PrimCareIT

Report on project presentations and discussions with political committees

Output No. 6.2

Authors:
Ewy Olander, Blekinge Institute of Technology, Sweden
Marie Persson, Blekinge Institute of Technology, Sweden

In collaboration with:
Aigars Miezitis, National Health Service, Latvia
Arunas Lukosevicius, Kaunas University of Technology, Lithuania
Gatis Zvaigzne, National Health Service, Latvia
Giedrius Vanagas, Lithuanian University of Health Sciences, Lithuania
Helli Kitinoja, Seinäjoki University of Applied Sciences, Finland
Irina Moroz, State Educational Institution Belarusian Medical Academy of Post-Graduate Education, Republic of Belarus
Jaakko Hallila, Regional Council of South Ostrobothnia, Finland
Johan Berglund, Blekinge Institue of technology, Sweden
Katrin Olenik, Flensburg University of Applied Sciences, Germany
Kristjan Krass, The Estonian Society of Family Doctors, Estonia
Käte Altruz, County Council of Västerbotten, Sweden
Maksim Makouski, State Educational Institution Belarusian Medical Academy of Post-Graduate Education, Republic of Belarus
Minna Kamula, South Ostrobothnia Health Care District, Finland
Nikolay Gvozd, State Educational Institution Belarusian Medical Academy of Post-Graduate Education, Republic of Belarus
Peeter Ross, Tallinn University of Technology, The Institute of Clinical Medicine, Estonia
Sami Perälä, South Ostrobothnia Health Care District, Finland
Uladzimir Mazheika, Ostrovec Central Regional Hospital, Republic of Belarus

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Authors:	Ewy Olander, ewy.olander@bth.se Marie Persson, marie.persson@bth.se
Reviewer:	Prof. Bosco Lehr, Flensburg University of Applied Sciences Department for eHealth and Health Care Management lehr@fh-flensburg.de
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2 Short Abstract

This report on presentations and discussions is divided in two parts: Part I presents an overview of how the different health care systems are governed and organised. This overview aims to provide an understanding of how the identified list of actors and stakeholders (output 6.1) can be related to: firstly, (i) different levels of the health care organisation, and secondly, (ii) different health care systems in general. The actor and stakeholder analysis provides essential information on involved actors and stakeholders to the eHealth policy process. Part II presents contacts, and events with stakeholders for presentation and discussion of the PrimCareIT project, results from the project pilots and implementation of tele-mentoring and tele-consultations.

3 Introduction

The PrimCareIT is an EU-funded project with the overall aim to raise attractiveness of remote primary health care for medical professionals by the means of tele-consultation and tele-mentoring in the Baltic Sea Region (BSR). The objective of work package 6 (WP6) was to raise the political awareness on how to attract health professionals to remote primary care through joint political discussions and conclusions via Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and Political Strategic Board of the eHealth for Regions Network. The task for 6.2 was to present and discuss the PrimCareIT project and its pilots with tele-consultations and tele-mentoring as example of ICT solutions that can raise attractiveness of remote primary health care for medical professionals in the Baltic Sea Region. The Output 6.2 was to report these project presentations and discussions with stakeholders and political committees.

Part I begins with a presentation of pre-investigation on similarities and differences in health care organisation among the participating countries (Belarus, Lithuania, Germany, Finland, Latvia, Sweden and Estonia). The aim of such pre-investigation was to enable an understanding of potential project solutions of more transnational characteristics rather than country-specific solutions. The information was conducted through questionnaires to each of the participating countries and shows that there are many differences in terms of organisation, financing and decision making between the participating countries. The presented figures and concluded remarks are the results from the questionnaire used in the pre-investigation (Appendix 11.1). The report continues with an actor- and stakeholder analysis (Appendices 11.2, 11.3). The WP6 project partner group considered that not only politicians were stakeholders that could influence on the decisions on the policy and implementation process of ICT solutions in primary health care - a variety of politicians and authorities, key persons and associations were involved in eHealth policy processes in the PrimCareIT countries. Such actor and stakeholder analysis could increase awareness of these actors and stakeholders involved in the policy process of eHealth on national, regional and local level, and their positions, interests, power and competences for health care and eHealth issues.

Part II consists of a summary of presentations and discussions of the PrimCareIT project at country specific events and presentations and discussions with the NDPHS and eHealth for regional network. The actor and stakeholder analysis pointed out important stakeholders for these contacts and events.

Part I: Investigation of the Health Care Services and involved actors and stakeholders in participating countries

4 Health care organisation in BSR

A pre-investigation was conducted with a survey to all participating countries in the PrimCareIT project (Appendix 11.1). The respondents descriptions of how the health care is deliviered between private and public health care actors show that as much as 96% in Latvia, 95% in Estonia and 80% in Lithuania is privatised. In Belarus and Finland the private market within primary health care is scarce, and the figure is as small as 6 and 8.5% respectively. According to the questionnaire, 100% of the primary care in Germany, as understood as GP practices in the German system, are run privately for profit paid by the insurance. The privatisation of the Swedish primary care has during the last decade increased dramatically and has today reached almost 40% of the market. The *secondary care* and *tertiary care* are predominantly managed by the public sector (> 90%), except for Germany. Three players (public and private sector and also non-profit organisations) are evenly managing the German secondary and tertiary health care system (Appendix 11.1).

Comments/Discussion:
The German system differs in that a non-profit actor besides the public and private sector is involved within the secondary and tertiary care. This occurrence is not seen in the other countries and therefore it woud be interesting to study what impact this might have, in comparison to the other participating countries, on the project objective.
There is also a trend of increased privatisation in primary care in all countries. What does this mean to the attractiveness of remote primary care and the implementation of IT-solutions?

4.1 Health care responsibility

According to the answers in the survey on the responsibility of health care delivery related to type of care, the *Primary care* among the Baltic Sea nations is managed on a local level, except for Germany in which the primary care is managed on a regional level (Appendix 11.1).
The *Secondary care* is managed on a regional level except for Lithuania in which secondary care is managed on a local level.
The *Tertiary care* is managed by the same principle as secondary care, except for Lithuania where the tertiary care is managed on a national level. Belarus did not respond to this question.

Comments/Discussion:
Lithuania differs in that the “middle step” of the regional level is disregarded. This could partly be explained by the fact that the country is small.

4.2 Health care financing

The survey included a question on how the health care in general was funded or financed (Appendix 11.1). The answers show that most of the nations, except for Germany, are financed by the Government or through tax-income (the percental figure ranges between 62.5-91%), see table 1 below. The health care system in Germany is mainly financed by statutory insurance (68.1%). A mixture of private insurance, private households, patient fees and employers funds the remaining parts in all of the nations.

	Latvia	Finland	Germany	Sweden	Lithuania	Belarus	Estonia
Tax-income		74.7		70	68.9	77.3	62.5
Patient fee	11	19.3		2	29.3		23.8
Private insurance		1.8	9.3				1.1
Government	89			21			11.2
Employer			4.2		1.8	2.3	
Insurance			68.1			0.2	
Others			13.6	7		19.7	

Table 1. Health care financing within the participating nations

Comments/Discussion:
Further investigations are needed. As for example, distinctions must be clarified among:
1. Tax-income on a regional level or national level. This is very interesting when it comes to issues related to equal health care for all regions.
2. Tax-income in general and governmental funding.

4.3 Health care decision

The survey also included a question on Health care decision related to time-frame, investment amount and decision-makers (Appendix 11.1).
Operational decisions (< 1 month): The Finnish, Lithuanian, Estonian and Swedish systems are very similar in that smaller investments (< 10 000 €) are made by Head of Departments and further by Head of Divisions. Bigger investments (10 000 – 100 000 €) are decided on a hospital or institutional (region) level. In Belarus, decisions related to investments > 100 000 € are taken by District Public Authority. In Latvia, all the operational decisions are taken on an institutional level. Both Finland and Sweden describe involvement of procurement management when investments above 100 000 EURO are handled.

Tactical decisions (I month – 2 years): In Latvia the Ministry of Health is deciding on more costly investments (> 100 000 EURO). In Belarus and Estonia, the decisions are taken on a regional level, Regional Public Authority (Belarus) and National Institute for Health Development (Estonia). In Lithuania, Finland and Sweden all the tactical decisions are taken on an institutional level.
Strategical decisions (> 2 years): In Estonia, Latvia, Lithuania and Belarus, almost all strategical decisions are taken on a national level (Ministry of Social Affairs, Ministry of health, Government). In Sweden and Finland these decisions are taken on a regional level (City and County council).

Comments/Discussion:
Population size seems to determine on what level the decisions are taken. Germany did not respond to this question.

4.4 Patient process

Despite differences in organisation of the health care systems, the typically elective patient-flow seems very similar among the Baltic Sea nations. GP:s/Primary care commonly (but not exclusively) refers patients to Hospital/Secondary or specialist care.

5 Actors and stakeholder analysis

The aim and objectives for Work package 6 focus on establishment of links with relevant stakeholders and decision makers to place the project's issue on the political agendas in order to increase political awareness of strategies to ensure high quality and accessible services in remote primary health care by the means of e-Health application. The WP6 project partner group considered that a variety of politicians and authorities, key persons and associations were involved in eHealth policy processes in the PrimCareIT countries. Hence, the purpose with this actor and stakeholder analysis was to increase awareness of these actors and stakeholders involved in the policy process of eHealth on national, regional and local level, and their positions, interests, power and competences for health care and eHealth issues.

A policy process is the way in which policies are inititated, developed or formulated, negotiated, communicated, implemented and evaluated (Buse et al., 2005). The actors and stakeholders are involved in the policy process phases; initiation, formulation, implementation and evaluation, on international, national, regional and local level as well as in the transmission between these phases and levels (ibid).

WP6 project partners identified the actors and stakeholders per country and per region and local area which they represented. They also considered the actors´ and stakeholders' support on decisions, commitments and implementation concerning eHealth in PHC their power to influence the policy process, and their competencies for eHealth, health care or other related subjects. The actors and stakeholder descriptions from all project partners were analysed with a qualitative analysis method into categories. Seven categories of actors and stakeholders were identified on national level and eight categories on regional/local level (Table 2). Participating countries note that for small countries it may not be possible to position actors and stakeholder on national or regional/local level. Actors can be classified to both levels as they act at national level and only the place of residence can be specified as in a region. The overview of identified actors and stakeholders on national and regional/local level is attached (Appendix 11.2 and 11.3).

National Level **Actors and Stakeholder Categories**		**Regional/Local Level** **Actors and Stakeholder Categories**
1. Health care politicians, ministers, chairs, chancellors 2. Health care boards, Health departments, directors, managers Public Health officers, 3. Medical and eHealth associations and societies, Health insurance companies 4. IT- eHealth- telemedicine departments, divisions and centers 5. IT companies 6. Scientific institutes and universities 7. Citizens and patient organisations		1. Health care politicians, authorities, boards, councils 2. Health Care boards, directors, managers 3. Medical and eHealth associations and societies, Health insurance companies 4. IT- eHealth- telemedicine departments, divisions and centers 5. IT companies 6. Scientific institutes and universities 7. Health and medical professionals in PHC and hospitals 8. Citizens, patients and patient organisations

Table 2. Categories of actors and stakeholders on national and regional/local level.

5.1 Health care politicians, ministers, councils

On **national level,** national government, chancellors, councils of ministers and parliaments in the Baltic Sea Region, are actors with high power as decision makers in health care as well as in national eHealth policy and strategy processes. Policymakers such as ministers of Health and Social Affairs or Social care, Chairs of Health, and State secretaries, propose and influence decisions in eHealth issues, policies and strategies. The general competence in eHealth and health care among these actors are expired by project partners as high, which ought to give good confidence to the policies and strategies.

