

Joint transnational conclusions and political statements underlining the role and importance of tele-health to attract health workers to remote primary care

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1. Short Abstract

The overall aim of PrimCareIT was to raise the attractiveness of remote primary health care for medical professionals by the means of tele-consultation and tele-mentoring. Thereby the project could counteract brain drain and professional isolation in sparsely populated areas for more equal access to primary health care in the Baltic Sea Region (BSR).

One of the tasks of the work-package 6 was to organise the stakeholder and policy involvement at high-level for the PrimCareIT Final Conference. Another was to gather joint transnational conclusions and political statements of decision makers in the BSR as basis or accelerator for large-scale deployment of tele-consultation and tele-mentoring in the partner regions and beyond.

The document on hand contains the summary of statements made during the PrimCareIT Final Conference and joint transnational conclusions as well as the written agreements signed by stakeholders, decision makers, professionals and politicians in Health Care in participating countries. By this, the document is a result of the presentations and discussions of project partners with stakeholders held during the whole project phase (documented in output 6.2). Both the joint transnational conclusions and signed statements show the existing will of politicians and health care professionals to promote the development in tele-health and the large-scale deployment of tele-consultation and tele-mentoring.

2. Introduction

During the PrimCareIT project period, the WP6 members have established contacts with stakeholders (professionals, managers, decision-makers, politicians etc.), i.e. all relevant persons concerning large-scale implementation and deployment of tele-health (reported in outputs 6.1 and 6.2). These stakeholder contacts and events consisting of presentations of PrimCareIT project, presentation and discussion of pilot experiences, results and further implementation were established in order to keep relevant stakeholders updated about the project progress and interim results as well as to get feedback and to place the project's issues on the political agendas.

The stakeholder contacts have facilitated stakeholders' attendance to the PrimCareIT Final Conference "Connecting Health Care Professionals via ICT – Tele-mentoring and Tele-consultation in Primary Health Care" on February 14th, 2014 in Tallinn, Estonia, and stakeholders' participation in the "Round Table Discussion". Based on these contacts also policy discussion on the strategic opportunities of tele-health, such as tele-consultation and tele-mentoring, were raised. It also raised interest among involved stakeholders to sign statements that advocate further implementation of tele-consultation and tele-mentoring in accordance to the results and best practices of the PrimCareIT project. These political statements aim to be "door-openers" and facilitate further discussions about large-scale deployment of tele-consultation and tele-mentoring in the partner regions and beyond.

3. Stakeholder involvement and discussion at the PrimCareIT Final Conference

The PrimCareIT Final Conference “Connecting Health Care Professionals via ICT – Tele-mentoring and Tele-consultation in Primary Health Care” was held on February 14th, 2014 in Tallinn, Estonia. More than 120 guests participated.

The conference was dedicated to showing the results from the work in the PrimCareIT; including investigations as base for implementation of ICT-solutions and strategies, results and lessons learned from the pilots on implementation of tele-mentoring and tele-consultation, and stakeholder involvement. Further aim was to look forward on joint strategies on ICT-solutions for counteracting health care professionals’ brain drain and professional isolation in rural areas in the Baltic Sea Region.

Target groups were the stakeholders documented in the output 6.1. This stakeholder list was updated by the Responsible Stakeholder Contact Persons (RSCP) for each country in September 2013. The updated lists served as base of the address list with high relevance in view to the invitation to the Final Conference. See also the conference website www.primcareit2014.net.

3.1. Round Table Discussion – Concept

One session at the Final Conference was a "Round Table Discussion" (RTD). The RTD was prepared as a meeting place for discussion of joint transnational policy issues on ICT-innovations and solutions. The RSCP invited politicians and decision-makers from each participating country.

The aim of the RTD was to increase awareness of political intentions and strategies for ICT (example tele-consultation and tele-mentoring) and how these can be implemented in health care in participating countries, and in transnational collaboration. The purpose was to look into the future and not on existing problems, as they are rather similar in the participating countries. The discussion should therefore focus on; visions and strategies to prevent and avoid brain drain in rural primary health services; future ICT-innovations and new technical solutions; transnational collaborations in future activities.

The discussion points focused on:

- ICT solutions such as tele-consultation and tele-mentoring as potential/suitable tools for retaining professional competence and avoiding brain drain in rural primary health services in the participating countries.
- Political will and existing strategies for ICT-implementation in health care in the participating countries.
- Ongoing large-scale deployment of tele-consultation and tele-mentoring.
- Financial aspects; potential cost-savings and benefits of using ICT, tele-consultation and tele-mentoring
- Necessary supporting factors for implementation of tele-consultation and tele-mentoring in the countries/regions
- National/transnational collaboration potential in ICT implementations.

