PrimCareIT

Transnational focus group report and strategic workshop report

Results from the transnational focus group and the strategic workshop concerning “Counteracting brain drain and professional isolation of health professionals in remote primary health care through tele-consultation and tele-mentoring to strengthen social conditions in remote BSR“.

Output No. 3.3

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Part-financed by the European Union
(European Regional Development Fund
and European Neighbourhood and
Partnership Instrument)

Baltic Sea Region
Programme 2007–2013

Output no. 3.3

Report on transnational focus group and strategic workshop

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WP no.:	3
WP title:	Needs and strategies to counteract brain drain and professional isolation in remote primary health care through tele-consultation and tele-mentoring
Date:	2013-07-22

Part-financed by the European Union (European Regional Development Fund and European Neighbourhood and Partnership Instrument)

Content

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List of Figures

List of Abbreviations

BelMAPO	Belarusian Medical Academy of Post-Graduate Education
BSR	Baltic Sea Region
i.e.	id est - that is
IT	information technology
PHC	primary health care
WP	work package

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Short Abstract

This report on the transnational focus group and the strategic workshop is part of the theoretical background of the PrimCareIT project, which aims at raising attractiveness of remote primary health care for medical professionals. The aim of the transnational focus group and the strategic workshop is to further elaborate on the topics of PrimCareIT in a transnational background.

The focus group consisted of one expert from each partner country being concerned with the introduction of tele-mentoring and tele-consultation in the partner countries, while the strategic workshop was carried out with participants from the pilot regions as well as different decision makers and institution representatives experienced in strategy development in health care from the different countries.

The findings from the focus group were analysed according to the topics of the PrimCareIT project and compared with the findings from the literature review (PrimCareIT-Output 3.1) and the expert interviews (PrimCareIT-Output 3.2) that had been done by the PrimCareIT partners preceding the latest activities.

The main findings from the focus group include that there are different challenges that should be faced when implementing tele-consultation and tele-mentoring solutions. But the focus group participants also named lots of recommendations for successfully implementing such solutions in the daily routines in practices and health centres. Those include for example well working remuneration systems in those countries, where health care is not publicly driven, such as Germany, or patient centred incentives in the systems with mainly public health care providers, such as Finland or Sweden. The recommendation also focussed a lot on technical aspects, such as an easy usability and IT trainings for the health care professionals, but also organisational issues were raised, with the recommendation of implementing a tele-consultation hour or using tele-consultation and tele-mentoring in an asynchronous way.

In the strategic meeting the focus lay more on strategy development and the major findings include that the disputants recommended to focus on recent health care developments and the difference of the various health care systems. It was also suggested to highlight the benefit for the users, the health care system in total and the decision makers as well as the positive outcomes for the patient as being a rather relevant factor for decisions in health care.

The findings from the focus group and the strategic meeting builds together with the results of the preceding expert interviews and literature review as well as findings from the pilot regions the basis for a transnational strategy paper that is developed for the discussion with politicians and decision makers on the implementation of tele-mentoring and tele-consultation to counteract brain drain and professional isolation of health professionals from remote regions.

The target groups of this output are all project partners from work packages and the general public interested in the project as well as politicians and other stakeholders.

The partners of WP3 have been involved in elaboration of the present output.

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1. Introduction

Authors: Darius Jegelevičius, Kaija Loppela, Kristiina Vaahtera, Katrin Olenik, Bosco Lehr

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

PrimCareIT includes and connects findings from the flagship projects ImPrim and ICT for Health. ImPrim focuses on financial incentives and professional development to attract health professionals to primary health care (PHC). PrimCareIT complements this approach by elaborating on opportunities of tele-consultation and tele-mentoring. The increasing lack of medical professionals, such as health workers and medical doctors, challenges the maintenance of primary health care in all BSR countries. Demographic changes and an ageing population lead to a rising demand for primary health care services.

In work package three the main question is to assess the regional needs and strategic opportunities of tele-consultation and tele-mentoring in order to avoid brain drain and professional isolation of health professionals in remote primary care. This third outcome follows a literature review (Output 3.1)[1] and expert interviews (Output 3.2)[2] that had been conducted in the first year of PrimCareIT. In the third working period the members of work package 3 organised a focus group and a strategy workshop. In the context of the focus group, held in Minsk on 19.02.13, with experts from the partner countries' health care systems, the topics of the literature review and the expert interviews, namely the topics of the project "professional isolation", "brain drain" as well as "tele-consultation" and "tele-mentoring" were discussed. In contrary, participants, invited to the strategy workshop, held on 19.05.13 in Flensburg, included decision makers and politicians from the partner countries, who discussed ways how to best include the PrimCareIT findings into a strategy paper. In this current output 3.3 the findings discussed in the focus group and the strategic workshop are provided and compared to the findings from the literature review and the expert interviews.

[1] PrimCareIT (2012)
[2] PrimCareIT (2013)

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2. Methodology

Authors: Katrin Olenik, Bosco Lehr

2.1. Focus Group

2.1.1. Procedure of the focus group discussion

A focus group in the understanding of WP3 is defined as follows: "*A focus group discussion is a unique method of qualitative research that involves discussing a specific set of issues with a pre-determined group of people. Focus group research differs from other qualitative methods in its purpose, composition and the process of data collection. The essential purpose of focus group research is to identify a range of different views around the research topic, and to gain an understanding of the issues from the perspective of the participants themselves. The group context is intended to collect more wide-ranging information in a single session than would result from one-to-one interviews. […] The context of a group discussion is thought to create greater spontaneity in the contributions of participants as it replicates every-day social interactions more than a traditional one-to-one interview*."[3] According to Hennink the number of focus groups has to be considered among others in regard to the available resources and the type of participants, as well as the purpose of the research. She states that if the research is only at the beginning stage in this field, focussing on the broad issues of the study, but also if the research issue is "clearly defined and focussed" a small number of focus groups is reasonable. And this is underlined by her statement that "*Where resources are extremely limited it is feasible to identify the number of groups that can be achieved and then seek to conduct the group discussions amongst the most "information rich" participants, who are likely to have the greatest level of experience or knowledge of the research issue*."[4]

In this background and in order to find out (and identify) a perspective of health professionals and their expectations and requirements regarding tele-consultation and tele-mentoring to improve the attractiveness to work in remote primary care it was agreed to establish one transnational focus group including experts from all partner countries. This was by the WP3 group regarded as the best way to reach the aim using the results for the development of a transnational strategy. Therefore, in Karlskrona (on 25.04.2012) it was decided to have one transnational focus group with experts from each country to ensure the most "information rich" and practicable focus group.