On **regional and local level** actors such as regional and district public authorities, chairpersons and ministers of regional health and social affairs suggest decisions for implementation and procurement. County councils and local health care boards are actors with high power as decision makers.

Depending on the political system and decentralization with varying regional and local autonomy as well as varying ownership for the PHC; state owned or private owned; the national politicians have more or less influence on the entire policy process from identification to implementation of eHealth on regional and local level. Thus, national policies and strategies give direction for implementation in regional and local health care; the regional and local councils or boards decide regional and local policies, strategies, action plans and resources for the implementation. Accordingly these regional and local policymakers are key actors in implementation of eHealth solutions. Some of these actors could be classified to both national and regional/local levels as they act both in national and regional political systems.

5.2 Health Care boards, directors, managers

On **national level,** this category consist of both state owned and private owned boards, directors, agencies, divisions for health care and public health. As policy actors they influence and suggest formulation of implementation strategies as well as support and act regarding to formulated policies and strategies for implementation in health care**.** In addition, these actors also can be responsible for control of implementation in regional and local level, data security and procurements of eHealth. Thus, these actors are important key actors with high power and influence in the policy process and the competence in eHealth and health care among these actors are generally expired as high.

On **regional and local level** the actors are district hospitals, hospital unions, public health officers, county council boards, primary health boards and directors, county council procurement and contracts departments. These actors put forwards ideas and suggest decisions for implementation and procurements, support implementation of decided eHealth policies and strategies. The influence on eHealth implementation and decision making power varies according to whether there are occurrences of regional and local eHealth policies and on the ownership; private or state owned. These actors influence in health care policymaking and procurement as established health care bodies with high power in eHealth implementation as they have high health care competence although the eHealth competence varies between actors within countries and also between countries.

5.3 Medical and eHealth associations and societies

On **national level,** this category is composed of medical associations and societies representing different medical professionals and professional experts. They put forward ideas for implementation, provide discussions, consider possibilities and prerequisites for implementation, and support medical professionals. They are stakeholders with interest in the implementation of eHealth policies and strategies from the professionals' perspective. They can also be participating actors as "interest groups" or reference groups when eHealth policy and strategy proposals are on referral. These associations' and societies' power to influence is generally expired as medium and to have medium e-Health competence, but expired as important actors and stakeholders for eHealth implementation as they have strong health care competence and knowledge of health care practice and context. When Tele-medicine and eHealth associations and societies also are medical professionals, the stakeholders have higher power and may influence eHealth policy and strategy processes as they have both high eHealth and health care competence.

On **regional and local level,** this category is composed of regional and local medical professionals associations and foundations and their chair persons, and members of the board of physician associations. Some of these are participating actors, active in the professional associations and others are full time association members and stakeholders. They influence regional and local health policies as established professionals and officials in health care or eHealth, and put forward ideas for implementation and supports medical professionals. There seems not to be any Tele-medicine and eHealth associations and societies on this level. The eHealth competences and interest among the medical/health care professional associations vary and by this their influence and decision power in eHealth implementation also varies.

5.4 IT-, eHealth-, telemedicine department, divisions and centres

On **national level**, this category consists of state owned departments, divisions and centres for IT, eHealth, and tele-medicine. These actors suggest decisions for implementations and investment in eHealth solutions but can also be "implementators" i.e. have responsibility for practical implementation if there are no such departments on local level. Generally these actors have high power in influencing national eHealth implementation, but less impact and more medium influence on the decision making process from national to regional and local level with private owned PHC or regional autonomy. In countries with eHealth policies only on national level, telemedicine department, divisions and centres on regional and local level have no power influence on decisions, only advisory roles.

On **regional and local level,** this category consists of the local and regional IT-institutions, chair for eHealth foundation, county council services incl. IT, information and phone. These actors influence the regional and local political decisions concerning eHealth implementation, support implementation of procured IT-solutions, implement in practice and give technical support. Some of these actors could be classified to both national and regional/local levels as they act at national level but in regional local contexts.

5.5 IT-companies

On **national level,** this category consists of IT companies or groups of IT companies. They are both stakeholders with interest to influence choice of IT systems and procurements, and actors participating in implementation of fixed solutions and deciding package of ICT tools as well as

technical support and consulted experts. Although these actors and stakeholders have high eHealth competence they have low influence in the eHealth implemention process.

On **regional and local level,** the IT companies are generally actors who take part in implementation of fixed tasks, develop function of IT systems, prevent errors and give technical user support as paid consulted experts. On this level the eHealth competence varies from high to low.

5.6 Scientific institutes and universities

On **national level,** scientific institutes and universities can be stakeholders in the national eHealth policy and strategy implementation, influencing in national health care politics as established experts putting forward ideas for implementation and suggesting decisions to policymakers. The scientific and health care competence gives generally high influence power but the analysis also shows that scientific stakeholders can have low decision power.

On **regional and local level,** there are scientific institutes and universities that are both stakeholders and actors in the eHealth implementation on regional and local level. As stakeholders they put forward ideas for implementation and give expert statements in regional eHealth strategies and implementations. As actors they participate as experts in practical implementation of technological equipments and methods. They could also be decision makers of eHealth education for professionals and actors in the implementation executing distance learning for professionals on regional and local level. On this level the power to influence is medium to low except educational issues. The eHealth and Health Care competence vary depending on department and personal competencies.

The analysis shows that the division between national and regional/local level is not distinct and also that there are no scientific institutes on regional and local level, all are on national level.

5.7 Health professionals in PHC and hospitals

On **national level,** health professionals were not identified as individual or groups of actors or stakeholders in national eHealth policy and strategy processes. On national level the national medical associations and societies (category 3.3) are representing these different health professionals.

On **local and regional level,** this category is composed of health personnel with different professions working in hospitals and PHC; family doctors, general practioners, medical specialists, nurses in PHC and specialist care, pharmacists, physiotherapists. They are important actors in eHealth implementation into practice by purchasing necessary eHealth equipments, through realization of fixed tasks and procured eHealth solutions, and through finding ways to use new eHealth tools in consultations, medical and nursing care, patient investigations, patient recording, etc. The actors' eHealth competencies vary, as well as how they support or oppose eHealth implementation according to, for example, if they agree to procured tools or find other solutions more useful. Health professionals have low power to influence the policy implementation but high power and influence in how equipment will be used in practice, and by this how the implementation aims will be achieved.

5.8 Citizens, patient and patient organisations

On **national level,** patient organisations are stakeholders with high power in the health policy process. The issue of patient opinions about new ways of health care service delivery is important for successful implementation of any eHealth application. Their opinions are asked for in the decision making processes as interest groups or reference groups when Health policy and strategy proposals are on referral. The patient organisations mainly represent people with special diseases and many are general citizens organisations. No specialised eHealth associations or foundations are identified. In countries where there are consumer advice centres that give advice to people, these have high influence on patients but low influence on political decisions.

On **regional and local level,** only two countries identify regional and local patients' organisations as stakeholders in the eHealth implementation process. When questions about eHealth implementation arise, the suitable patient organisation at regional and/or local level will be contacted. For small countries it is not possible to do a division in national and regional/local level. On this regional and local level individual patients can be actors or stakeholders and as health service customers they could support or oppose use of technology in their meeting with health personnel.

5.9 Issues

The actor and stakeholder analysis has brought a number of issues that are important to be considered and elaborated. The issues are also important for the discussion with stakeholders in accordance with the WP 6 aim on professional isolation, brain drain and opportunities of tele-health.

- Issues concerning eHealth policy and strategy processes in accordance with focus on the WP6 aim – to increase political awareness of strategies to ensure high quality and accessible services in remote PHC by the means of eHealth application.
- Aspects important to emphasize regarding the WP6 aim and forthcoming discussions with stakeholders,
- What kind of problems there are to deal with in eHealth implementation. Strengths to support? Obstacles to tackle?
- In which extension end-users as health personnel and citizens/patients are participating in tele-consultation and tele-mentoring development. User participation in development of new methods is important for acceptance and use according to several scientific studies. (Participation is essential for building user empowerment and for maintenance of new tools to get sustainable eHealth solutions).
- Which contextual factors influence the process from decisions on eHealth implementation to how eHealth technology is applied and put into practice? Political system? Economical? Technology equipment?
- Competencies and knowledge among actors? Social/Cultural? (Discussion on transnational collaboration in policies and strategies focusing on eHealth implementation in PHC, it is important to be aware of similarities and differences between the countries' contextual factors influencing eHealth implementation and how actors and stakeholders are involved in the policy- and strategy process).

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Policy process considerations

Problem identification and issue recognition

- What makes the professional isolation and brain drain in remote PHC areas actual for eHealth policies and strategies?
- How do such eHealth policies and strategies get on the agenda of governance?

Policy formulation

- How are policies and strategies agreed upon and how are they communicated?
- Who are the actors participating in the policy and strategy formulation?

Policy implementation

- What is done to implement eHealth policies and strategies into action in PHC? Who have been important actors?
- How are such policies and strategies adopted or enacted and which actors and stakeholders influence on this?
- Is the process a top down versus a bottom up process? I.e. how much are the end users (professionals and citizens) participating in the implementation?

Policy evaluation

- What and how should quality and effectiveness of an eHealth policy or strategy implementation be measured.'

6 Conclusions Part I

The study of health care in participating countries briefly reviews the different health care systems and its organisation according to responsibility, financing and decision making within the participating countries in PrimCareIT. The percentage of private and public actors differs considerably between the countries. The German system, for instance, also includes a non-profit actor beside the private and public actor in the health care system which is not seen in the rest of the participating countries. The financing and the decision making in the health care systems also differ substansially between the participating countries. The decision making in the smallest countries by population (here, Estonia, Latvia, Lithuania and Belarus), is conducted on the national level while in Germany, Sweden and Finland, the decision making is, in a greater extent, conducted on the local level. However, the patient process, i.e., patient path, between the primary care and the secondary care is very similar within the countries.

The stakeholder analysis shows that several actors and stakeholders are involved in an eHealth policy implementation process on national as well as on regional and local level, from identification of a problem, to formulation of a policy and implementation of a policy in practice. The analysis was an essential step to increase awareness of actors and stakeholders involved in eHealth policy processes and to understand their positions, interests, power and competences for eHealth issues in general, and for tele-consultation and tele- mentoring in special. The identification and analysis give also a contextual understanding and a strong basis for the stakeholder list for presentations and communications with key stakeholders and for further transnational collaboration.

References: Buse, K., Mays, N. & Walt, G. (2005). *Making health policy.* London: Open University Press.