Seven political representatives from the six countries where pilots were carried out by the PrimCareIT project partners participated in the Round Table Discussion (out of the total of seven



project partner countries). The participants represented national and regional departments, boards and associations.

- Liudmila Zhilevich, Head of the Department of Primary Health Care, Ministry of Health of the Republic of Belarus.
- Ivi Normet, Deputy Secretary General for Health of Ministry of Social Affairs of Estonia
- Diana Ingerainen, Head of Estonian Society of Family Doctors.
- Aulis Ranta-Muotio, Chairperson of the board of South Ostrobothnia Health Care District, Finland.
- Eriks Mikitis, Director of the Health care Department at the Ministry of Health of the Republic of Latvia.
- Justina Januševičienė, Head of Health Care Services Acceptability and Accessibility Monitoring Unit at Ministry of Health of Lithuania.
- Per Mosseby, Director of the Center for eSociety at SALAR (Swedish Association of Local Authorities and Regions).

3.2. Round Table Discussion – Summary

The Round table discussion was video-recorded and is available on the conference website www.primcareit2014.net as well as at http://www.youtube.com/watch?v=CGTAPB0kU8&feature=player_embedded. The following summary of the discussion shows that the political will is strong, there is need for ICT solutions as tele-consultations and tele-mentoring. Anyhow several factors influence a wider implementation, obstacles have to be overcome. The questions addressed to the political representatives were prepared by the WP 6 members.

Do you consider ICT solutions such as tele-consultation and tele-mentoring to be potential/suitable tools for retaining professional competence and avoiding brain drain in rural primary health services in your country?

All speakers agreed that ICT solutions such as tele-mentoring and tele-consultation are of great importance. They contribute to the political aim to provide equal access to health care services. “Demographic morbidity shows that there are great inequalities between very well inhabited cities and remote areas. I strongly believe that ICT measures such as tele-mentoring and tele-consultation could encourage GPs to work in remote areas,” said Justina Januševičienė, Ministry of Health in Lithuania. Liudmila Zhilevich, Ministry of Health of the Republic of Belarus, added: “Tele-consultation and tele-mentoring as tools would help professionals to work in remote areas. Not only would these increase the motivations of the professionals, they also secure the patient treatment process.”

Is there political will and are there existing strategies for ICT-implementation in health care in your country?

The initial situation in the six countries is similar: demographic change and a lack of health care professionals in rural areas. The political will to implement ICT seems therefore to be quite strong, yet the level of strategies varies greatly. Per Mosseby, Swedish Association of Local Authorities and Regions, remarked that there are still some organisational problems. At the same time this situation is intensified due to the observed specialisation in medicine, so there is a surplus of health care specialists in larger cities. While there are already some strategies in place, the cooperation are not as effective as they could be. Justina Januševičienė would like to see that by 2020 eHealth is no longer considered an aim but an integrated part of health care.



Is there large-scale deployment of the tele-consultation and tele-mentoring in your country already?

While some interesting projects are already being carried out, there is no large-scale deployment of tele-consultation or tele-mentoring in use in Estonia yet, said Ivi Normet, Estonian Ministry of Social Affairs. The same can be observed in the other five represented countries.

Financial aspects: What are the potential cost savings and benefits of using ICT, tele-consultation and tele-mentoring?

Generally, it is easier to convince people to develop new technology when it is going to save money. However, Justina Januševičienė said that while money is an important factor, other benefits such as quality and availability should also be taken into consideration. Aulis Ranta-Muotio, South Ostrobothnia Health Care District, pointed out that ICT implementation could, especially with regard to Finland and the long distances that need to be covered, save a lot of time and thus money. Eriks Mikitis, Ministry of Health of the Republic of Latvia, additionally voiced some concern that the new technology is going to eliminate the work for the doctors.

What are the necessary supporting factors for the implementation of the tele-consultation and tele-mentoring in your country/ region?

All speakers agree that investment costs are one of the main aspects concerning the implementation of tele-mentoring and tele-consultation. However, extensive training and professional IT-support for the health care professionals are vital. Diana Ingerainen, Estonian Association of Family Doctors, stressed that the use of the new technology must also be taught to doctors and nurses. Yet, “there is strong ideological support towards eHealth but we should not just concentrate on technical aspects. Embedding new technologies require complex processes of change in attitudes and in the whole patient service funnel,” added Eriks Mikitis.

