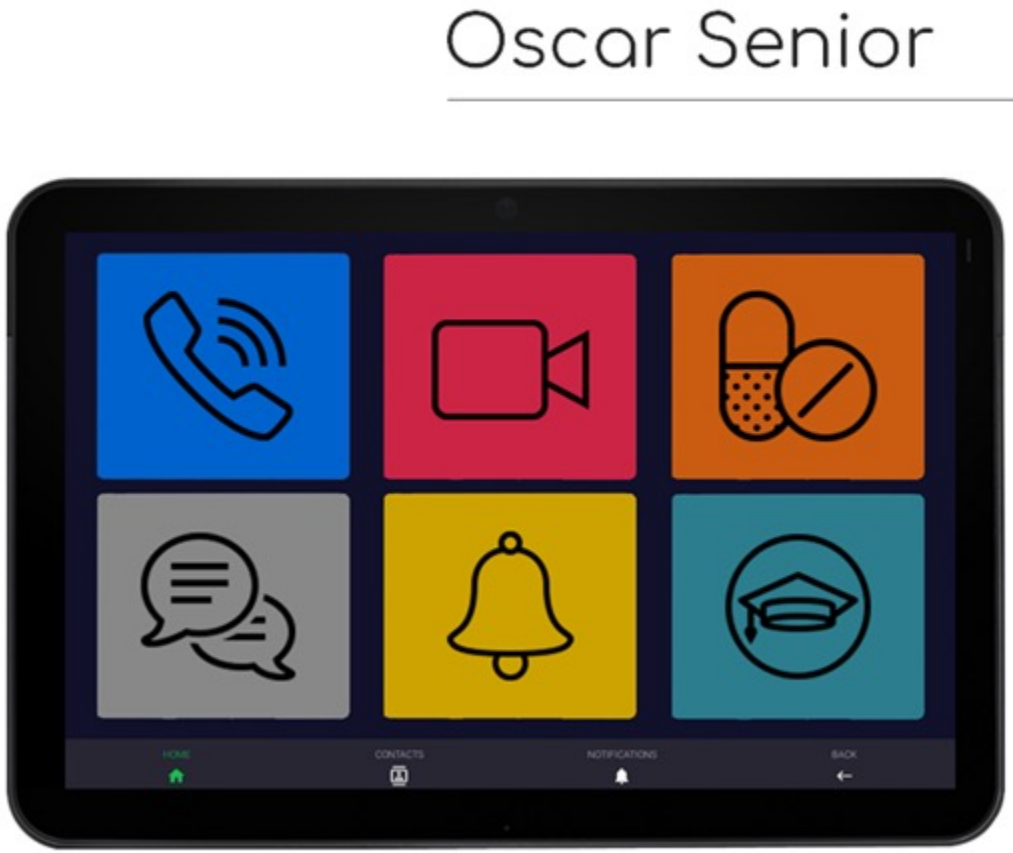
Therefore, project involving the elderly in the design process.

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC – HoCare 2.0

Main results

1. HOCARE2.0 network connects co-creation labs and disseminates information to new areas in central Europe
2. Implementation of 6 PILOT projects with public service providers and 12 pilot projects with SMEs.
3. 2 innovative tools for implementing cooperation between SMEs and public service providers.
4. Training 285 employees of SMEs or public service providers.

MAIN INNOVATIVE REGIONAL PROJECTS IN CZECH REPUBLIC – HoCare 2.0



Oscar

A communication device for remote communication between the snorer and the listener.

An existing device for which we have developed a voice control to make the application easier to operate for seniors who have problems with, for example, fine motor skills.

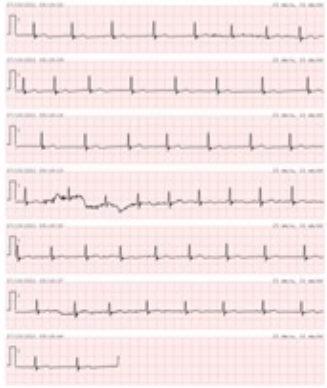
Examples of innovative projects in cooperation with QH

Mediware – Inspect Life

A comprehensive web-based information solution for the provision of telemedicine, surveillance and home assistance services. Inspectlife is flexible, scalable and ready for customization.