All country responsible persons of WP3 indicated and invited one suitable focus group participant and organised his/her journey to Minsk, Belarus, where the focus group was held on February

[3] Hennink (2007, p. 4f.)
[4] Hennink (2007, p. 146)

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20th, 2013. Finding experts willing to participate in the focus group was in some countries complicated due to the time they personally had to offer to join the travel to Minsk and back. Others were unable or unwilling to participate in the discussion round due to the fact that it was held in English and not in their mother tongues.

After each country responsible had found and informed a suitable participant the lead partner invited the experts officially to demonstrate the importance of the focus group on project level.

The focus group was carried out in Minsk, Belarus, in the context of the 4th Joint Project Meeting of the PrimCareIT project.

To achieve a valid basis for analysis two protocols as well as an audiotape were done during the discussion. To avoid a manipulation of the discussion through the presence of the audio device the participants were informed that the content was only used for internal analysis purposes and not made public.

After the meeting the recording was transcribed into plain text and compared to the protocols. They built the basis for the analysis of the findings.

2.1.2. Sample description of the focus group

The participants of the focus group consisted of one participant from each partner country. Therefore, seven partners participated in the discussion. Their background included physicians, institution representatives as well as scientists being experienced in telemedicine implementation. The discussion was moderated by the work package 3 leader according to a predefined discussion guide that had been prepared by the work package 3 group.

2.1.1. Discussion guide for the focus group

The focus group discussion was held according to a predefined discussion guide that had been created according to Krueger and Casey[5]. It consisted of an opening part, including the opening question, which was embedded into the introduction round. To avoid highlighting the academic status or power of the participants they were asked for name and experience in tele-mentoring and tele-consultation rather than on what status they have so far achieved in their careers. This was regarded as relevant to avoid a manipulation of the discussion based to prejudices.

The opening round was followed by an introductory question, transition questions, key questions and the ending question including a summary of the discussion. The total question guide can be found in the Appendix starting on page 25.

[5] Krueger, Casey (2000, p. 44f.)

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2.2. Strategic Workshop

2.2.1. Procedure of the strategic workshop

The procedure of the strategic workshop was similar to the procedure of the focus group discussion. The difference of the two meetings lay in the content. While the focus group had been focused on the contents of PrimCareIT, the strategic meeting was aiming at the methodology of strategy development.

Therefore, all country representatives invited stakeholders and decision makers involved in the health care process of their countries in order to include their experiences and ideas in the field of strategy development to the strategy workshop, which was held in the context of the 5th Joint Project Meeting in Flensburg on May 29th, 2013.

Similar to the focus group, it was very difficult in some countries to find stakeholders or decision makers that were willing or able to travel that far, leaving their actual work behind.

Accordingly with the focus group a protocol and an audio tape were done of the discussion and the tape was afterwards transcribed into written text and built the basis for analyses.

2.2.2. Sample description

The strategic meeting consisted of participants from Belarus, Estonia, Germany, Finland, Latvia, and Lithuania. Unfortunately, the Swedish politician had to cancel her participation due to an illness. The participant's backgrounds included representatives of political institutions, politicians, public health officers as well as representatives of political boards.

2.2.3. Discussion Guide

Similar to the focus group a discussion guide was created by the work package participants to guarantee a systematic line in the discussion.

In this context it was also regarded important not to highlighting the academic status or power of the participants. Therefore, they were also asked by the moderator (WP3 leader) for name and experience in tele-mentoring and tele-consultation rather than about their career status. This was followed by introductory and key questions. The discussion guide of the strategic meeting can also be found in the Appendix starting on page 25.

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3. Results of the focus group discussion

Authors: Katrin Olenik, Bosco Lehr

In the following section the main results from the focus group are described.

3.1. Main challenges in using tele-consultation and tele-mentoring

The main challenges stated by the focus group participants are seen in the missing incentives for health professionals to use a tele-consultation or tele-mentoring solution. Finding the right incentives therefore does not only depend on the country situation, but also on the group of physicians or the "domain", as it was suggested by one discussant as for example the "[…] radiology domain. […] It is not radiologists only, but it is technicians and so on". With this he meant a group of people being interested in the same tele-mentoring or tele-consultation tools due to their same field of practice.

The discussion revealed that money is in some countries, such as Germany, the most important incentive, while in other countries, due to the provision of health care mainly by public health care providers it is a rather unimportant incentive. Especially if physicians have to pay privately for the equipment and the usage time financial aspects play a rather important role in using tele-mentoring and tele-consultation. One expert describes problems, when the "doctor, who takes, or the station, who takes the picture wouldn't get paid and the doctor, who makes the diagnosis wouldn't be paid". For the expert this is "a lose-lose situation", which will not work in the long term. Apart from the remuneration perspective other incentives such as social stimuli, for example the feeling to belong to a community, were regarded by the discussion group of high importance.

The time-wise availability of experts was named as another great challenge of tele-consultation and tele-mentoring since it is not always possible to have a doctor on hold at any time for potential consultations.

Among the technical challenges were as hindering factors seen the lacking bandwidths in the rural regions, which is needed to hold well working tele-consultation and tele-mentoring sessions as well as missing knowledge among the medical professionals on IT devices. This was regarded especially important in private practices, missing an IT technician, where neither the physician himself nor the nurses know how to administer IT systems, as one participant stated "it is in practices a problem to work with ICT, because there are open problems and doctors don't know how they can solve the problems and the personal are nowadays worse than the doctors to solve the problems". Others argued that this was more a problem of age differences. They said that in the coming generations IT usage will be less problematic, since young health professionals will be used to IT systems anyways.