Do you see national/ transnational collaboration potential in ICT-implementation? Do you have any ongoing national/ transnational collaboration?

As far as national and transnational collaborations are concerned, the speakers are of the opinion that, although there is an increase taking place, this needs to be taken further still. This is also true for sharing experiences with the neighbouring countries.

Conclusion

Generally, there is political will to advance the developments in tele-mentoring as well as tele-consultation. Projects such as PrimCareIT provide new experiences that help to advance any already existing strategies. Communication is a key factor, not only doctors but also patients have to be made aware of the benefits. Training, too, is important so that the full width of the technology can be used. All in all, very different steps have to be taken until the technology can be implemented in full: “We need the right attitude, we need finances, we need collaboration, we need political will, good communication, possibly new laws, and we need to involve the medical professionals and the patients as well,” summarised Paul Fairchild, moderator of the conference.

4. Statements from participating countries

In order to ensure the sustainability of the pilots in tele-consultation and tele-mentoring as well as for further development, the project partners aimed to provide political statements stressing the will of stakeholders to track on the implementation of tele-consultation and tele-mentoring. As there

was no pilot in the participating region Schleswig-Holstein – for organisational reasons – there is no correspondent statement from Germany.

The Finnish partners were responsible for planning the common sample document for all of the partner countries of the PrimCareIT project. A sample document was provided in English. However, it was agreed among the partners that the document could be translated in national languages in each partner country. In case that a project partner preferred to use the sample document in English they would be also given an option to do so. The sample document would only be used as an example but the main points of the agreement should be the same in each country. Each project partner asking a signature from a political body was obliged to negotiate the content with the signing organisation.

A challenge for creating the sample document was that in each country the political bodies involved would be different. Some of them represented a national organisation whereas some represented regional or local health care organisations. Also the decision making system and organisation of the health care in each country is significantly different. These aspects were the main reason to make the sample document in English as a guiding example. A first version of the sample document was provided before the end of the year 2013. The document was discussed among the WP6 members. The final version of the document was agreed before the Final Conference of the PrimCareIT project February 13, 2014 in Tallinn. The signatory processes were discussed in the Adobe Connect meeting held on March 17, 2014.

The final statements composed of three types of documents:

- Agreement or Letter of Intent
This statement was aimed to be an agreement with partners involved in the project on continued expand of tele-consultation and/or tele-mentoring in the future or a statement that advocates continued implementation of tele-consultation and/or tele-mentoring in regular work in accordance to the results and best practices of the PrimCareIT project.
- Guidelines to implementing tele-consultation and tele-mentoring
This statement was aimed for the health care organisation in which the project pilots on tele-consultation and tele-mentoring have been implemented with willingness to continue further implementation in accordance to the results and best practices of the PrimCareIT project. The challenges and requirements for successful implementation of tele-consultation and tele-mentoring, as they have been described above and further in the integrated transnational strategy paper (output 3.4), will be the basis for these actions.
- Political statement
This statement was aimed for the politicians and decision makers as a sign of intentions and willingness to take into consideration the good practices and recommendations of the PrimCareIT project, as support for the future decision making.

Totally 21 statements were signed (▶ Appendix 6).

4.1. Belarus

The agreement between BelMAPO (Belarusian Medical Academy of Post-Graduate Education) and Ostrovets CRH (Ostrovets Central Regional Hospital) aims at continuing activities started in the frame of PrimCareIT project using the purchased equipment and gained experience. The copy of the agreement is attached. The agreement about a cooperation between BelMAPO (Belarus)



and National Health Service in Latvia has been approved by both parties, and signed by the Rector of BelMAPO. The aim is to improve primary medical care in both countries using IT (▶ Appendices 6.1.1, 6.1.2).

4.2. Estonia

In Estonia four documents have been signed.

There is a political statement about the intention to follow the good practices and recommendations of the PrimCareIT project as support for the future decision making.

There are the guidelines of implementing tele-consultation and tele-mentoring according to the results and best practices of the PrimCareIT project.

Two agreements have been signed by the Estonian Society of Family Doctors and by Terviseagentuur Ltd (Vormsi Primary Health Care Centre). The agreements state that the partners who were involved in the project are willing to continue implementation of tele-consultation and tele-mentoring in regular work in accordance to the results and best practices of the PrimCareIT project. Furthermore the organisations will continue to expand the continuous education about the topic in the future. The documents have been signed by Ruth Sepper, Director of Institute of Clinical Medicine, TUT, Diana Ingerainen, the President of ESDF who is also significant stakeholder in Estonia, and Madis Tiik, who is doctor and eHealth developer in Estonia (▶ Appendices 6.2.1, 6.2.2, 6.2.3, 6.2.4).