Part II Presentations and discussions with stakeholders and political committees

7 Regional Stakeholder Contact Persons

Regional Stakeholder Contact Persons (RSCP) were appointed for each participating country in order to clarify the responsibility for contacts with country specific matters. All project partners have a country specific stakeholder list for communication with stakeholders within their countries. Each RSCP sends e-mails with PrimCareIT project information e.g. the newsletter to the stakeholders on the list. They also report stakeholder contacts and events to the WP6 leader. The country stakeholder lists are gathered in a assemble stakeholder list published in Sharepoint (Output 6.1). The stakeholder list has been updated regularly and latest in September 2013 to be as correct as possible for sending out invitations to the final conference. The RSCP in detail are:

Country	Name	Organsation
Belarus	Nikolay Gyozd	Belarusian Medical Academy of Postgraduate Education
Estonia	Kristjan Krass	Estonian Society of Family Doctors
Finland	Jaakko Hallila	Regional Council of South Ostrobothnia
	Helli Kitinoja	Seinäjoki University of Applied Sciences
Germany	Bosco Lehr	Flensburg University of Applied Sciences
Latvia	Aigars Miezitis Gatis Zvaigzne (2012-2103) Jana Lupuerina (2013-2014)	National Health Service
Lithuania	Arunas Lukosevicius	Kaunas Technical University
	Giedrius Vanagas	Lithuanian University of Health Sciences
Sweden	Käte Alrutz	Region Västerbotten
	Ewy Olander	Blekinge Institute of Technology

8 Contacts and events with stakeholders

During the project the project partners (PP) had several contacts with stakeholders, including desicion makers, politicians, health care professionals and IT professionals, on project presentations and discussions of professional isolation, brain drain and opportunities of tele-mentoring and tele-consultation. The contacts took place through e-mails with general PrimCareIT information and newsletters to all stakeholders on the stakeholder list, and with country specific information on the local/regional PrimCareIT activities and information on the implementation of tele-mentoring and tele-consultation pilots to regional stakeholders. The presentations and discussions also took place during meetings and conferences on local/regional, national and international level, covering PrimCareIT aims, tele-mentoring and tele-consultation pilot presentations and discussions on the PrimCareIT and pilot objectives, solutions and opportunities of tele-mentoring and tele-consultations.
Totally 62 stakeholder dialogue activities ,“events” (Table 2), took place with presentations on

PrimCareIT project, aims and tele-mentoring and tele-consultation pilots, and with discussions with stakeholders on local/regional, national and international level. More than 3000 participants; incl. stakeholders, politicians, decision makers, health care managers and professionals, ICT managers and experts participated in these events. An assembled WP6 stakeholder event list with reported events from all countries; location, participants, objectives and reflections is presented in Appendix 11.4.

Country	Number of events	Number of participants
Belarus	19	1.590
Estonia	4	340
Finland	7	945 +
Germany	11	180
Latvia	6	145 +
Lithuania	6	130
Sweden	8	200 +

Table 2: Stakeholder Dialogue Activities

8.1 Belarus

About 30 medical congresses, conferences, seminars and other events are held at BelMAPO (Belarusian Medical Academy of Post-Graduate Education) every year. Medical practitioners and researchers in internal diseases, infectious diseases, general medical practice, cardiology, cardiosurgery, oncolology, opthphalmology, health care management and other specialties from Belarus and foreign countries take part in these events. Thanks to PrimCareIT project, several on-line sessions within conferences and seminars, important for general practitioners from remote areas, have been organised between BelMAPO and Ostrovets CRH. GPs from Ostrovets region manifested a great enthusiasm for participating in such on-line sessions. After the first outcomes of the project had been reported at the national level, all other remote areas of Belarus declared their interest in on-line educational activity using IT. Decision-makers also attended all these events and got their own experience and positive ideas about tele-mentoring (Appendix 11.4.1)

8.2 Estonia

The project partners, The Estonian Society of Family Doctors and the Institute of Clinical Medicine, Tallinn University of Technology, have introduced the PrimCareIT project at 4 events:

- Annual Conference of Estonian General Practitioners with 300 participants in 2012 and 2013. During the Conference the development of eHealth, raising awareness and how to improve the quality of health care and solutions of digital prescription were discussed. Needs and solutions in the PrimCareIT project were introduced. The workshop: PrimCareIT and continues medical education, took place during the conference.
- International Telemedicine Policy Recommendations Seminar with 96 participants. Purpose of the event was to discuss the benefits of telemedicine solutions to different social groups, implementation of telemedicine services from hospital's perspective, benefits and barriers. Participants were informed about the PrimCare IT project.
- Focus group meeting with the Health Insurance Fund and Committee of Social Affairs of Estonian Parliament with 4 participants. The aim was to introduce PrimCareIT objectives

and get support for implementation of e-consultation and e-mentoring platforms. The overview of PrimCareIT project was given to the stakeholders. The importance of e-consultation and e-mentoring as tools to counteract the migration of physicians from remote areas was discussed.

General practitioners, specialists, nurses, IT specialists and stakeholders have been participating in these events (Appendix 11.4.2).

8.3 Finland

During the PrimCareIT project period eight (8) stakeholder events were held in Finland. Altogether there were 945 participants in these events. Language was Finnish. The first event was in May 2012 and the last event just before closing the project in March 2014.

Events for politicians and other regional and local decision makers:
Ms. Anneli Jäätteenmäki, the Finnish Member of the European Parliament was a key-note speaker in a seminar, which title was “South Ostrobothnia in a way of internationalization”. Aim of this seminar held in the City of Seinäjoki was to inform decision makers about opportunities of the international EU funding by presenting good examples how useful things can be done by the active participation to transnational co-operation such as BSR funded projects. Reflections of 76 participants were positive and PrimCareIT project was seen as a project recognizing the actual needs of the BSR region.

In October 2013 there was at Seinäjoki University of Applied Sciences a Gala event of Education and Research. 150 participants represented local and regional decision makers, politicians, CEOs and managers of the companies as well as staff of the HEIs in Western Finland. The event generated positive reflections towards research activities, e.g. PrimCareIT, in the region.

PrimCareIT project was introduced to the Board of the Regional Council of South Ostrobothnia in December 2013 and to the Board of South Ostrobothnia Health Technology Center in March 2014. Purpose was to share information about the PrimCareIT project as well as about the possibilities of eHealth in the Region. In the Board meetings there were 24 participants in total, decision makers and politicians from the municipalities and cities in the South Ostrobothnia Region, from Seinäjoki University of Applied Sciences, Seinäjoki Central Hospital / South Ostrobothnia Health Care District, South Ostrobothnia Chamber of Commerce and other organisations. As a conclusion it was recognized that the eHealth related projects have had positive impact to the development off health care services in the Region and the event generated positive reflections towards the project PrimCareIT and eHealth.

Events for health care professionals and ICT experts
In November 2012 there was a seminar “E-Care & Connected Health” in Helsinki, where 120 mainly health care professionals and ICT experts but also some decision makers throughout Finland delivered information and shared experiences in health care information systems and telemedicine solutions. Also PrimCareIT project was presented. The reactions were positive and PrimCareIT was seen as a project which successfully applies health technology into practice. The PrimCareIT project was also introduced in the yearly National Conference of Telemedicine and eHealth which was held in the City of Seinäjoki in April 2013. Aim of the conference was to share

information about eHealth and its applications. 140 participants, coming all over Finland, represented mainly medical and other health care professionals, but also company representatives related to eHealth and telemedicine as well as decision makers on local, regional and national level.

Results and activities of the PrimCareIT project and other eHealth related projects were presented in the regional final seminar of the PrimCareIT project in Seinäjoki in March 2014. Participants, around 35 people came from the municipalities in the region, from Seinäjoki University of Applied Sciences and from the other public organisations and companies in the region. The audience included decision makers, educators and health care professionals from these organisations. The seminar had a positive impact to the acceptance of eHealth and the event generated positive reflections towards the project PrimCareIT and its results.

Events for citizens and other stakeholders in the region
Seinäjoki University of Applied Sciences and Seinäjoki University Consortium organised The Open Day of Science and Knowledge “Tietoprovinssi” in the City of Seinäjoki in September 2013. The event was a public event open to citizens in Seinäjoki and South Ostrobothnia region. Estimated 400 participants which included among others also politicians and decision makers as well as health care and social welfare professionals participated in the event. Information about the PrimCareIT project was also shared in this event. The event generated positive reflections among participants and the project was seen important for the development of health care services (Appendix 11.4.3).

8.4 Germany

The German project partners presented the PrimCareIT project on altogether 12 events all over Germany. The first important event was the presentation at the Staatskanzlei in Kiel at the Ministry of Employment, Social Affairs and Health of Land Schleswig-Holstein with about 30 participants (health professionals, health care providers, politicians, representatives of health care institutions). The second event was the ”Medica“ congress in Düsseldorf, Germany, where the project was presented in the context of a podium discussion in front of appr. 15 participants (physicians, health professionals, politicians, representatives of health care institutions).

In Lübeck, Germany, during the Meeting ”Telemedizin der Zukunft“ it was discussed how far tele-consultation and tele-mentoring based on internet connections are useful solutions in remote regions, were internet connectivity is not widely available. It was regarded as necessary that the establishment of internet connections should be fastened up in order to initiate tele-consultation and tele-mentoring. Another event was the Primary Health & Prison Health Systems Expert Group der NDPHS in Lithuania. Also Prof. Bosco Lehr travelled to St. Petersburg, Russia to present PrimCareIT at a meeting of the local representation of the Chamber of Commerce, Hamburg, in front of health care representatives from both, Hamburg and St. Petersburg.

On an event in Berlin, Germany, Prof. Roland Trill presented and discussed PrimCareIT in the context of eHealth for Regions in a meeting with 6 representatives of the German Health Care System (regional and federal level) at the Federal Ministry of Health. In Flensburg the project was presented among advisory board of the Department for eHealth and Health Care Management and the CEO from Norgenta (representative of Life Sciences Corporation of Schleswig-Holstein and

Hamburg). In addition to this, Prof. Bosco Lehr visited Kiel several times to present PrimCareIT to the Ministry of Economic Affairs, Employment, Transport and Technology, section Health in the context of a workshop in eHealth activities among representatives of the Schleswig-Holstein IT-/health care businesses (Business Development and Technology Transfer Corporation of Schleswig-Holstein (WTSH)). Another presentation was held in the context of eHealth and assisted ambient living activities in Hamburg (Appendix 11.4.4).

8.5 Latvia

In May 2013 the Ministry of Health of Latvia established a working group for development of strategy for primary health care in Latvia in the years 2014 to 2016. The participants of this working group were involved in all workshops and meetings organised by the PrimCareIT project. They received valuable information by these discussions. Particularly the positive results of the Latvian pilots in tele-consultation within the project were taken into account when the experts developed the strategy for primary care in Latvia for the upcoming years. The cooperation of general practitioners and specialists was fixed in a separate point. The strategy was adopted by the cabinet of ministers on 24th of April 2014. (Appendix 11.4.5).

8.6 Lithuania

Lithuanian partners of PrimCareIT project have sent emails to the stakeholders of the national stakeholder list which was several times supplemented upon necessity. Also general presentation of the project and newsletters as well as leaflets were disseminated during all events for rising stakeholder awereness. Lithuanian partners of the project – Vilnius University Santariskiu Hospital, Kaunas University of Life Sciences and Kaunas University of technology Biomedical engineering (KTU BMEI) Institute – have used available contacts, meetings and events to disseminate the project's aims and results respectively to health professionals, managers, eHealth technology specialists and politicians. Specifics of Lithuania, which is a rather small country, is that decisions regarding eHealth developments and management of health care throughout country, including rural areas, are provided practically by the Ministry of Health (MoH). Therefore the Coordination Board for eHealth projects at MoH was one of important stakeholders at political level. Participant from KTU BMEI being the member of this Coordination Board and also a member of Lithuanian Science Council took all oportunities to organise events and to raise awareness of MoH officials and health research specialists about the project. Participants of preparatory expert meetings for setting of Lithuanian Smart Specialization priorities were informed about the project proposals for the rising of health service accessibility and acceptability via better work environment of primary care specialists in rural areas. Hopefully smart specialization priorities and implementation roadmaps will be favourable for the application of project's recommendations (Appendix 11.4.6).