Benefits of a telemedicine solution:

- **Telemedicine is the ideal care solution for patients with COVID-19**
- **Ensure continuous monitoring of patients and minimize the spread of infection.**
- **Protect healthcare providers.**



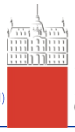
HoCare
Interreg Europe

European Union
European Regional
Development Fund

Thanks for your attention

DEX INNOVATION CENTRE

Project ID: DTP656 | Project co-funded by European Union funds (ERDF, IPA, ENI)



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EXCHANGE OF EXPERIENCES AND SELF-ASSESSMENT TOOL
Project ITHACA (Interreg Europe)

Mojca Šetinc, Lea Lebar, Vesna Dolničar

Center for Social Informatics, Faculty of Social Sciences, University of Ljubljana

D-CARE TRANSNATIONAL STRATEGY VIRTUAL CONFERENCE

October 18, 2022

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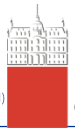

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About ITHACA project

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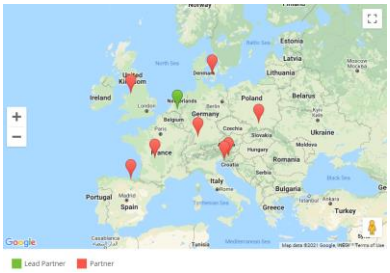
About the project

January 2017 – August 2021 / September 2021 – August 2022

- 9 partner regions from 9 EU countries
- In the ITHACA project, 9 regions from the EU shared experiences and good practices on smart health and care innovation, to improve active and healthy ageing. A key aim of the project was to refine regional policies in order to support innovative businesses, create growth and scale up the deployment of innovative health and care solutions.



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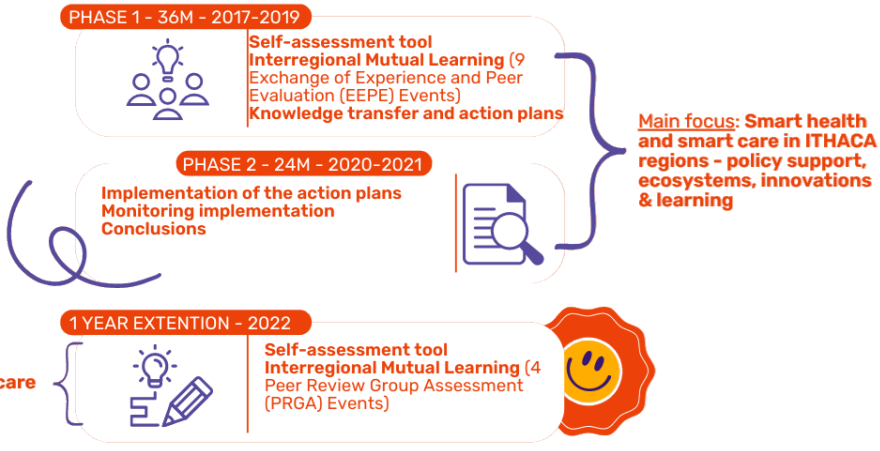
Key milestones of the project



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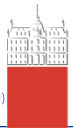

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PHASE 1

January 1, 2017 – December 31, 2019

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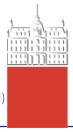

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Self-assessment tool I (2017)

- CSI developed online self-assessment tool survey, enabling regional stakeholders to identify their regions' **strengths and weaknesses across the innovation cycle**, **policy framework**, **ecosystems**, and **policy learning performance**. CSI was also in lead of data collection and data analysis. Results served as an input for the development of 9 regional action plans.
- In total, 544 of stakeholders across nine European regions have responded. The highest absolute numbers of responses were collected in Slovenia, Italy and Poland, and the lowest in Denmark and the Netherlands.

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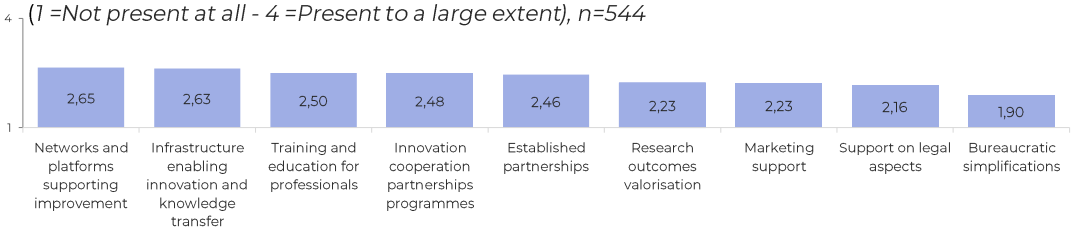
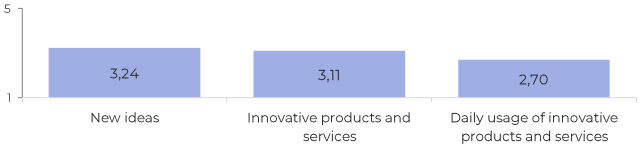
A brief insight into the results