4.3. Finland

In Finland five statements were signed.

One statement on taking the good practices and recommendations of the PrimCareIT into consideration was signed by Kirsti Kähärä, chairman of AKSILA (Department of Primary Health Care and Health Promotion), and Jaakko Pihlajamäki, the director of the South Ostrobothnia Health Care District. Kirsti Kähärä also is a chief medical doctor of Joint Municipal Primary Healthcare Authority of Suupohja subregion.

Based on this document in English, the Finnish partners also created a more detailed and binding document in Finnish. This was also signed by Kirsti Kähärä and Jaakko Pihlajamäki. Representing all of the sub-regional Primary Health Care Districts as well the South Ostrobothnia Health Care District Aksila would be affecting all of the main regional actors needed in promoting tele-mentoring and tele-consultation in South Ostrobothnia.

The guidelines for implementing tele-consultation and tele-mentoring in future based on PrimCareIT findings was signed by the director of Kauhava Primary Health Care District, Antti Perkkalainen.

The fourth and fifth statements are agreements on tele-mentoring and tele-consultation co-operation in South Ostrobothnia Health Care District and Kauhava Primary Health Care District on the development of tele-consultation and tele-mentoring to be more and more regular function. They were signed by the director of Kauhava Primary Health Care District, Antti Perkkalainen and the director of the South Ostrobothnia Health Care District Jaakko Pihlajamäki. (▶ Appendices 6.3.1, 6.3.2, 6.3.3, 6.3.4, 6.3.5).



4.4. Latvia

The set-up of the Latvian pilot will persist in terms of tele-consultations in dermatology and endocrinology as well as for cardiology. Thus two new ways of cooperation were established. Agreements were signed between the National Health Service, eight GPs and two companies involved.

Instead of signing a separate political agreement the Latvian Ministry of Health integrated the findings from the PrimCareIT pilots in its national 'Strategy for Primary Care 2014-2016'. Especially one of the key paragraphs – to increase the communication between general practitioners and specialists – was developed as a result of the accompanying workshops of PrimCareIT. In April 2014 this strategic document was adopted by the cabinet of ministers of Latvia and signed by the Prime Minister of Latvia.

A transnational agreement on cooperation between the Belarusian Medical Academy of Postgraduate Education (BelMAPO) and Latvian National Health Service has been signed by the Belarus partner. In any case this cooperation will be continued because of many linking-ups on expert level. Meetings are already prepared in order to prepare upcoming projects and events (▶ Appendices 6.4.1, 6.4.2, 6.4.3, 6.1.2).

4.5. Lithuania

In Lithuania four statements were signed.

The main decisions on eHealth developments in Lithuania are taken in rather centralised way by Ministry of Health (MoH) departments. Therefore one Lithuanian statement was signed by the vice-chairman of Coordination Board for eHealth Project Developments at MoH and head of Health service accessibility and acceptability monitoring department of MoH; Justina Januseviciene. She and other colleagues from MoH had participated in project events including the Final Conference. They were satisfied taking part in those events and estimated the project as a valuable step towards creation of a better working environment for primary care specialists in rural areas by means of networking, tele-consultations and tele-mentoring. The pilot sites in Lithuania and abroad made this evident and recommendations will be kept in mind taking management decisions.

Three statements are agreements on collaboration on telemedicine development between Vilnius University Hospital Santariškių Klinikos hospital signed by general director Justinas Ivaška and 1) Anykščių Primary Health Care Centre signed by director Zita Neniškienė, 2) Aukštadvario Primary Health Care Centre signed by Jurga Dūdienė and 3) Druskinikų Primary Health Care Centre signed by director Benjamin Cepas.

(▶ Appendices 6.5.1, 6.5.2, 6.5.3, 6.5.4).

4.6. Sweden

In Sweden five documents were signed, three from Västerbotten County Council and two from Blekinge County Council.

Västerbotten County Council agreed to continue the cooperation in tele-consultation and tele-mentoring between the Geriatric Centre at the Umeå University Hospital and Västerbotten Primary Health Care Districts signed by Undis Englund, Head of the Geriatric Clinic, Umeå University Hospital.