8.7 Sweden

The Swedish RSCPs have sent emails to the stakeholders on the Swedish stakeholder list with presention of the PrimCareIT project in general. The emails have also included information to raise awareness on the PrimCareIT activities in Västerbotten and Blekinge county councils. The minister of Social Affairs, Göran Hägglund, followed the PrimCareIT project information and how it progressed with great interest. The Swedish RSCPs took also personal contacts, by e-mail or telephone, with persons who were thought to be interested in the PrimCareIT project. The Project Newsletters were sent to them as soon as they were published.

The project partner in the north of Sweden; Västerbotten County council (VLL), and the project partner Blekinge Institute of Technology (BTH) in the south have presented and discussed the PrimCareIT project and the tele-consultation pilots at eight events. Three events were presentations of the PrimCareIT project. The first was at the International eHealth Conference in Riga focusing on Primary Health Care as an arena for developing eHealth services in the Baltic Sea Region. The second was a presentation at Vitalis- a National Exhibition for ICT and e-Health, mostly about technical solutions. The third presentation was at the Centre for Tele-medicine conferences, focusing on ways to increase awareness of the possibilities with tele- consultations by presenting the tele-consultation pilot ongoing in Blekinge.

The other five events have been more “small scaled”, such as presentations and discussions with local stakeholders as well as medical or administration staff with interest in the progress of the Pilot in question. The fourth event was a Dialogue Seminar at BTH about practical facilities, collaboration potentials and challenges in order to learn from good examples and to benefit from previous experiences. The fifth event was a meeting with the Blekinge County Council Board about the project experiences and the benefits with this kind of consultations. The presentation was followed by discussions about the need for IT support, staff training and other issues to be considered during the implementation. Two events were held in Västerbotten. One was a personal meeting with the Project leader and the Director of the County Primary Health Care, who is one of our most interested stakeholders. Also present was the strategist of care planning for the Primary Care. The aim of the meeting was to inform about the progress of the Project in general and more specifically of the Psychogeriatric Pilot. The meeting was very satisfactory and resulted in the planning of new tele-consultations within other areas of Primary Care.

Next event was a presentation for the Politicians of the Västerbotten County Health Care Board about the progress of the PrimCareIT project and specifically the experiences and results of the Psychogeriatric Pilot. The Board showed a genuine interest in the project and saw great possibilities for patient staff in rural areas. The eight event was held in Blekinge and was a presentation of education, research and projects at department of Health, BTH. The PrimCareIT project was presented and the experiences from tele-consultation pilot I (Blekinge County Council) were especially presented and discussed (Appendix 11.4.7).

9 Presentation and discussion with NDPHS and eHealth for Regions Network

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and the eHealth for Regions Network are two important associations for transnational European collaboration and cooperation on sustainable development of people’s health and societal wellbeing issues. The NDPHS is comprised of ten partner countries, the European Commission and eight partner organisations, and special participants. The NDPHS focuses on increasing political and administrative coherence between the countries in the Northern Dimension area. The eHealth for Regions Network is a regional network of partners from six countries in the Baltic Sea Region, namely, Denmark, Finland, Germany, Latvia, Lithuania and Sweden. It also includes an associated partner from Kaliningrad Oblast. The eHealth for Regions Network facilitates transnational cooperation on eHealth in the Baltic Sea Region. The Network members cooperate transnationally through joint projects, such as ICTforHealth and PrimCareIT, two flagship projects

of the EU Strategy for the Baltic Sea Region (EUSBSR).

Six participants in the PrimCareIT project are members in NDPHS and/or eHealth for Regions Network. They have presented and discussed the PrimCareIT aims, results and overhelming issues with the associations at several meetings (Appendix 11.5). The minutes from two such discussions are attached (Appendices 11.5.1 and 11.5.3). The presentations and discussions have contributed to content focusing on tele-consultation and tele-mentoring in a NDPHS Work-plan for 2013 (Appendix 11.5.2) and eHealth for Regions Network Guidelines to implementing tele-consultation and tele-mentoring (Appendix 11.5.4).

The discussion raised in the NDPHS and eHealth for region network focused on best practises for improving the situation with professional isolation and the role of telementoring and tele-consultation as solutions for the problem. The discussion also focused on political will to implement the strategic recommendations made by PrimCare IT project and how NDPHS and eHealth for Regions Network could contribute to implementation of project findings.

In the discussions they considered a rather country similar situation with low interest among medical doctors in rural primary health care, and need of improved communication between special units and primary health care. The results from the WP4 pilots show that the PrimcareIT project has helped to lower the gap. A common agreement was that the best practice for tele-consultations has to be found inside the PrimCareIT. There are problems in recruiting the young doctors in rural areas. eHealth solutions can be good solutions since younger health care professionals are usually more eager to use the new technology than the older ones. IT solutions in the rural areas have been improved.

The discussions considered that on a longer term tele-consultation and tele-mentoring could help to decrease the professional isolation and make it easier to recruit health care professionals to isolated areas. In the discussions they considered that a first step would be to inform the politicians about the recommendations from the PrimCareIT project experiences.

10 Conclusion Part II

Part II presents the contacts with diverse stakeholders that have been involved in the PrimCareIT project in diverse ways.The stakeholder event lists show a wide amount of meetings conducted in different contexts. The events have generated positive reflections among participants and the PrimCareIT project has been seen important for the development of health care services. The overall experience is that particpating stakeholders have taken a great interest in tele-consultations and tele-mentoring as a strategy for further development of primary health care and that ICT innovations are nessary for improvement of the quality of primary health care. During the discussions with NDPHS and eHealth for Regions Network, the PrimCareIT project raised the aim and the activites to a political level and considered that tele-consultation and tele-mentoring could contribute to decreasing professional isolation and brain drain.

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and European Neighbourhood and
Partnership Instrument)

11 Appendices

11.1 Description of health care organisation

Description of health care organisation Survey

This survey will serve as a basis for how the health care in the Baltic Sea Region (differences and similarities between included countries) is organised in terms of funding and governing. There will also be an investigation on how the patient-flow is processed between primary care and secondary care.

Name (author):
Date:
Country:
Population:

1. How is the health care delivery divided between private and public health care actors?

Type of care	Actor	Percental
Primary care (GP, elderly care etc.)	Public	
	Private	
Secondary care (hospital care)	Public	
	Private	
Tertiary care (advanced hospital care)	Public	
	Private	

Comments and references:

2. Responsibility of health care delivery related to type of care.
On what level is the responsibility of the actual *delivered* health care taken?

Type of care	Responsibility/managing	Percental
Primary care (GP, elderly care etc.)	National level	
	Regional level	
	Local level	
Secondary care (hospital care)	National level	
	Regional level	
	Local level	
Tertiary care (advanced hospital care)	National level	
	Regional level	
	Local level	

Comments and references:

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Baltic Sea Region Programme 2007-2013

3. How is the health care in general funded or financed?

Financing	**Percental**
Tax-income	
Patient fee	
Private insurance	
Other	

If "Other" types of financing are used, please describe this/these here:

Comments and references:

4. Health care decision level related to time-frame, investment amount and decision-maker

Strategical decision (> 2 years)	3a	3b	3c
Tactical decision (1 month – 2 years)	2a	2b	2c
Operational decision (< 1 month)	1a	1b	1c
	Investment (EURO) <10 000	Investment (EURO) 10 000-100 000	Investment (EURO) >100 000

Describe the different decision-makers and on what level they are:
1a =
1b =
1c =
2a =
2b =
2c =
3a =
3b=
3c =
Comments and references:

5. Description of a typical patient-flow between primary care and secondary care:

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11.2 Actor and Stakeholder Analysis on national level

Category	Actors and stakeholders
# 1 Politicians, policymakers, council boards	Council of Ministers of the Republic of Belarus (Actor 1) Belarus
	Ministry of Health of the Republic of Belarus (Actor 2) Belarus
	Member of Parliament, Estonia
	Ministry of Social Affairs, Deputy Secretary General on Health, Estonia
	The Social Affairs Committee of the Estonian Parliament, Chair person, Estonia
	The Social Affairs Commitment Minister of Social Affairs and Health, Finland
	Minister of Health and Social Service Finland
	State Secretary Health care, Finland
	State Secretary, Social care Finland
	Chair of Social Affairs and Health Committee Finland
	Federal Minister of Health, Germany
	Ministry of Health of the Republic of Latvia, Latvia
	Minister of Health, Lithuania
	Chancellor of ministry of Health responsible for eHealth developments, Lithuania
	National Health board, (Chairman) Lithuania (http://www3.lrs.lt/pls/inter/w5_show?p_k=1&p_r=692)
	Permanent Committee on Health Affairs in the Parliament, (Chairman) Lithuania, (http://www3.lrs.lt/pls/inter/w5_show?p_r=8896&p_k=2)
	Minister of Social Security and Labour, Lithuania
	Ministry of Health and Social Affairs, Sweden
	Minister for Elderly Care and Public Health, Sweden
#2 Health care boards, health departments, directors, managers, public health officers	Republican Scientific and Practical Centers Belarus, Belarus
	Department of Health Care Management of the Ministry of Health of the Republic of Belarus, Belarus
	Director of National Institute for Health Development, Estonia
	Estonian Health Insurance Fund; Chair person, Estonia
	Leader of WHO in Estonia, Estonia
	Finohta (Finnish Office for Health Technology Assessment), Finland
	National Institute for Health and Welfare, Finland
	Department Z23 "Basics of telematics and eHealth" in the Federal Ministry of Health, (Referat Z23 "Grundsatzfragen Telematik / eHealth") Germany
	National Health Service, Latvia
	Health Inspectorate, Latvia
	State Agency of Medicines of Latvia, Latvia
	State Regional Development Agency, Latvia
	Data State Inspectorate, Latvia
	Health Policy and Planning Division, Department at Minister of health (MoH), Lithuania
	Head of E. Coordination and implementation, Divisions at MoH, Lithuania
	Head of Health Care Resources Management Division, Lithuania

Category	Actors and stakeholders
	eHealth projects coordination Board at Ministry of Health (MoH), Lithuania
	Personal Health Department, Division of Family Health at MoH, Lithuania
	Public Health Department at MoH, Lithuania
	Agency of European Social Fund, Lithuania
	Health Education and Disease Prevention Center (www.smlpc.lt)
	State enterprise – Centre of Registers, (Director), (institution leading eHealth implementations), Lithuania
	State Health Fund, (Director), Lithuania
	Committee for information society development at Ministry of Communication, Lithuania
	Manager, Project 'eHealth services' Undersecretary of the Ministry of Health, Lithuania
	National Board of Health and Welfare, Sweden
	Swedish Association of Local Authorities and Regions (SALAR), Sweden
# 3 Medical and eHealth associations and societies	Medical professional associations, Belarus
	ESFD Chair; GP, Estonia
	Chair of Finnish Society of Telemedicine and E-health, Finland
	Chair of Finnish Social and Health Informatics Association, Finland
	Person responsible for telematics of the German Medical Association, Germany
	Chairman of the German Society of Telemedicine, Germany
	Chairman of the National Association of Statutory Health Insurance Physicians(Kassenärztliche Bundesvereinigung), Germany
	Chairman of German College of General Practitioners and Family Physicians, Germany
	Pharmacists Society of Latvia, Latvia
	Latvian Public Health Association, Latvia
	Latvian Society of Doctors, Latvia
	Latvian Association of Family Doctors, Latvia
	Latvian Rural family doctors' Association, Latvia
	Latvian Umbrella Body for Disability organisations SUSTENTO Latvia
	Lithuanian Society of physicians – general practitioners (President) Lithuania
	Union of Lithuanian Physicians (President)
	Lithuanian Association of Private Health Care Institutions (President), Lithuania
	Lithuanian Association of Young Physicians
	Collegium of Lithuanian of Lithuanian General Practitioners, Lithuania
	Lithuanian Association of general pracitioners – dentists, Lithuania
	Union of Lithuanian physicians-managers (President) Lithuania
	Famna – The Swedish Association for Non-Profit Health and Social Service Providers, Sweden
	Nursing Informatic department, Swedish Society of Nursing. Sweden
	Association of Private Care Providers, Sweden