Another challenge was seen in the reservations of professionals and citizens or patients towards the solutions. The problem was seen in cases where due to re-engineered processes, with nurses seeing the patients and consulting GPs or specialists in unclear cases, the patients do not feel

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comfortable with their treatments any longer.

Organizational challenges were seen in the field of the professionals' knowledge concerning technical possibilities as well as the decision makers' and user's engagement into the positive aspects of tele-consultation and tele-mentoring. It was argued in this respect that the best solution could be unsuccessful in case relevant persons in the organization boycotted it. One discussant described that "If you have some leading heads of departments that they in some way find this threatening or think that there are other reasons to be reluctant, it is very easy for them to in some way stop the processes. They do not allocate time, they do not allocate resources, and they stop it."

Another challenge was seen on the level of the health care system regarding the overcoming of different sectors, such as from ambulatory to stationary sector. On the societal level questions on data security were also discussed as challenges concerning the successful implementation of tele-mentoring and tele-consultation as well as questions on responsibility for the decisions on diagnosis and treatments done on the basis of a tele-consultation.

In the following figure an overview of the challenges can be seen.

Figure 1: Overview of challenges named by the focus group participants[6]

[6] Created by the author

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3.2. Main possibilities of using tele-consultation and tele-mentoring

The main possibilities for using tele-consultation and tele-mentoring were seen in the chance of re-engineering the care process. To face the shortage of physicians in rural areas it was considered that nurses should visit the patients and consult GPs via tele-consultation devices in unclear situations. This possibility was especially seen in psycho-geriatrics. But it was also underlined in this respect that "there must be some kind of common understanding of the care processes. […] For example for radiologists, I think it is fairly easy, because they take a picture and there the picture stands. But if you look at dementia care you must have […] some kind of similar thinking. Well, how do you diagnose these patients. How do you manage people. At least some common understanding". All participating parties should therefore have the same idea of the care process in order to be successful using teleconsultation or telementoring. It was furthermore argued that physicians could see more patients, if they save traveling times between the places and just answer tele-consultations or see the patients in their practices.

Other positive aspects of tele-consultation and tele-mentoring were seen in saving travelling times for the patients when not needing to travel to the specialist and still getting a specialist consultation trough tele-consultation by their GP. It was brought by one participant in direct connection with "an increase of patient satisfaction level. That is very important because every health care system's main aim is to increase patient satisfaction".

For the physicians the possibilities in tele-consultation and tele-mentoring were seen in an increase of knowledge and experience, while the health care system in total benefits from better accessibility to specialist care and a growing efficiency, when avoiding hospitalizations for investigations. Another positive effect was seen in the possibilities to discharge patients earlier in their disease through higher quality in diagnosis by specialist opinions.

3.3. Attitude on using tele-consultation and tele-mentoring to counteract brain drain and professional isolation

Most focus group members had a positive attitude towards tele-consultation and tele-mentoring regarding brain drain and professional isolation. Still, they underlined in different statements that they do not see those solutions as the main facilitators in winnings young health professionals for remote regions. One discussant formulated it as follows: "And mentoring and consultation is the way and of course we plan to use telemedicine and it is totally ok. But then I think it is more or less a bigger political problem". Tele-consultation and tele-mentoring were rather seen as supporting devices that can be used well in certain circumstances to support professionals in their daily work.

The main argument was that being a physician is not at all attractive in rural regions. This was due to missing job opportunities for the physicians' partners or missing infrastructure, as one of the participants said "I mean, doctors very often are married with the nurse, but very often as well with other professionals like engineers and administratives and accountants and so on. And husband or wife cannot find any job in the rural areas, so the other one is jobless, and I think that is one of the

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biggest problems". The tenor was that the social conditions had to be changed to keep physicians in remote regions, which is not possible through the help of tele-consultation or tele-mentoring.

A positive opinion was that younger physicians might be more interested than their older colleagues, since they are willing to work in group practices and are used to ICT tools. They were therefore seen as a possible target group for tele-consultation and tele-mentoring in remote regions, since they regard it especially important to have a good exchange with colleagues.

3.4. Recommendations for every day usage of tele-consultation and tele-mentoring

Another topic discussed in the focus group were the recommendations for an every day usage of tele-consultation and tele-mentoring. The focus group participants named different aspects that should be considered when implementing a tele-consultation or tele-mentoring solution. An overview of challenges can be seen in Figure 1. Those include technical aspects, such as that the technician developing the solution and the GPs should have the same understanding for the process. The technical equipment should be useful for both tele-consultation and tele-mentoring partners, and it should above all be well working, since a tele-consultation or tele-mentoring with bad audio or video quality would not be used by the professionals. Therefore, the technicians in this field should be ahead of time of the GPs to be able to give support and information on possibilities as one participant reported from a discussion with one of the technicians in his organisation " I had a very intense discussion with our technicians and they say: "Ok, you are completely right. And if this is going to work from our point of view, we must be ahead of you." Furthermore, the equipment should be easy to use so that users understand how to operate it. Otherwise they are said to give up on the system. Hand in hand with the easy usability goes the demand for good training possibilities for the staff and changing in the professionals' attitudes towards the usefulness of the solutions, if necessary. Therefore, another aspect raised, was to make the participants feel that they are part of a community and are personally benefitting from the usage of the tele-consultation or tele-mentoring solution.

To enhance the well working implementation of such solutions, the focus group also discussed that role models and references from active physicians in the remote areas are of major importance for the success of tele-consultation and tele-mentoring.

An organisation advantage was seen in the provision of certain tele-consultation hours, to not "have a doctor on hold all the time just for the consultation" or mentoring requests or being disturbed in their daily work. Another time-wise approach discussed was to have the tele-consultation and tele-mentoring in an asynchronous way, where the mentee or consulting person send their request to a mentor or consulted person, who responds to it, when he/she has spare time to do so. Concerning the patient contact the tele-consultation hours could be used for the GPs also, when they make scheduled appointments with their patients especially during the tele-consultation hours.