Extent of the **support services**, for developing and scaling up of smart health and care solutions (*1 =Not present at all - 4 =Present to a large extent), n=544*



Intensity of the occurrence of the listed **developments** in the field of smart health and care
(1=Very low intensity – 5=Very high intensity), n=544



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A brief insight into the results

Respondents' agreement with the statements regarding **regional policy frameworks related to development and use of technology-enabled services** for smart health and care
(*1 =Strongly disagree - 5 =Strongly agree), n=544*

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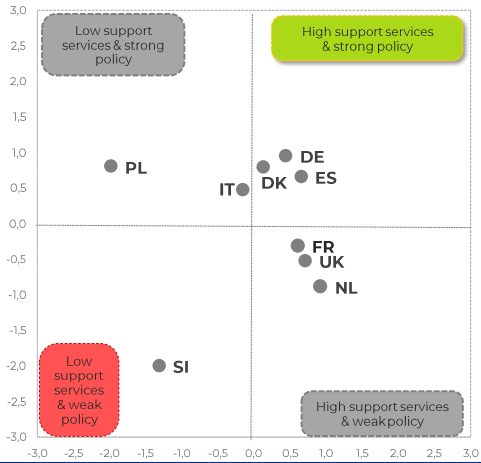
A brief insight into the results



In comparison of regions by innovation support services index and regional policy framework index, **Spain and Germany are positioned as regions with high support services and strong policy**, while Slovenia is positioned as a region with low support services and the weakest regional policy. Poland, on the other hand, is positioned as a region with strong policy but low support services, while in the Netherlands the situation is reversed.

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Interregional mutual learning

- During Phase 1 of the project, each project region organised one two-and-a-half-day **Exchange of Experience and Peer Evaluation** (EEPE) event.
- EEPEs were comprised of series of presentations, practical demonstrations of regional solutions for smart health and care, discussions between speakers and delegates and site visits to inform the visiting delegation of experts what is the situation in the region in relation to the ITHACA project objectives.
- The EEPEs concluded with an interactive and structured **peer evaluation session** with the presence of representatives of policymakers and/or other important regional stakeholders.

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Slovenian EEPE (October 2018)






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An example: Recommendations for Slovenia after EEPE

- *Strong base of the civil society could be better integrated in the future partnerships.*
- *There is a need for the bridge between all stakeholders and those who are going to execute the strategies and plans. And "trust" is the keyword for this connection which can serve as a basis for the future development and implementation of strategies.*
- *Due to the small size of the country, sustainable business models are needed.*
- *Networks, ecosystems and clusters could be better formalized and more structured.*
- *It has to be clear what is the contribution of the innovations for the people.*
- *We should be looking ahead to adoption and full implementation, and looking at the sustainability right from the beginning.*
- *More partnerships need to be developed.*
- *Support is needed to bring the pilots to the next step, which is not necessarily financial, but can also be coaching... And if you bring enterprises together and ask them what do they need to be able to move to the next step, you can make it together.*
- *Key direction to boost the innovation process are foreign investments and partners.*

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Knowledge transfer and action plans

- On the basis of framework strategy (prepared during the project), guiding toolkit for the preparation of action plan, its self-assessments, ex ante and ex post evaluations and EEPE case study, **each ITHACA region developed an Action Plan** to enhance its policy instrument and to refine and verify its goals.
- The rich experience within ITHACA added considerable value at this crucial stage.
- Partner experts contributed to and peer reviewed the Action Plans.

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Addressed policy instruments

1	Operational Programme Zuid-Nederland 2014-2020 (OP Zuid) Operational Programme South-Netherlands ER...	Yes	No	Province of Noord-Brabant	NL
2	ERDF-OP 2014-2020 TO1 Research and innovation (does not apply to the 5th call)	Yes	No	Region Zealand	DK
3	Operational Programme for the Implementation of the EU Cohesion Policy in the Period 2014-2020	Yes	Yes	Slovenian Ministry of Labour, Family, Social Affairs and Equal Opportunities	SI
4	POR FESR 2014-2020 della Regione Friuli Venezia Giulia ROP ERDF 2014 – 2020 of the Friuli Venezia G...	Yes	No	Friuli Venezia Giulia Autonomous Region	IT
5	EU Structural and Investment Funds Strategy 2014-2020: Liverpool City Region	Yes	Yes	Liverpool City Region Local Enterprise Partnership	UK
6	OP Limousin 2014 - 2020 ERDF ESF (CCI number 2014FR16N20PO006)	Yes	Yes	Regional Council Aquitane Limousin Poitou-Charentes	FR
7	Basque Country ERDF Regional Operational Programme 2014-2020	Yes	Yes	Department of Treasury and Finance, Regional Government of Basque Country	ES
8	Regional Operational Programme for the Malopolska Region for 2014-2020.	Yes	No	The Malopolska Region	PL
9	European Regional Development Fund (ERDF) Programme Baden-Württemberg 2014-2020: Innovation and Ener...	Yes	Yes	State of Baden-Württemberg, the Ministry of Social Affairs and Integration (formerly the Ministry of Labour and Social Affairs, Families, Women and Senior Citizens)	DE