Category	Actors and stakeholders
# 4 IT-eHealth-telemedicine departments, divisions and centres	Republican Scientific and Practical Centre of Medical Technologies, Belarus
	Information Department, National Institute for Health and Welfare, Finland
	Department Z23 "Basics of telematics and eHealth" in the Federal Ministry of Health (Referat Z23 "Grundsatzfragen Telematik/eHealth"), Germany
	Executive manager, Project 'eHealth services', Lithuania
	Head of Information Technologies Division, Lithuania
	Head of telemedicine centre, LUHS, (http://lsmuni.lt/lt/kontaktai/kontaktu-sarasas/akademiniai-padaliniai/telemedicinos-centras-/) Lithuania
	Centre for eHealth in Sweden, Sweden
	The Swedish Strategy for eHealth Sweden
# 5 IT-companies	IT institutions and companies, Belarus , Belarus
	Tieto, Finland
	IT company, Latvia
	KTU E. Learning technologies center Lithuania
	E. Studies of Lithuanian University of Health Sciences, Lithuania
	Institute of Hygiene, Lithuania
	Public health technology center, Institute of Hygiene, Lithuania
	AME Branch Office Lithuania
	ERES OPTIMUS UAB Lithuania
	Stratelus UAB, Lithuania
	E-Sveikata, UAB, Lithuania
	ALNA SOFTWARE UAB, Lithuania
	Equinox Europe UAB, Lithuania
	Baltijos Invormacinės sitemos UAB, Lithuania
	Amadeus Lietuva Lithuania
	Citrus UAB, Lithuania
	CompuGroup, Medical, Sweden
# 6 Scientific institutes and universities	Belarusian Medical Academy of Post-Graduate Education, Belarus
	University of Tartu University Clinic in Family Health Institute, Estonia
	University of Tartu University Clinic in Internal Institute, Estonia
	Professor of Health Care Management, Head of the Department of Public Health, University of Tartu, Estonia
	Institute of Clinical Medicine, Technomedicum, Tallinn University of Technology; Head; Estonia
	University of Eastern Finland, Master Degree Programme of Health and Human Services Informatics, Social and Health Information Technology Research Unit, Finland
	University of Oulu, Master Degree Programme in Medical and Wellnes Technology, Finland
	Satakunta University of Applied Sciences, Master Degree Programme in Welfare Technology, Finland
	Tampere University of Applied Sciences, Master Degree Programme in Welfare Technology, Finland
	Flensburg University of Applied Sciences, Germany

Category	Actors and stakeholders
	KTU E. Learning technologies center Lithuania
	E. Studies of Lithuanian University of Health Sciences, Lithuania
	Institute of Hygiene, Lithuania
	Public health technology center, Institute of Hygiene, Lithuania
	Biomedical Engineering Institute at Kaunas University of Technology, Lithuania
	Vilnius University, Faculty of Medicine, Lithuania
# 7 Citizens and patient organisations	Patient organisation X Belarus
	Patient organisation Estonia
	Patient organsation Germany
	Patient organisation X Finland
	Patient organisation X Latvia
	Patient organisations L Lithuania
	Patient organisation Sweden

Table 3: Actor and stakeholder analysis on national level

11.3 Actor and Stakeholder Analysis on regional and local level

Category	Actors and Stakeholders
# 1 Politicians, policymakers, council boards	Regional Public Authority (region), Belarus
	District Public Authority (local), Belarus
	Social Welfare and Health Care Department, Tallinn, Estonia
	Board of the South Ostrobothnia Health Care district, Finland
	Council of the South Ostrobothnia Health care District, Finland
	Minister of Employment, Social Affairs and Health of Schleswig-Holstein, Germany
	Municipality doctor at department of Health, Municipalities, Lithuania
	Municipality Public Health Bureau, Lithuania
	County council Board of Blekinge, Sweden
	Investment, service- and environment preparation County council of Blekinge Sweden
# 2 Health care boards, health departments, directors, managers public health officers	Regional Health Care Department, Belarus
	Regional Hospital. Belarus
	Central District Hospitals, Belarus (local)
	Union of Estonian Medical Emergency; Estonia
	Tartu University Hospital; Estonia
	South Estonia Hospital; Estonia
	The Hospitals Union; Pärnu Hospital Foundation; Estonia
	Ida-Viru Central Hospital Foundation; Estonia
	Tallinn Pediatric Hospital Foundation; Estonia
	East Tallinn Central Hospital; Estonia
	West Tallinn Central Hospital; Estonia
	Director of Health Care District, South Ostrobothnia, Finland
	Managing Doctor, South Ostrobothnia, Finland
	Managing Head Nurse South Ostbothnia, Finland
	Public health officers, Schleswig-Holstein, Germany
	Leader of Department VIII 4 - Health in the Ministry of Employment, Social Affairs and Health of Schleswig-Holstein, Germany
	National Health Service, Latvia
	County council director, Blekinge, Sweden
	County council procurement and contracts department, Blekinge, Sweden
# 3 Medical and eHealth associations and societies	Medical professional associations Belarus
	Estonian Telemedicine Society, Estonia
	ESFD Chair person; GP, Estonia
	Chairman of Association of Statutory Health Insurance Physicians Schleswig-Holstein (KVSH), Germany
	Members of the board of management of the physicians association Germany
	Kaunas Region Cardiology Society, Lithuania
# 4 IT-, eHealth-, telemedicine	IT-departments and divisions of medical and educational institutions, Belarus
	Medicum; Chair, Estonia

Category	Actors and Stakeholders
departments, divisions and centres	South Ostrobothnia Health Technology Development Centre, Finland
	Telemedicine Centre at LUHS, Lithuania
	Distance Learning Centre at LUHS, Lithuania
	Distance Learning Centre at KUT, Lithuania
	County council service incl IT, information and phone, Blekinge, Sweden
# 5 IT-companies	Stakeholder region, IT companies, Belarus
	Stakeholder local , IT companies, Belarus
	IT company, Latvia
	Local ICT-companies, Sweden
# 6 Scientific institutes and universities	Belarusian Medical Academy of Post-Graduate Education, Belarus
	Regional medical institutions Belarus
	Professor of Tele-medicine and Medical Inform. Technology, South Ostrobothnia, Finland
	Dean of the School of Health Care and Social Work, Seinäjoki University of Applied Sciences, Finland
	Professor for General Medicine at University Hospital Schleswig-Holstein in Lübeck, Germany
	Heart Rhythm Automation Laboratory at LUHS Institute of Cardiology, Lithuania
	Blekinge Institute of Technology, Blekinge, Sweden
#7 Health and medical professionals in primary health care and hospitals	Medical professionals/GP´s of Primary Health Care, Belarus
	Health Care Centers, Boards of council, management Doctors, South Ostrobothnia , Finland
	GPs in Schleswig-Holstein, Germany
	Family doctors practices, Latvia
	Pharmacies, Latvia
	Hospitals, Latvia
	Family doctors practices, Lithuania
	Regional and municipality hospitals, Lithuania
	Pharmacies, Lithuania
	Medical doctors/specialists in specialised health care, Blekinge, Sweden
	Nurses in primary health services, Blekinge, Sweden
	Nurses in specialised health care, Blekinge, Sweden
	Medical doctors/general practitioners in primary health services (actors/stakeholders), Blekinge, Sweden
	Primary health care unit directors Blekinge Sweden
	Physiotherapists, Blekinge Sweden
# 8 Citizens and Patients associations	Patients, Belarus
	Different patients focus groups, Estonia
	Local patient associations, South Ostrobothnia, Finland
	Association of Country women, Schleswig-Holstein, Germany
	Patient organisations, Lithuania

Category	Actors and Stakeholders
	Local patient- and elderly- organisations, Blekinge, Sweden

Table 4: Actor and stakeholder analysis on regional and local level

11.4 Stakeholder Event Lists

11.4.1 Belarus

Date and Title	13-02-2013, Enlarged Session (with the participation of stakeholders) of the Scientific Council of BelMAPO
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders; politicians,managers, health professionals etc.)	72 participants, 3 decision makers including
Objectives	To present PrimCareIT and its first outcomes to the heads of all departments and stakeholders
Summary and Attachment	5 departments of BelMAPO (General Practice, Clinical Laboratory Diagnosis, Cardiology and Rheumatology, Oncology, and Urology are involved in organizing telementoring and teleconsultations
Reflections	First outcomes of the project implementation evoked a great interest among members of the Scientific Council of BelMAPO and stakeholders

Date and Title	19-21-02- 2013 Transnational meeting of PrimCareIt
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders; politicians,managers, health professionals etc.)	46 participants, 5 decision makers including
Objectives	According to the Agenda
Summary and Attachment	
Reflections	

Date and Title	11-03-2013, Session of the Committee for International Technical Cooperation at the Council of Ministers of the Republic of Belarus
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	18 participants, all - decision makers
Objectives	To present PrimCareIT at the national level in order to obtain its approval by the Council of Ministers
Summary and Attachment	The Council of Ministers approved the project and signed the corresponding document “On approving international technical projects” 30.04.2013
Reflections	First outcomes of the project implementation evoked a great interest among the members of the Committee

Date and Title	26-03-2013 International Scientific and Practical Conference "Innovative technologies in health care: harmonization of requirements and implementation into practice" in the frames of the 20th International Specialised Exhibition "Health Care in the Republic of Belarus” (March 26-29, 2013)
Location, Country	Minsk, Belarus
No. of Participants and kind	70 participants: health care managers and medical professionals

Date and Title	26-03-2013 International Scientific and Practical Conference "Innovative technologies in health care: harmonization of requirements and implementation into practice" in the frames of the 20th International Specialised Exhibition "Health Care in the Republic of Belarus" (March 26-29, 2013)
of stakeholders (politicians, managers, health prof. etc.)	
Objectives	To present PrimCareIT and its first outcomes
Summary and Attachment	
Reflections	First outcomes of the project implementation evoked a great interest among health care managers and medical professionals

Date and Title	06-04-2013 Conference of Belarusian Association of General Practitioners
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	62 participants, 3 decision makers including
Objectives	To present PrimCareIT , to show its practical value to general practitioners from remote areas
Summary and Attachment	
Reflections	First outcomes of the project implementation evoked a great interest among general practitioners, especially those from remote areas

Date and Title	25-04-2013 1st Belarusian-Lithuanian International Scientific and Practical Tele-Conference "Advances and issues of modern medicine" (Early diagnosis, up-to-date algorithms for treating the most common malignant neoplasms) with an on-line telementoring session for medical students and doctors from 8 medical educational establishments of Belarus and Lithuania
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	50 participants, including those from Vitebsk, Grodno, Gomel, Vilnius, Klaipeda, Kaunas , 10 decision makers including
Objectives	To present PrimCareIT. To carry out an on-line telementoring session
Summary and Attachment	The training is certified with Certificates (6 hours)
Reflections	Telementoring session evoked a great enthusiasm among trainers and trainees from all educational establishments