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Regarding legal requirements it was recommended in the focus group to always have a written reporting on the consultations, because " if the specialist doesn't have a patient record and doesn't record anything at all what he sees or saying, then it might be a problem, when the correctness of the consultation is reviewed and then what another doctor has written down is the bases". This recording was on the other hand not regarded relevant for tele-mentoring, since "telementoring is something else. I mean consultation is concerning patient, telementoring is concerning more professional development and of course it is nice to write down that as well, but it is not a legal aspect. I think that, we can just recommend that consultation is written down, it is nice if it is written down in both ends. But it is the country specific legal system with then say how to proceed." It was raised that on the European level cross border regulations exist concerning the responsibility during shared diagnose and treatment decision making.

Still, it was underlined that the overall requirements on tele-consultation and tele-mentoring should be held as little as possible to avoid scaring professionals away from using the solutions. To win the professional's trust it was recommended to implement an informal chatting platform, which could be used for informal information exchange to replace the daily talks in the canteen, which young health professionals coming directly from university were used to in the hospitals and where they got lots of informal information on the different fields of heath care.

To use these solutions it was mentioned by the focus group participants that participation in tele-consultation and tele-mentoring had to be voluntary to be successful. They did not see any sense in forcing health professionals to use the system. But to broaden the scope of participants it was recommended to find groups, or domains, as they were called in the discussion that could be interested in the same kind of tele-consultation or tele-mentoring.

It was highlighted more than once that major incentives should be presented that enhance the professionals' interest in those solutions. In health care systems, where health care is mainly provided by private practices the main incentive was seen in the financing of the system, while in health systems dominated by public health care providers incentives such as saving patients waiting time for specialist care were suggested to enhance the usage of tele-consultation and tele-mentoring. To successfully implement tele-consultation and tele-mentoring those different requirements in the various countries should be considered.

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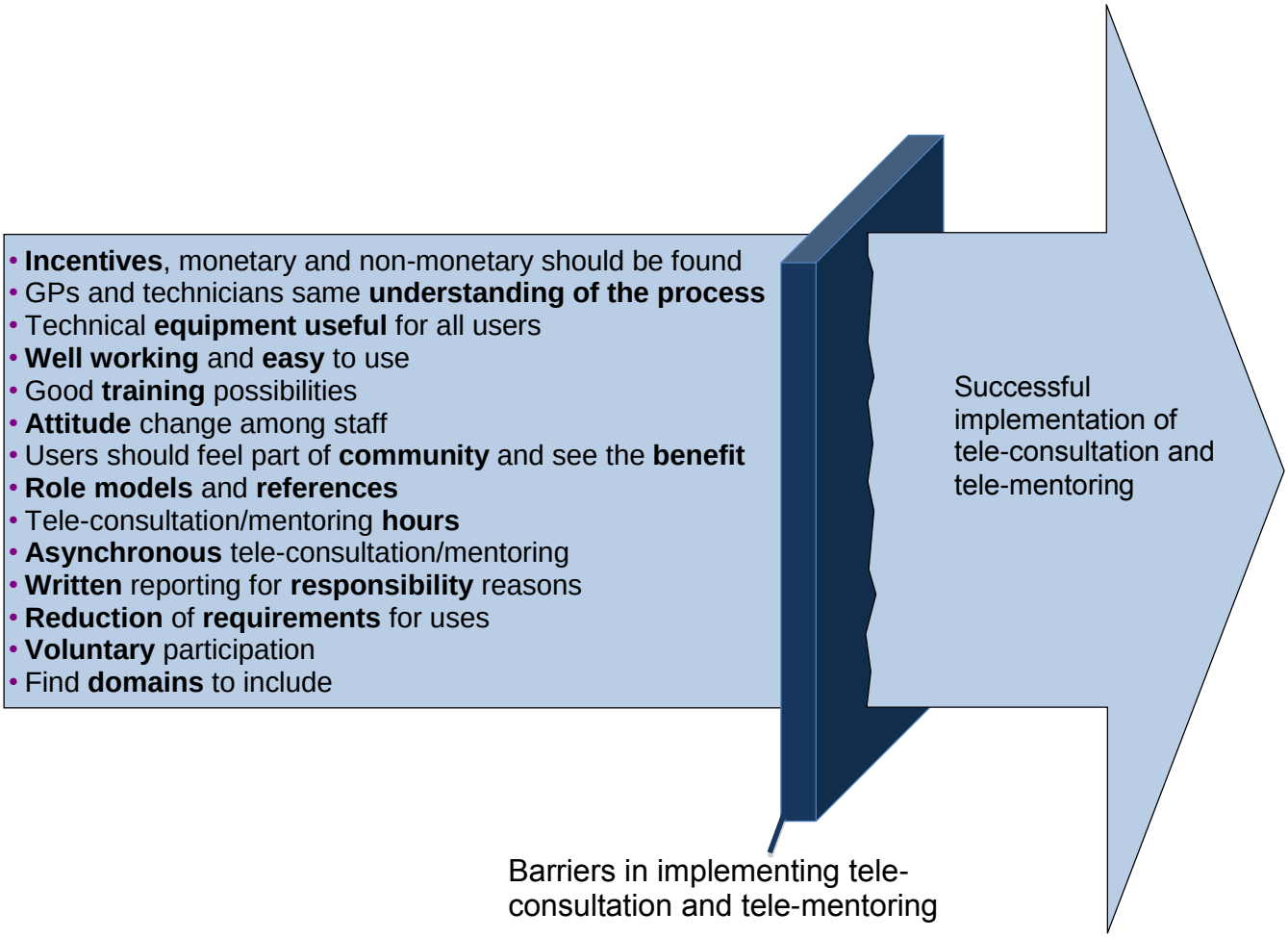

Figure 2: Recommendations of the focus group participants for a successful implementation of tele-consultation and tele-mentoring[7]

[7] Created by the author

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4. Results of the strategic workshop

Authors: Margarita Senkute, Alfonsas Vainoras, Giedrius Vanagas

4.1. Vision of the strategy

Visions on strategy development were slightly different between the strategic workshop members from the Baltic Sea region countries. According to the participants the process adoption, supervision and guidance questions are some of the important issues that should be described by the strategy before all process is initiated.