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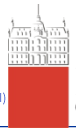

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An example: Slovenian action plan

- Name of the action: Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law (a public call for tender published by Ministry of Health)
- Through lessons learnt from other partners and presence of high-level ministry representatives in ITHACA meetings, our main goal was to learn from ITHACA partners and to influence the call for tender *Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law* in order to include financially sustainable tailor-made telecare solutions that would assist people, some with complex needs, to live independently at home and prevent their institutionalization.

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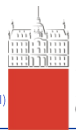

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An example: Slovenian action plan

- Proofs of our success:
  - Mandatory inclusion of e-services in the set of services received by users involved in the project *Pilot projects that will support the transition to the implementation of the Long-term Care Law*.
  - Involvement in the evaluation of pilot projects.
  - Presentation of pilot projects by policy makers representative at ITHACA events.
  - Presentation of pilot project at ITHACA event in San Sebastian.
  - Organisation of the meeting for pilot sites involved in the project.
  - Policy workshop.
  - Close collaboration with partners from Liverpool on the topic of e-services.

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Phase 2

January 1, 2020 – December 31, 2021

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Activities of the Phase 2

- Main aim of the Phase 2 was the follow-up of the implementation of the regional action plans and mobilisation of relevant stakeholders for its implementation.
- During Phase 2, project partners met to learn from each other by exchanging on the success and difficulties met in the implementation of their action plan.
- Each partner organised dissemination event gathering executives and policy makers from the region with an aim to promote project achievements and to disseminate the results of the action plan implementation to a large audience.
- Finally, partners met to exchange and draw conclusions on the two years of action plan implementation.

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5th call additional activities

September 1, 2021 – December 31, 2022

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Additional ITHACA activities

- Aim of the additional activities was to address the COVID-19 crisis.
- The second part of the ITHACA project, which lasted for one year, focused on innovative solutions in health care, social care and well-being management that have emerged during the epidemic or have become more widespread during this period.

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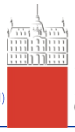

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Self-assessment tool

- CSI developed new version of online self-assessment tool survey aimed at identifying good practices from the COVID-19 period, related to four themes:
  1. Telehealth (remote monitoring and virtual wards)
  2. Digitalisation (automising processes & data analytics)
  3. Integrated Care & Digital tools
  4. Social Care Support (tackling social isolation and mental health)

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Examples: Slovenian good practice I

- The telemedicine ecosystem – telemonitoring of COVID-19 patients (University Medical Centre Ljubljana):

  COVID-19 patients received a take-home kit – a tablet, a thermometer, a pulse oximeter and a blood pressure monitor. They take measurements twice a day at home. Measures were transmitted via the tablet to the clinical portal in the telemedicine center.The results were monitored by the medical staff who took action where necessary.

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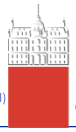

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Examples: Slovenian good practice II

- Covid-19 Tracker Slovenia:

  The "Covid-19 Tracker Slovenia" project collects, analyses and publishes data on the spread of the SARS-CoV-2 coronavirus, the cause of COVID-19, in Slovenia. Authors wish to give the public a better overview of the magnitude of the issue and a proper assessment of the risk.

  The project was initiated by Luka Renko who began collecting data in the beginning of COVID-19 epidemic and has grown steadily into a team of 20 to 45 volunteers and active participants due to increasing need for data input and verification, as well as programming. It is a crowdsourcing project, supported by massive voluntary participation.

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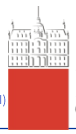

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Interregional mutual learning

- Project partners from Liverpool (UK), Basque Country (Spain), Baden-Württemberg (Germany) and Malopolska (Poland) organised Peer Review and Group Assessment (PRGA) events. One event was dedicated to each of the themes that were also the topics of the self-assessment survey (see previous slides).
- Alongside the last PRGA event, the Knowledge transfer event, aimed at sharing good practices on digital innovations for health, care and well-being emerging from the PRGAs and experience of support for businesses was organised.

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For more information about the ITHACA project visit project's homepage.