Date and Title	17 May, 2013 Meeting of stakeholders in the frames of a work visit of the Chairman of Grodno Oblast Executive Committee S.B. Shapiro to Grodno oblast districts, Ostrovets including
Location, Country	Grodno oblast, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	15 participants, 3 decision makers including
Objectives	To present PrimCareIT and its needs for implementing the pilot in Ostrovets
Summary and Attachment	Coordination of efforts for implementing the pilot
Reflections	

Date and Title	20 May, 2013 Republican Seminar with international participation (Latvia - project partner) devoted to the International Day of Family Doctor and the 15th Anniversary of the Department of General Practice of BelMAPO "Issues of diagnosing and treating patients in general practice" between BelMAPO and Ostrovets
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	108 participants, 2 decision makers including
Objectives	To present PrimCareIT. To carry out an on-line telementoring session. To assess preliminary outcomes
Summary and Attachment	The training is certified with Certificates (6 hours)
Reflections	Telementoring session got appreciation from participants. Satisfaction analysis is performed

Date and Title	07-06-2013 Republican Scientific and Practical Seminar "What do we know and do not know about chronic cardiac failure?" with an on-line telementoring session
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	80 participants, 22 from Ostrovets CRH including
Objectives	To present PrimCareIT. To carry out a telementoring session in cardiology for primary care medical professionals
Summary and Attachment	The training is certified with Certificates (6 hours)
Reflections	Telementoring session got appreciation from participants. Satisfaction analysis is performed

Date and Title	21-22-06-2013 2-nd Republican Congress of Urologists with an on-line telementoring session
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	60 participants, 18 from Ostrovets CRH including
Objectives	To present PrimCareIT and its first outcomes. To carry out an on-line telementoring session in urology for primary health care professionals
Summary and Attachment	The training is certified with Certificates (6 hours)
Reflections	The telementoring session got appreciation from participants. Satisfaction analysis is performed

Date and Title	11-09-2013 Republican Seminar "Diagnosis and treatment of therapeutic pathology" with an on-line telementoring session between MAPO and Ostrovets CRH
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	80 participants, 1 decision maker and 21 from Ostrovets CRH including
Objectives	To carry out a telementoring session in therapy for primary care medical professionals
Summary and Attachment	The training is certified with Certificates (8 hours)
Reflections	Telementoring session got appreciation from participants.

Date and Title	12-09-2013 International Congress "Medical Education in conditions of a globalized labor market" dedicated to the 50-ty anniversary of the Almaty State Institute for Medical Advanced Studies
Location, Country	Almaty, Kazakhstan
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	70 participants, 5 decision makers including
Objectives	To present PrimCareIT and its first outcomes at the international level
Summary and Attachment	
Reflections	The aims and the preliminary outcomes of implementing PrimCareIT in the Republic of Belarus turned to be very interesting to the participants. They considered the Belarusian experience to be "valuable and promising".

Date and Title	25-09-2013 Preliminary report on implementing PrimCareIT in the Republic of Belarus
Location, Country	Ministry of Health, Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	8 participants, 2 decision makers including
Objectives	To present a preliminary report on implementing PrimCareIT in the Republic of Belarus (Pilot 5.2).
Summary and Attachment	
Reflections	All preliminary outcomes got approval from official health care authorities. The decision to disseminate the experience to other regions after the project finishes is formulated.

Date and Title	27-09-2013 Republican Scientific and Practical Conference "Issues of diagnosis and treatment of elderly patients" with an on-line telementoring session between MAPO and Ostrovets CRH
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	70 participants, 1 decision maker and 18 from Ostrovets CRH including
Objectives	To carry out a telementoring session in geriatric problems for primary care medical professionals
Summary and Attachment	The training is certified with Certificates (6 hours)
Reflections	Telementoring session got appreciation from participants.

Date and Title	29-01-2014, Enlarged Session of the Board of the Ministry of Health of the Republic of Belarus
Location, Country	Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	450 participants, 12 politicians, Vice Prime-Minister Tozik A.A. including, 4 deputies of National Assembly
Objectives	To evaluate the preliminary outcomes of telementoring and teleconsultation practices in the country
Summary and Attachment	In his report, the Minister of Health of the Republic of Belarus Zharko V.I. appreciated the achievements in the area of telementoring and teleconsultation on the example of cooperation between BelMAPO and Ostrovets district hospital within PrimCareIT project
Reflections	The experience of PrimCareIT project will be used when implementing the national program "E-health".

Date and Title	07-02-2014, Enlarged Session (with the participation of stakeholders) of the Scientific Council of BelMAPO
Location, Country	Minsk, Belarus

Date and Title	07-02-2014, Enlarged Session (with the participation of stakeholders) of the Scientific Council of BelMAPO
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	120 participants, 1 politician and 3 decision makers including
Objectives	To evaluate the preliminary outcomes of PrimCareIT pilot study
Summary and Attachment	In his annual report, the Rector of BelMAPO, Corresponding Member of the National Academy of Sciences, Professor Demidchik Yu.E. evaluated the outcomes of PrimCareIT pilot study, gave the information about the number and subjects of telementoring sessions for medical professionals from remote areas of the Republic of Belarus, Ostrovets district including
Reflections	The good practices of pilot studies will be used and developed in future. The cooperation between BelMAPO and Ostrovets district hospital will be continued. The equipment purchased in the frame of PrimCareIT project will be used for telementoring and teleconsultaion of medical professionals from other remote areas of the country.

Date and Title	04-03-2014, Annual Final Republican Meeting of General Practice specialists. Republican Seminar "Correcting mistakes. Safety of the patient in primary medical care"
Location, Country	BelMAPO, Minsk, Belarus
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	120 participants, including 3 decision makers, 7 PMC Main Specialists from 7 administrative regions of the country, 16 medical professionals from Ostrovets CRH
Objectives	To present the outcomes of the pilot study within PrimCareIT project , to show the benefits of IT implementation to general practitioners and health care managers including those from remote areas
Summary and Attachment	2 reports have been presented - 1 from Ostrovets CRH and 1 from the Ministry of Health. The speaker from the Ministry of Health highly appreciated the outcomes of PrimCareIT pilot study and recommended to use the gained positive experience countrywide.
Reflections	

11.4.2 Estonia

Date and Title	20-09-2013, Annual Conference of Estonian General Practitioners
Location, Country	Tallinn, Estonia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Annual Conference is main event for GP-s in Estonia. Approx. 300 family doctors come for conference. Discussion boards consists key opinion leaders: Tanel Ross, CEO, Estonian Health Insurance Fund, Heli Paluste, Social Ministry Ruth Kalda, Tartu University Professor Diana Ingerainen, ESFD President
Objectives	How to improve the quality of health care? To discuss the development of e-health and raise awareness.
Summary and Attachment	Summary: IT systems are a great way to improve the quality of health care in a situation where the societies are aging and the pressure on health care systems. GPs should consider information technology not extra work and would understand the needs for health care. There are also lots of new ehealth services in development: Electronic Health Record, Digital Image, Digital Registration, Digital Prescription, Continues Medical Education System "Svoog" Kristjan Krass and Eret Jaanson had workshop: PrimCareIT and continues medical education
Reflections	Discussions on e-health need to continue next spring meeting and meanwhile raise awareness

Date and Title	18.10.2012 Focus group meeting with the Health Insurance Fund and Committee of Social Affairs of Estonian Parliament
Location, Country	Estonia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Margus Tsahkna, Chairman, Committee of Social Affairs of Estonian Parliament Tanel Ross, CEO, Estonian Health Insurance Fund
Objectives	To introduce PrimCareIT objectives and get support for implementation of e-consultation and e-mentoring platforms
Summary and Attachment	Inge Pruks and Peeter Ross gave overview of PrimCareIT project. The importance of e-consultation and e-mentoring as tools to counteract the migration of physicians from remote areas was discussed.
Reflections	The government has started initiative to analyse the role of telemedicine and find the best implementation criteria in Estonia in summer 2013.

Date and Title	20.03.2014 , TTÜ Tehnopoli Seminar : " Innovation in health care '
Location, Country	Tallinn, Estonia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Seminar. Approx. 30. Share their experiences with the implementation of innovative technologies : Raul Niin , Dr. Niine Skin Clinic board member - " Teledermatoskoopia the added value of the skin clinic experience " Dr. Lea hat , Valga Hospital and Elva Kindergarten " Puffball " speech therapist - " To restore an environment of interactive exercises, speech therapy experience " Dr. Arkady Popov , PERHi Ambulance chief medical director of the Centre - "Live in the emergency medical field medical consultations . Regional Hospital experience. " Dr. Andrus Loog , a board member of the Surgery Clinic - "Cell Therapy initial experiences and opportunities. "
Objectives	How to improve the quality of health care? T
Summary and Attachment	Summary: The seminar is at the heart of innovation in the implementation of the Estonian health care debate. Discussion led by Eero Merilind , Estonian Health Foundation Chairman of the Board and participate Marko cricket (PERHi IT Director), Dr. Andrus Loog (Surgery Clinic board member) , Raul Niin (Dr. Niine Skin Clinic board member) and Kristjan Krass (Estonian Society of Family Doctors Project) . Technology companies are bringing to market new and innovative medical technology oriented solutions. But what is the real need and what is the actual benefit of their implementation? 20.03.2014 Kristjan Krass PrimCareIT and continues medical education
Reflections	Technology companies are bringing to market new and innovative medical technology oriented solutions. But what is the real need and what is the actual benefit of their implementation?

Date and Title	23 – 24-04-2014 The 19th Finnish National Conference on Telemedicine and eHealth
Location, Country	Tallinn, Estonia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Conference for eHealth trends; Approx. 300 people. Conference program and stakeholders : http://www.telemedicine.fi/images/pdf/seminaarit/2014/The_19th_Finnish_National_Conference_on_Telemedicine_and_eHealth_Program.pdf
Objectives	How to improve the quality of health care?
Summary and Attachment	Summary: Conference will cover themes from best of two nations, Finland and Estonia, about eHealth trends and the latest advancements in the new health care technologies. The program is aimed at health care professionals and service providers. Conference offers

Date and Title	23 – 24-04-2014 The 19th Finnish National Conference on Telemedicine and eHealth
	unique meeting place and new information to physicians, nursing staff as well as to responsible persons for management, planning and education. 24-04-2014 Role of telemonitoring in primary care - Project Leader Kristjan Krass; Estonian Society of Family Doctors
Reflections	Discussions on e-health

11.4.3 Finland

Date and Title	02-05-2012, Seminar "Etelä-Pohjanmaa kansainvälistymisen tiellä"
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	76 participants Including local and regional politicians and managers throughout the region of South Ostrobothnia.
Objectives	To inform decision makers about opportunities of the international EU funding. Presenting good examples how useful things can be done by the active participation to transnational co-operation such as BSR –funded projects.
Summary and Attachment	Purpose of the seminar was to deliver information of international actions in the South Ostrobothnia region. Also PrimCareIT project was presented. Among participants was e.g. Finnish MEP Anneli Jäätteenmäki, to whom information on the project was also delivered http://www.annelijaatteenmaki.net/uutinen/jaatteenmaki-kannusti-etelapohjalaisia-eu-markkinoille/#more-688
Reflections	Reflections were positive and Primcare IT project was seen as a project recognizing the actual needs of the BSR region.