The Lithuanian members suggested that all process should be supervised by primary health care physicians, as they are gatekeepers to all health care services. Family doctors can also provide access to the patients who would benefit most from such services. Family physicians (or GP's) are also responsible for the continuity of care and can assist the patients. The Estonian member suggested that it should not be a physical person "[…] it could be a kind of software which guides people to the right services". Another proposal came from Finland by suggesting that supervision can be done by both: the patients and other clients "[…] The situation is changing so doctors now are not real gatekeepers: the patients, clients can also be gatekeepers […]". Some private medical centres use non-traditional ways of gatekeeping – patients can choose when and where to make use of specialist services.

Continuity of patients' health care is also important for the strategy implementation. Continuity of patient care is a very complex concept and it would be ideal if it could be solved by the means of tele-consultation and tele-mentoring. The continuity can be implemented only when all care processes and data flows are focused on single patients. The strategic group member from Finland suggested that "[…] continuity of care should depend on patients' data. There should be a continuity, even that when the service provider is changing the record system have to have continuity".

The most important vision of the strategy should be, according to the discussion round, the use of transnational experience and its adoption to national standards and practices. National systems should also be able to cooperate between remote health care facilities, between different levels of care and countries.

The importance of the orientation to international good practice examples was noted by the member from Germany "[…] we see now a lack of good communication between countries and a lack of discussion on good practices; it could make it possible to get better results of the treatment and it would help us to avoid mistaking." It was mentioned that it could also be organized as some information exchange system between countries and specialists. It should help to share information between specialists on single treatment benefits and harms; also it should be used to train specialists. This need was especially urged from Germany. It should also be directed to make professional development of primary health care staff possible.

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At the same time it was mentioned that a lot of medical centres in rural areas in all Baltic Sea region countries do not have good internet connection and computers. This was said to very much limit strategy implementation. The participant from Estonia agreed that it is also very useful to have a patient record system at national level which can be used by every doctor or nurse in every medical centre. It was said that it is also important to ensure that everybody has easy access to the system (Finland).

All participants agreed that it is very important to have one common information system and the Lithuanian member noted that this should be an easy-to-use system supplemented by medical education and training systems. Everybody agreed that the e-health system should be friendly-to-use. The member from Estonia also argued that the next generation of health care software will be totally different – "[…] very tiny, like apps" and this also has to be understood when formulating the strategy in a way to be successful.

All members of the strategic workshop agreed that it is very important to use best practice. It was noted that it is also important to know the transnational aspects of each country's primary health care system, to foster tele-mentoring and tele-consultation enabling to counteract brain drain and also professional isolation problems. This means such a system should be adopted in each country. The changing role and situation in primary care always asks new demands from staff and it requires staff education systems in primary care. The Latvian member noted that each health care professional should be able to get access to postgraduate education. He underlined that such a system should be motivating. Another member, from Finland, argued that it's better to focus on attitudes. Specific sense of attitude and professional behaviours were identified as most important to gain new professional competences: knowledge, skills and the ability to do the job. It should enable to implement new procedures and protocols, see the patient's interests on top, and always maintain high standards of care.

The most important aspect for the vision of the strategy was seen in formulating it in a way to get benefits for all users from these activities. It was argued that the strategy should ensure good working conditions, proper work loads and a reduction of hours spent on paper work. It should create tools and structures enabling to develop new professional competences. As one example the member from Finland shared his experiences on a good preventing system "We have good preventing system – baby clinics, and mother medic care works as well, were patients visit very often as well occupational health care services". In Estonia doctors have two nurses, which could make the visits of the doctors interacting with him. These nurses push down the workload of the doctor because he does not have to do as many patient visits personally as without the system.

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Figure 4: Vision of the strategy [8]

Based on the discussion held by the strategic workshop members it is possible to develop a vision for the strategy. According to this vision, the strategy should be based on international experience, which is locally adapted to specific situations and practices in each country and should also be oriented to gain benefits to all users. The benefits of the strategy development are seen in the implementation of continuity of care, time savings, knowledge sharing, adoptions of new services and by implementing easy-to-use tools.

4.2. Ways of a successful strategy implementation

The most important factor to successful implementation of a strategy would be the establishment of service payment (financing model) systems. All participants agreed that an adequate payment system should exist: this can also be incorporated to currently existing payment systems for primary health care services, but it should include additional payment for tele-mentoring and tele-consultation. The member from Lithuania argued that it is most important to motivate people to use IT technologies for service delivery. If doctors and patients will be motivated to use tele-consultation and tele-mentoring it could also make a lowering of workload for doctors possible, if this will not be supplied with hard additional paperwork. Also patients will benefit from such systems because they will not need to stand in long queues waiting for consultations any longer and will be able to avoid travel costs. This can also lead to higher satisfaction from health care service delivery. Some workshop members noted that at the beginning also the financial motivation system could promote the use of e-health. The member from Germany argued that the strategy paper must clearly describe the e-health benefits for doctors. It might be seen as less workload and reduced working hours but higher salary; this can motivate doctors to have less visits eye-to-eye and probably will promote virtual visits.

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The strategy is also said to be more successful if it was differentiated and adopted to each country. Like the participant from Germany said "[…] It is not possible to say one fits all. So, you have to take care about the different situations in the country and system development level at the start." The member from Finland agreed: "[…]we noticed that differences between countries are quite, quite big […]". In the strategy different action points should be given to each country, separately. Because the country's history, the experience, or the financial resources are different.

Another important issues raised is that the strategy should include tools for patients and physicians. The member from Finland mentioned the importance to create a system where patients and clients could go and get answers and advice. To create a system where people could check about their health, good life style, health problems and prevention. "You know most of our problems are […] lifestyle problems and I do not need a doctor to tell me about that. I could go maybe late in the evening to the internet and get some information from there and advices how to manage my behavioural problems […]". It was underlined that doctors should motivate people to use e-health systems to improve their knowledge about heath and health behaviour. The Estonian participant shared his own experience on incentives "[…] there are 3 possible options. First that for example insurance company can buy this solution for their customers. […] you pay them less insurance tax if you're willing to follow these guides. So you pay less tax to insurance and the both side win, insurance pays less for your treatment and you get healthy. Second is to sell also to the family doctors. You can take it as a doctor information tool to advice patients on behaviour. And third solution is selling it directly to the customer."