Västerbotten County Council provided an agreement on tele-consultation and tele-mentoring cooperation signed by Jennie Lilling Ståhl, manager of Medicine Specialities Trust of The Medical Section of the University Hospital in Umeå and by Håkan Larsson, manager of Primary Care Trust. The document is stating that already four sites are practicing tele-consultations as a result of the project, and that the cooperation will continue to expand in the future.

Also the guidelines to implementing tele-consultation and tele-mentoring in primary health care in Västerbotten County Council were signed by Undis Englund, Head of the Geriatric Clinic, Umeå University Hospital.

From Blekinge County Council there is one statement on tele-consultation and tele-mentoring taking recommendation and good practices from the PrimCareIT into consideration for future decision making signed by Peter Lilja, director of Blekinge County Council. The other document is a Letter of Intent on tele-consultations, concluding that PrimCareIT provides valuable information for further development and research projects, signed by Rut Öien, medical director of Blekinge Wound Healing Centre, Blekinge County Council.

All these stakeholders have shown interest in the project. They expressed that the results have provided them important information for future eHealth implementations.
(▶ Appendices 6.6.1, 6.6.2, 6.6.3, 6.6.4. 6.6.5.)

5. Conclusion

All signed documents as well as the Round Table Discussion with the joint transnational conclusions at the Final Conference indicate that there is both professional and political will for further implementation of tele-consultation and tele-mentoring in accordance to the results and best practices of the PrimCareIT project. The joint transnational conclusions underline the role and importance of tele-health to attract health workers to remote primary care, but emphasise that political will is not enough. There is also need for transnational collaboration and a multi-strategy for large-scale deployment of tele-consultation and tele-mentoring in the partner regions and beyond.

6. Appendix

Find the statements below this list.

6.1. Belarus

6.1.1. Agreement signed by BelMAPO and Ostrovets CRH

6.1.2. Agreement between BelMAPO (Belarus) and National Health Service (Latvia)

6.1.3. Guidelines document signed by BelMAPO

6.2. Estonia

6.2.1. Statement signed by Estonian Society of Family Doctors and Institute of Clinical Medicine, Tallinn University

6.2.2. Guidelines of implementing tele-consultation and tele-mentoring signed by The Estonian Society of Family Doctors

6.2.3. Agreement signed by The Estonian Society of Family Doctors

6.2.4. Agreement signed by Terviseagentuur Ltd (Vormsi Primary Health Care Centre).

6.3. Finland

6.3.1. Statement signed by South Ostrobothnia Health Care District and AKSILA, Department of Primary Health Care and Health Promotion.

6.3.2. Agreement signed by South Ostrobothnia Health Care District and AKSILA, Department of Primary Health Care and Health Promotion.

6.3.3. Guidelines for implementing tele-consultation and tele-mentoring signed by Kauhava Primary Health Care District

6.3.4. Agreements on tele-mentoring and tele-consultation cooperation in South Ostrobothnia Health Care District and Kauhava Primary Health Care District

6.3.5. Agreements on tele-mentoring and tele-consultation cooperation in South Ostrobothnia Health Care District and Kauhava Primary Health Care District

6.4. Latvia

6.4.1. Agreement on cooperation in dermatology and endocrinology signed by



National Health Service Latvia

6.4.2. Agreement on cooperation in cardiology signed by National Health Service Latvia

6.4.3. Agreement details of concerned Latvian General Practitioners

6.5. Lithuania

6.5.1. Statement signed by the Head of Dept. of Health service accessibility and acceptability monitoring (HSAAM) at Lithuanian Ministry of Health

6.5.2. Agreement on collaboration on telemedicine development between Vilnius University Hospital Santariškių Klinikos hospital and Anykščių Primary Health Care Centre

6.5.3. Agreement on collaboration on telemedicine development between Vilnius University Hospital Santariškių Klinikos hospital and Aukštadvario Primary Health Care Centre

6.5.4. Agreement on collaboration on telemedicine development between Vilnius University Hospital Santariškių Klinikos hospital and Druskinikų Primary Health Care Centre.

6.6. Sweden

6.6.1. Statement with agreement on cooperation between Geriatric Centre and Primary Care, Västerbotten County Council

6.6.2. Agreement on cooperation between Medical Specialities Trust and Primary Care Trust, Västerbotten County Council

6.6.3. Guidelines to implementing tele-consultation and tele-mentoring in Primary Health Care, Västerbotten County council,

6.6.4. Statement on tele-consultation and tele-medicine in Blekinge County Council

6.6.5. Letter of intent on tele-consultation and tele-mentoring from Wound Centre, Primary Health Care, Blekinge County Council