Date and Title	20-11-2012, E-Hoito & Connected Health
Location, Country	Pörssitalo, Helsinki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	120 Including regional and national level politicians, health care professionals and ICT experts throughout Finland.
Objectives	The purpose of the event was to deliver information and to share experiences in health care information systems and telemedicine solutions. Also PrimCareIT project was presented.
Summary and Attachment	http://www.talentumevents.fi/tapahtumat/conferences/ehoito++connected+health+2012/a2134645#_main
Reflections	The reactions were positive and PrimCareIT was seen as a project which successfully applies health technology into practice.

Date and Title	27-09-2013, The Open Day of Science and Knowledge in Seinäjoki (Tietoprovinssi)
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	The event was a public event open to all in Seinäjoki and South Ostrobothnia region. Estimation of 400 participants which included among others politicians and decision makers as well as health care and social welfare professionals.
Objectives	Purpose of this event was to share information about the PrimCareIT project and raise awareness especially among politicians and health professionals in the South Ostrobothnia region.

Date and Title	27-09-2013, The Open Day of Science and Knowledge in Seinäjoki (Tietoprovinssi)
Summary and Attachment	The event was held in Frami technology center between 11-20 o'clock. http://www.tietoprovinssi.fi/
Reflections	The event generated positive reflections among participants and the project was seen important for the needs of the region.

Date and Title	18.-19.-04.2013, National Conference of Telemedicine and eHealth
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	140 Including medical and other health care professionals, company representatives related to eHealth and Telemedicine as well as decision makers and managers on local, regional and national level.
Objectives	Purpose of the event was to share information about eHealth and its applications. Coming all over Finland, participants were informed about the PrimCare IT project.
Summary and Attachment	http://www.eptek.fi/telelaaketiede-seminaari/
Reflections	The event generated positive reflections among participants and the PrimCare IT project was seen important for the needs of the regions.

Date and Title	4-10-2013, Gala event of Education and Research
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	150 Including decision makers, politicians, CEOs and managers of the companies as well as staff of the HEIs from South Ostrobothnia region and West Finland.
Objectives	Purpose of the event was to share information about research and education in Seinäjoki UAS. Participants were informed also about the PrimCare IT project.
Summary and Attachment	http://www.seamk.fi/Suomeksi/Tutkimus-ja-kehittaminen/Seminaarit/Koulutuksen-ja-tutkimuksen-gaala
Reflections	The event generated positive reflections towards research activities, e.g. PrimCare IT, in the region.

Date and Title	16.12.2013,
Location, Country	PrimCareIT presentation in the meeting of the Board of the Regional Council of South Ostrobothnia Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	17 regional politicians including 13 board members
Objectives	Objective was to inform county government of the PrimCareIT project and its achievements in the region & to invite politicians to the final conference.
Summary and Attachment	-
Reflections	Feedback was positive and politicians appeared impressed in the influence that the project has brought to South Ostrobothnia region

Date and Title	17-03-2014 Board Meeting of the South Ostrobothnia Health Technology Center
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	7 Board members come from the City of Seinäjoki, Seinäjoki University of Applied Sciences, Seinäjoki Central Hospital / South Ostrobothnia Health Care District, South Ostrobothnia Chamber of Commerce, the Insurance Company and the Anvia Regional TelephoneCompany.
Objectives	In the meeting there was shared information about the PrimCare IT project as well as about the other eHealth

Date and Title	17-03-2014 Board Meeting of the South Ostrobothnia Health Technology Center
	related projects and activities in the Region of South Ostrobothnia.
Summary and Attachment	It was recognized that the eHealth related projects have had positive impact to the development off health care services in the Region.
Reflections	The event generated positive reflections towards the project PrimCare IT and eHealth in the region.

Date and Title	26-03-2014 eHealth Conference
Location, Country	Seinäjoki, Finland
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	35 Participants to the Conference come from the municipalities in the Region, from Seinäjoki University of Applied Sciences and from the other public organisations and companies in the Region. The audience includes decision makers, educators and health care professionals from these organisations.
Objectives	In the meeting there was shared information about the PrimCare IT project as well as about the other eHealth related projects and activities in the Region of South Ostrobothnia.
Summary and Attachment	It was recognized that the eHealth related projects have had positive impact to the development of health care services in the Region. The Conference had also positive impact to the acceptance of eHealth.
Reflections	The event generated positive reflections towards the project PrimCare IT and eHealth in the region.

Date and Title	10.4.2014, Med@tel (The international eHealth, telemedicine and health ICT forum)
Location, Country	Luxemburg
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Large number of stakeholders such as eHealth/telemedicine experts, ISfTeH members, politicians, business representatives
Objectives	Purpose of the Med-e-Tel conference is to facilitate the international dissemination of knowledge and experience in Telemedicine and eHealth, to provide access to recognized experts in the field worldwide, and to offer unprecedented networking opportunities.
Summary and Attachment	Med-e-Tel is an event of the International Society for Telemedicine & eHealth (ISfTeH), event website: http://www.medetel.eu/index.php
Reflections	Event is not held yet, but it offers an excellent opportunity to represent PrimCareIT project results to relevant audience.

11.4.4 Germany

Date and Title	20-03-2012, Presentation of PrimCareIT at The Ministry of Employment, Social Affairs and Health of Land Schleswig-Holstein
Location, Country	Kiel, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	approx. 30 (health professionals, health care providers, politicians, representatives of health care institutions)
Objectives	
Summary and Attachment	Prof. Lehr presented the PrimCareIT project at the Staatskanzlei in Kiel at the Ministry of Employment, Social Affairs and Health of Land Schleswig-Holstein. See presentation.

Date and Title	20-03-2012, Presentation of PrimCareIT at The Ministry of Employment, Social Affairs and Health of Land Schleswig-Holstein
Reflections	

Date and Title	14-11-2012, Medica
Location, Country	Düsseldorf, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	approx. 15, physicians, health professionals, politicians, representatives of health care institutions
Objectives	
Summary and Attachment	The project was presented in the context of an podiums discussion on the congress. See presentation.
Reflections	

Date and Title	28-11-2012, Meeting "Telemedizin in der Zukunft"
Location, Country	Luebeck, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	approx. 20, members of the Chamber of Commerce, physicians, representatives of the University of Lübeck and University of Applied Sciences Lübeck, scientic researchers in the field of tele-medicine
Objectives	
Summary and Attachment	See presentation.
Reflections	It was discussed in how far teleconsultation and telementoring based on internet connections are useful solutions in remote regions, were internet connectivity is not widely available. It was regarded as necessary that the establishment of internet connections should be fastened up in order to initiate teleconsultation and telementoring.
Date and Title	07-03-2013, Primary Health &Prison Health Systems Expert Group der NDPHS
Location, Country	Druskininkai, Lithuania
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	approx. 15 health care professionals, project officers, clinical teachers, professors, researchers, medical directors, representatives of ministries
Objectives	
Summary and Attachment	Prof. Trill presented PrimCareIT in the context of the eHealth for Regions and ICT for Health presentation. A participant list and protocol referring to Prof. Trills presentation is attached.
Reflections	

Date and Title	24-04-2013, Meeting on Health Care by Chamber of Commerce, Hamburg in St. Petersburg
Location, Country	St. Petersburg, Russia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Health care representatives of Hamburg and St. Petersburg.
Objectives	
Summary and Attachment	Bosco Lehr presented PrimCareIT at a meeting at the local representation of the Chamber of Commerce, Hamburg in St. Petersburg.
Reflections	

Date and Title	30-04-2013, Federal Ministry of Health, Berlin
Location, Country	Berlin, Germany

Date and Title	30-04-2013, Federal Ministry of Health, Berlin
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	6 Roland Trill: FH Flensburg - Tomas Ifland: Federal Ministry of Health/Bonn (German Representative NDPHS), Bonn - Dr von Schwanenflügel: (among others telematics), Federal Ministry of Health/ Berlin - Nino Mangiapane: Federal Ministry of Health/Berlin - Dr Renee Buck: Ministry of Social Affairs, Health, Family and Equality of Land Schleswig-Holstein, Kiel - Dr Falk Schubert: Federal Ministry of Health/Bonn (via video conference)
Objectives	
Summary and Attachment	Roland Trill presented and discussed PrimCareIT in the context of eHealth for Regions in a meeting with the following representatives of the German Health Care System (regional and federal level)
Reflections	

Date and Title	26-06-2013, Department for eHealth and Health Care Management
Location, Country	Flensburg, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	17 Participating were different professors and researchers of FUAS and the members of the advisory board of the Department for eHealth and Health Care Management: Dr Franz-Joseph Bartmann (President of Ärztekammer Schleswig-Holstein); Alexander Britz (General Manager Microsoft Health Solutions Group); Bernhard Calmer (Head Business Development Health care IT; Siemens AG Deutschland Health care Sector); Dr Klaus Juffernbruch (Director, Connected Health; Cisco Systems GmbH Internet Business Solutions Group); Philipp Karbach (Head of Market & Solutions Central Europe; iSOFT Health GmbH, a CSC Company); Prof Dr Werner Schurawitzki (UAS Flensburg)
Objectives	
Summary and Attachment	Presentation of the PrimCareIT project among advisory board of the Department for eHealth and Health Care Management.
Reflections	

Date and Title	02-07-2013, Ministry of Economic Affairs, Employment, Transport and Technology - Section Health
Location, Country	Kiel, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	3 Participating were Hans Runge and Randy Lehmann, representatives of the health section of the Ministry of Economic Affairs, Employment, Transport and Technology.
Objectives	
Summary and Attachment	Bosco Lehr presented the PrimCareIT project at the Ministry of Economic Affairs, Employment, Transport and Technology, section Health in Kiel.
Reflections	

Date and Title	09-09-2013, Business Development and Technology Transfer Corporation of Schleswig-Holstein (WTSH)
Location, Country	Kiel, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	14 Participating were several representatives of businesses and of the Business Development and Technology Transfer Corporation of Schleswig-Holstein (WTSH).
Objectives	
Summary and Attachment	Bosco Lehr presented PrimCareIT in the context of a workshop in eHealth activities among representatives of the Schleswig-Holstein IT-/health care businesses.
Reflections	

Date and Title	30-10-2013, Norgenta
Location, Country	Flensburg, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	CEO from Norgenta (representative of Life Sciences Corporation of Schleswig-Holstein and Hamburg).
Objectives	
Summary and Attachment	Bosco Lehr presented PrimCareIT in front of CEO Norgenta.
Reflections	

Date and Title	15-11-2013, HK Hamburg
Location, Country	Hamburg, Germany
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	55 Participating were several representatives of businesses and of the Business Development of Hamburg Health Care economy
Objectives	
Summary and Attachment	Bosco Lehr presented PrimCareIT in the context of a presentation in eHealth and assisted ambient living activities in Hamburg
Reflections	