It was also seen very important for the strategy's success to have a good evaluation system and criteria for its success. It should include an analysis on the user-friendliness of the system or the economic profitability of the activities. Analysing patient's opinion is another way to get feedback from patients. Users should have a level of trust where they feel able to give feedback upwards to their superiors. Accordingly, the participant from Latvia noted that the success of the strategy might grow if positive outcomes on the patients' health are measurable. Other criteria to get a successful strategy would be the evaluation on improvement and quality of care: process quality and outcome quality.

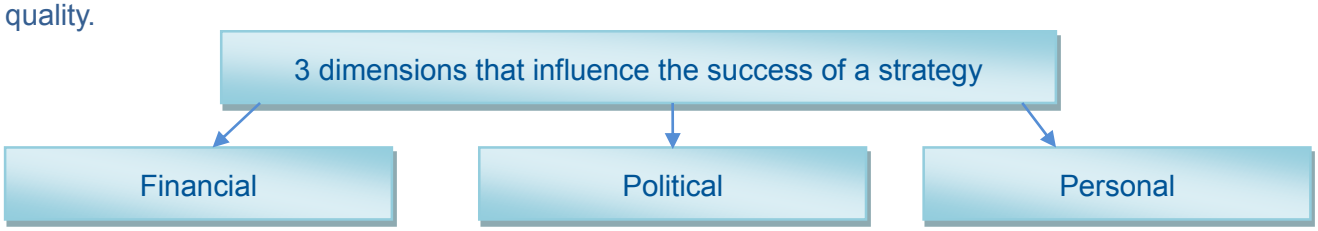

Figure 5: Success of the strategy in three dimensions[9]

Another aspect discussed was that the strategy is more likely to be successful if the risk factors

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are controlled, as one discussant described in detail: “[…]there are four types of risks – legal, technical, financial, political.”

The last point discussed on successful strategy implementation is to implement it as a best practice. The strategy paper was said to be best-working including good results from the PrimCareIT project and from other already implemented projects.

4.3. Problems of implementing a strategy for tele-mentoring and tele-consultation

The strategic workshop members agreed that tele-mentoring and tele-consultation implementation problems in the BSR countries are quite similar. In most cases professionals lack skills to use IT and e-health tools even if they have the facilities. In other cases the professionals have the skills and would like to use tele-consultation and tele-mentoring service, but they lack the basic equipment.

The major problem mentioned in the discussion are the financial and technical barriers. This problem can also be split into two: one is a lack of required equipment. The member from Belarus argued "[…] tele-consultation service we would like to start but we face financial problems, based on this fact many our GPs or doctors do not have computers, software, and the internet connection rarely available.” All members agreed that this problem is important not only for Belarus. It can be found in every country, especially in rural areas. This problem also related to the payment system for the medical services, tele-consultations and mentoring. It was discussed that it is important to know how to assess the cost of tele-consultation service, i.e. how to assess costs of consultation on the phone, Skype, offline, email, or video-conferences.

The second important problem is seen in the legal aspects of tele-consultation and tele-mentoring: facing the question of who is responsible for results and how to assess these results. In most countries the responsibility about the patient's health was said by the participants to be shared by different professionals. In Belarus only the treating doctor is responsible for the treatment. The Estonian member proposed the model where responsibility is shared between doctor and teleconsultant, also between patients and doctors. In Finland (and other Scandinavian countries), in parallel to the Estonia approach, the responsibility can also be shared with the nurse. All agreed that the responsibilities should be clearly described in the respective countries' laws.

Another important problem was seen in the attitudes of health care professionals. Health care professionals were described as in most cases being conservative – they see their purpose in treating patients and many do not want to be involved with technologies. The Estonian participant noted that the use of technologies means to do more things that usually do not fall into the tasks of the physicians' profession. It was stated that sometimes especially older professionals try to avoid using new technologies. Another reason mentioned by the discussion round why doctors do not want to use tele-mentoring or tele-consultation is, because these technologies do not provide the same information as face-to-face visits and could lead to patients' dissatisfaction. Therefore, thinking about the major

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problems in strategy implementation it should not only be thought about how to overcome them and what solutions to propose, but also how to enhance the attractiveness of those technologies among professionals and how to create benefits for patients and professionals.

5. Discussion

Authors: Katrin Olenik, Bosco Lehr

5.1. Comparison of focus group results with former findings

The participants of the expert interviews as well as of the focus group were equally positive minded on the usage of tele-consultation and tele-mentoring. Still in both groups lots of barriers and recommendations were named for a successful implementation of those solutions in every day practice routine. The time consumption, which had played a large role in the expert interviews, was regarded equally important by the focus group participants. They therefore tried to find solution by suggesting an asynchronous tele-consultation or tele-mentoring or the implementation of a telemedicine hour, which had been mentioned in some interviews as well. Other challenges, such as missing internet access or the personal attitudes towards IT solutions as well as the easy handling of the system were mentioned by both, the expert interviewees and the focus group participants. Two aspects that were new in the focus group discussion and discussed for a remarkable time were the aspects of requirements and reporting. One participant raised the issue that health care professionals face a high level of requirements, audits, quality reviews etc. that either turns them to stop giving everything to the system or makes them long term sick. It was discussed in the group that therefore a new solution, such as tele-consultation or tele-mentoring should be arranged with as little as possible requirements not to scare potential users away. The second newly mentioned issue was on reporting, meaning a written summary of what had been the content and diagnosis or treatment of the tele-consultation. This was especially regarded important to proof the content in cases of responsibility actions.

5.2. Summary of strategic meeting results

Naturally, the findings from the strategic meeting differed from the former findings from the work package 3 (literature review, expert interviews and focus group), since the strategy meeting was dealing with the methodology of strategy development and not primarily focussing on the content of PrimCareIT.

Major findings mentioned by the strategic workshop participants included that the strategy paper would be more effective if it considered current developments in the health care IT development, such as for example a growing usage of smaller Apps. If the strategy was developed not according to this development it was regarded to be mismatching the demand of the users. This goes hand in hand with another aspect raised in the discussion, namely the inclusion of the benefit for the end-users, being the physicians. It was argued that a strategy has to convince the potential users to be more likely to proceed. This could be underlined by the demand of the discussion round to include

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among the positive findings about tele-consultation and tele-mentoring also the potential positive outcomes for patients as those build good arguments for tele-consultation and tele-mentoring among the decision makers and funding institutions, such as for example insurance companies. Another important hint discussed in the workshop was the fact that the strategy paper should in the first place be transnational, but in the second step should also be adapted to the very large differences in the respective national health care environments. To convince the national decision makers and politicians it was regarded very useful to have strategies aligned to the national conditions.

6. Conclusion

The focus group brought forth new aspects but also further strengthened findings from the literature review and expert interviews. The form of discussion in both constellations of experts with different fields of expertise showed that it was very fruitful to receive even more and very different information than in face-to-face-interviews. While the expert interviews before had revealed a wider range of aspects, the focus group discussion gave a deeper insight from different point of views into certain topics and created more creativity and different impulses to the participating experts. The strategy workshop also revealed several important issues , which together with the findings from the focus group should be considered when developing a transnational strategy. The findings from both discussion rounds build excellent input and will be included, one content-wise and the other methodically, into the development of a transnational strategy paper, which will be created in the next step including the findings from the pilots of WP4 and WP5, as well as the information from the literature review, the expert interviews, the focus group and the strategy workshop, as made visible in Figure , page 19. Since the strategy workshop showed how important it is to include the experience and valuable remarks of decision makers and politicians it is planned to also include them where possible into the development process of the strategy paper.

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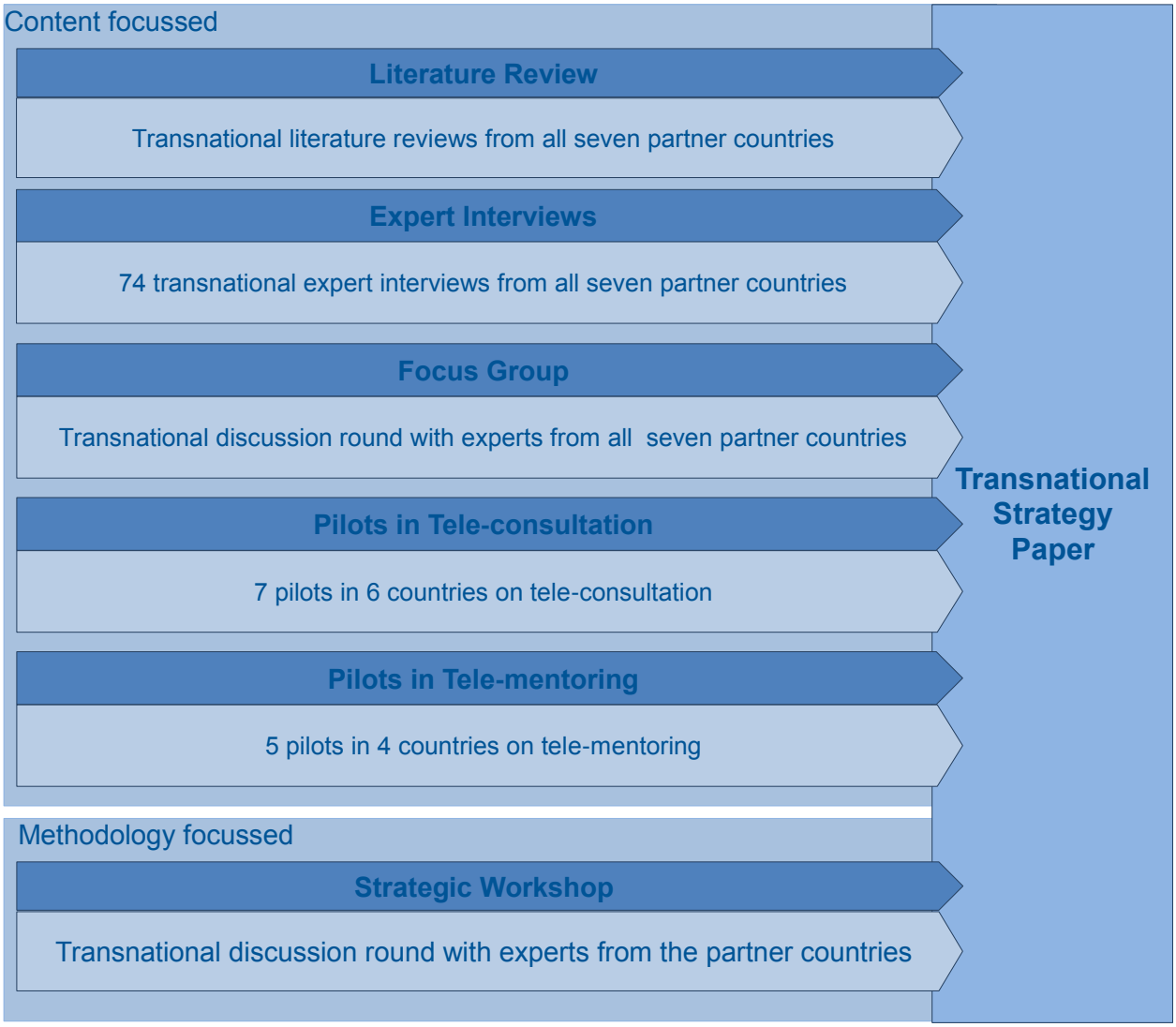

Figure 3: Phase diagram of strategy paper development[10]

[10] Created by the author

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8. Appendix

Focus Group - Discussion guide

Overall results to keep in mind

The project has the question if tele-consultation and tele-mentoring could help to minimize brain drain and professional isolation in rural districts.
The answer could be if the experts think this? How – they might suggest activities/pilots to test solutions

How is the general perception on tele-consultation and tele-mentoring in the countries / opinion on solutions to counteract brain drain and professional isolation from rural areas? What are the possibilities of tele-consultation/tele-mentoring in the countries primary care in rural regions. What are the solutions already in use in the countries.

What are recommendations for the implementation of tele-consultation/tele-mentoring in primary care and the communication with hospitals?

How could tele-consultation and tele-mentoring be used in rural areas by GPs, community nurses and the communication to hospitals to counter-act brain drain and professional isolation?

Introduction

Welcome and thank participants for their attendance
Introduce yourself, note taker and observer
Explain the general purpose of the research
Identify the research organization and sponsor (if appropriate)
Reinforce why participants were chosen and importance of their contribution
Explain the "guidelines" for conduct of the group discussion
Briefly outline, how information will be used and by whom
Explain the purpose of tape-recording and seek permission
Assure participants of confidentiality
Indicate the expected duration of the discussion
Define terms tele-consultation and tele-mentoring and the aim of the project
Description of a running tele-consultation and a running tele-mentoring pilot to give input on the idea of the project

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Opening question
One round, asking for name and something simple that underlines the common focus of the participants, but does not highlight the social status or educational status
In how far are you experienced or have you heard of tele-consultation and/or tele-mentoring activities in your country?
Introductory question Easy questions to get deeper into the topic.
Where do you see the main challenges in using tele-consultation and tele-mentoring?
Which main possibilities do you see in using tele-consultation and tele-mentoring in primary health care?
Key questions
Do you see a chance in counteracting brain drain an professional isolation using tele-consultation and/or tele-mentoring?

Which technical challenges do you see?
Which technical possibilities do you see?

Which organizational challenges do you see?

Which other challenges do you see?

What recommendations do you see in counteracting those barriers?

What would you recommend in implementing tele-consultation and tele-mentoring into every-day usage in primary care practices in remote regions?

Do you regard tele-consultation and tele-mentoring as helpful solutions in counteracting brain drain and professional isolation in rural areas?
Would you suggest to differentiate between tele-consultation and tele-mentoring or providing them together?
Ending questions
Considering all the issues discussed this morning, which do you feel are the most important factors influencing the successful implementing of tele-consultation and tele-mentoring in rural areas to counteract brain drain and professional isolation?
Summary of the main issues from the discussion (2-3 minutes) and question on anything that is missing (10 minutes before end of focus group)

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Focus Group - Discussion guide

Presentation of ICT for Health and ImPrim

Introduction

Welcome and thank participants for their attendance

Introduction of moderator, note taker and observer

Explain the general purpose of the meeting (strategy development)

Reinforce why participants were chosen and importance of their contribution

Briefly outline, how information will be used and by whom

*Explain the purpose of **tape-recording** and seek permission*

Assure participants of confidentiality

Indicate that the expected duration of the discussion is until 5 p.m. with a break at 3:30.

Overall results to keep in mind

Discussion on how to successfully implement tele-consultation and tele-mentoring into the existing health care systems

The different needs of the respective countries has to be kept in mind.

The greatest problems seen in implementation, which should be tackled within the strategy paper, should be discussed.

The connection of the findings of ICT for Health and ImPrim to the findings of PrimCareIT should be discussed.

Opening question

Briefly introduce yourself by saying your name and in how far you are involved within this project, have other experiences in the field of tele-consultation, tele-mentoring or telemedicine or are concerned with decision making in your country or region?

Introductory question

After having heard about the projects ICT for Health and ImPrim and also from our project PrimCareIT we would now like to come to the major questions regarding our project.

What should be done to successfully implement tele-consultation and tele-mentoring into the current health care systems?

What needs to be done in the respective countries?

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Who needs to be addressed with a strategy?

Where are the greatest problems seen in implementation that should be tackled within the strategy?

Are there findings from ImPrim or ICT for Health that seem to be merged with PrimCareIT findings to build a successful basis to counteract brain drain and professional isolation? And if, yes, which?

What has to be done to successfully include the findings from the project into a strategy and where in the respective countries could a strategy paper be used?

How could a strategy be formulated that is useful in a transnational background, suiting different partner countries conditions?

For Example: Estonia faces a brain drain from physicians from Estonia to Finland, while Finland mainly faces a brain drain from rural to urban areas or Germany a brain drain from medical to professions that are not primarily patient centred, but rather in the industry.

Questions that should be raised during a strategy development process:

- *What action do you want to prompt? -> TELE-CONSULTATION AND TELE-MENTORING SHOULD BE IMPLEMENTED IN LARGE SCALE TO COUNTER ACT BRAIN DRAIN AND PROFESSIONAL ISOLATION IN REMOTE REGIONS*
- *Who can make that action happen? -> DEPENDS ON THE COUNTRIES.*
- *Why would those audiences take the action? -> DEPENDS ON THE COUNTRIES. FINANCIAL? PERSONAL? POLITICAL?*
- *Something practical and doable with minimum monetary investment and small but significant changes in professional practice*
- *Brief message that connects to audience desires using audience language rather than organization ton*

Summary of the main issues from the discussion.

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9. Appendix 2: Political reflections

Milestone 3.3: "The feedback from political discussions in WP6 is reflected in the WP3 outputs"

Analysed political discussions (Documents provided by WP 6)

- Round Table Discussion from the final conference in Tallinn
- Discussion about PrimCareIT from Annual meeting of PSB of eHealth for Regions network

The main findings from the focus group include that there are different challenges that should be faced when implementing tele-consultation and tele-mentoring solutions. But the focus group participants also named lots of recommendations for successfully implementing such solutions in the daily routines in practices and health centres. Aulis Ranta-Muotio (South Ostrobothnia Health Care District) generally supported this finding and mentioned the challenge of attracting older professionals to new technologies. He explained that there are problems in recruiting the young doctors in rural areas. eHealth solutions can be a good solutions since younger health care professionals are usually more eager to use the new technology than the older ones.

Another challenge stated are the long distances in rural areas in many countries. A politician said that isolation between specialists and GPs exist. PrimCareIT-project has helped to lower the gap. This has also meant less travelling and visits to remote areas. IT solutions in the rural areas have improved. The results have also been cost savings as well as better communication between the GSs and specialists.

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 requite complex processes of change in attitudes and in the whole patient service funnel,” added Eriks Mikitis.

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 neighboring countries.

It can be reflected that the political discussions generated similar challenges and recommendations to the ones of the focus group, which supports its findings.

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