11.4.5 Latvia

Date and Title	01-02-2013, PrimCareIT - Introduction of Transnationally developed tele-consultation solutions in remote primary care in pilot sites
Location, Country	Riga, Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	104 participants. Minister of Health, State Secretary of Healt, Deputy Srate Secretary. Heads of the Departments of Ministry of Health, Representatives from Ministry of Finance, representative from Ministry of Economics, Leading persons from different Associations in te field of health care, representatives from non-governmental institutions, managers of hospitals
Objectives	To introduce Latvian stakeholders and health professionals with the aim of the project PrimCareIT, show benefits from introduction of tele-consultations regarding the health care providers (reduction of professional isolation, increasing the quality of care) and patients (increasing accessibility to specialists, reduction of waiting time to visits, cost savings, increase of satisfaction level)
Summary and Attachment	104 participants came to the conference on 1st of February 2013 organised by the Latvian Ministry of Health and PrimCareIT project. The conference was opened by Minister of Health of Latvia Ingrida Circene. State Secretary Rinalds Mucins made overview of the main achievements in the last years and new challenges. One of the biggest challenges is introduction of tele-medicine in primary health care. In the speeches of the Baltic Sea Region programme was paid to the results achieved by project ImPrim and expected results of the project PrimCareIT. Special attention was paid on expected results of PrimCareIT. By introduction of Pilot project will be improved the collaboration between primary care and specialist care professionals, reduced professional isolation of GP in removed areas of Latvia, increased accessibility to separate specialist care in rural area that lead to higher satisfaction level of patients with health care services. The Head of Association of cardiovascular diseases who takes active role in the tele-consultation of GPs in the project PrimCareIT activities presented health care system as area of industry where innovative technologies like telemedicine plays important role. In the project activities will be directly involved following stakeholders: a) Eriks Mikitis, Director of Health Care Department, MoH;

Date and Title	01-02-2013, PrimCareIT - Introduction of Transnationally developed tele-consultation solutions in remote primary care in pilot sites
	b) Marika Petrovica, Head of PHC unit, MoH c) Liga Kozlovska, Head of Latvian Rural family doctors' Association; d) Pauls Princis, Head of Latvian Association of Family Doctors; e) Silvija Simfa Advisor health and social issues of Latvian Association of Local and Regional Governments.
Reflections	Increase understanding on tele-consultations

Date and Title	14—15,-03, 2013, PrimCareIT WP4 Workpackage meeting with participation of stakeholders
Location, Country	Jurmala, Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	
Objectives	
Summary and Attachment	
Reflections	

Date and Title	14-03-2013, Workshop on starting pilot project
Location, Country	Riga, Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	21 participants. Representatives from Ministry of Health, Professional associations, General practitioners, Participants in Latvian Pilot project
Objectives	Organisation of Latvian Pilot project. Introduction of audience with previous attempts in the tele-medicine. Aim of the Latvian Pilot project. Presentations of specialists about the consultations that can be done by tele-consultations
Summary and Attachment	PrimCareIT project unit, Company Telemedica, and Association of Cardiology of Latvia will present the vision of telemedicine in the future and the start of tele-consultations in Latvian primary care. 21 participants' inclusive stakeholders are took part in tis worksop. Every GP involved in the project receive i-pad.
Reflections	Latvian Pilot project will start 1 April 2014

Date and Title	23- 04- 2013 PrimCareIT WP4 Workpackage meeting.
Location, Country	Balvi, Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	
Objectives	
Summary and Attachment	
Reflections	

Date and Title	17 and 24-05-2013 PrimCareIT and Ministry of Health seminars in pilot area with GPs and nurses.
Location, Country	Liepaja, Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Balvi: 23/04/2013: PrimCareIT WP4 Workpackage meeting.
Objectives	
Summary and Attachment	

Date and Title	17 and 24-05-2013 PrimCareIT and Ministry of Health seminars in pilot area with GPs and nurses.
Reflections	

Date and Title	6-12-2013, Strategy of implementing of telemedicine in Latvia and PrimCareIT pilot projects results
Location, Country	Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	20 participants, Representatives from Ministry of Health, Professional associations, General practitioners, Participants in Latvian Pilot project, Heads of the departaments of NHS
Objectives	To disseminate results of PrimCareIT. To discuss on the future improvements in Latvian Healt Care system. To interview GPs for evaluation of Pilots.
Summary and Attachment	Ministry of Health provide information on developed strategy for Primary Care 2014-2016. Project PrimCareIT provide summary of activities in the Pilot project. Discussions on activities for introduction of teleconsultations in Latvia.
Reflections	Introduction of tele-consultations in Latvia has to be continued.

11.4.6 Lithuania

Date and Title	13-03-2013, Opening meeting of Coordination Board for eHealth developments at Ministry of Health of Lithuania
Location, Country	Lithuania, Vilnius, MoH
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	18 members of the Coordination Board, including Ministry of Health officers, representatives of regional health care institutions, health insurance, registry office ete.
Objectives	
Summary and Attachment	Arunas Lukosevicius – a member of the Coordination Board presented the concept and expected results of the project. It was decided to discuss strategy implementation possibilities in coming Coordination Board meeting.
Reflections	

Date and Title	11-04-2013, Lithuanian Society for Health informatics and bioinformatics
Location, Country	Lithuania, Vilnius
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	The first kick-off meeting of the Society with participation of politicians from Ministry of Health, Lituanian Science Council, health managers from main hospitals.
Objectives	For politicians and participants of the very first representative conference to present the strategic concept of the project.
Summary and Attachment	Arunas Lukosevicius presented project concept and political aims for implementation of project results. Newly established Lithuanian Society for Health informatics and bioinformatics decided to include in activities development of eHealth instruments for primary health care.
Reflections	

Date and Title	17-09-2013 Teleconsultation - where Lithuania is today and what are the prospects for the future?
Location, Country	Best Western Santakos Hotel, Kaunas, Lithuania
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Number of participants – 12 Researchers, hospital managers, physicians and politicians

Date and Title	17-09-2013 Teleconsultation - where Lithuania is today and what are the prospects for the future?
Objectives	The aim is to clarify the health care professionals experience in teleconsultation and telementoring experiences in Lithuanian health care system, to find the biggest problems faced by health care professionals who are providing services at the distance.
Summary and Attachment	Lithuania is the leading country in Europe in providing the broadband Internet quality and has all the technological possibilities to develop teleconsultation and telementoring. Participants recognized that there is a lack of specialists who can work with teleconsultation in rural areas of Lithuania and, in some cases, lack of software, or technical feasibility that software would work well. Participants of the discussion said that in Lithuania where is no single, unified system, which would be used in health care facilities, no each clinic or hospital in Lithuania has own computerized information systems. Health care professionals, politicians, stakeholders agreed that we need to develop an appropriate legal framework that teleconsultation and telementoring would use every day. Although now widely spread smart apps on mobile phones and it is not properly licensed and taxed service. In order to answer all questions related to patient confidentiality, taxation services , training of health care professionals , doctors work schedule taking into account the possibility of teleconsultation, Lithuania should take a lesson from other European countries, which are more advanced in teleconsultation and telementoring.
Reflections	We should talk more about teleconsultation and telementoring in such discussion, so we can resolve the outstanding issues.

Date and Title	28-11-2013, 17th International Conference "Biomedical Engineering 2013"a
Location, Country	Lithuania, Kaunas
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	75 participants, including politicians, managers and health professionals. From all participants 4 were decision makers in level of municipality regions.
Objectives	To rise the interest and awareness on the project concept and strategy under development.
Summary and Attachment	In informal round table discussion provided with 4 decision makers the value of project results for primary health care was dealt. Project was presented at the Coference proceedings, also fliers were distributed for participants.
Reflections	

Date and Title	25-11- 2013, The meeting of working group on Lithuanian smart specialization priority “Health technologies and biotechnologies”ia
Location, Country	Lithuania
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	15 participants from medical engineering research and industry, health care experts and representatives of health management offices.
Objectives	To include the adaptation of eHealth instruments of the PrimCare to the Smart Specialization priority issues and description
Summary and Attachment	Arunas Lukosevicius was chairing one group meeting and presented the concept of strategy of PrimCare. During the discussions and work on Lithuanian smart Specialization priority “advanced medical engineering for early diagnostics and treatment” eHealth instruments for primary care issue was proposed to include in priority description.
Reflections	

Date and Title	16-12-2013, Meeting of Lithuanian Science Council group of Life and Technologicial Sciences
Location, Country	Lithuania Vilnius, Gedimino 3

Date and Title	16-12-2013, Meeting of Lithuanian Science Council group of Life and Technologicial Sciences
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	12 elected members of Lithuanian Science Council including representatives of politicians.
Objectives	The aim was to raise the issue on the primary health care and the necessity of ICT technology development for improvement of the quality.
Summary and Attachment	Arunas Lukosevicius – a member of the Council presented the concept of PrimCare in context of planning of national programs on health and health technologies.
Reflections	

11.4.7 Sweden

Date and Title	16-04-2013, Vitalis 2013
Location, Country	Gothenburg, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	About 60 persons in the audience of our open seminar, all kinds of people with interest in Telemedicine such as Medical Technicians, Health care Managers and enterprisers.
Objectives	To show the different telemedicine solutions and projects in VCC and our experiences
Summary and Attachment	"Västerbottens landsting, VCC, took part in the National Exhibition Vitalis in Gothenbourg the 16-18th of April 2013. PrimCareIT was presented among other projects in a presentation held by Sture Eriksson on the 16th and Käte Alrutz informed about the project and gave flyers to visitors to the Västerbotten stand the following days of the exhibition.
Reflections	Great interest from all who stopped at the Västerbotten stand, among others two politicians from mid Sweden, who saw new possibilities to support the primary care staff using tele-consultations.

Date ant Title	20-09-2013 Information to stakeholder
Location, Country	Umeå, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Håkan Larsson, Head of the Primary Health Care in Västerbotten County. The Primary care strategists also present part of the meeting.
Objectives	Information about the progress of the VCC Pilot and the preliminary results.
Summary and Attachment	The two hour personal meeting gave thorough information of the Project in general and more specifically the progress of the Psycho-geriatric Pilot.
Reflections	Dr Larsson has taken a great interest in the project and discussed plans for further expansion in the rural areas.

Date and title	25-03-2014 Information to stakeholder
Location, Country	Umeå, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	
Objectives	
Summary and Attachment	Käte Alrutz informed the Health Board in Västerbotten about the progress of the project and specifically the progress of the Psyochogeriatric Pilot and how they will continue their work with consultations with Health

	Care Centers in the rural area in Västerbotten.
Reflections	

Date and Title	27th November 2012, International eHealth Conference: Primary Health Care as an arena for eHealth development in the Baltic Sea Region
Location, Country	Riga/Latvia
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	69 Politicians, managers for national and regional health and social departments , health professionals , researchers from Belarus, Estonia, Finland, Latvia, Lithuania, Russia(Kaliningrad), Sweden. The conference was arranged in conjunction with the ImPrim CLOSING CONFERENCE (*Improvement of public health by promotion of equitably distributed high quality Primary Health Care systems).* 28 – 29 November 2012 Riga, Latvia
Objectives	To present the PrimCareIT project
Summary and Attachment	Presentation of the PrimCareIT as a project that continues the ImPrim project work for improvement of Primary Health Care. in her presentation *"eHealth in Blekinge, today and in the future.*
Reflections	Several conference participants considered PrimCareIT as an important continuation of the ImPrim project.

Date and Title	10-06-2013 Tele-consultation - an opportunity for professional exchange and dialogue in the Primary Health Care in Blekinge
Location, Country	Blekinge, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	25 participants; County council politicians, health care administrators, development managers, researchers, health personnel, ICT and eHealth-project participants Tobias Larsson, professor at BTH moderated the meeting Rut Oien, GP, PhD and manager for the Wound Centre in Blekinge GP presented the wound care, the tele consultation pilot in Blekinge and what benefits this could bring. Rolf Jelnes, GP and chief physician at Sønderjylland hospital in Denmark was invited to relate his experiences from implementing tele-consultation in wound care.
Objectives	The aim was to inform about the PrimCareIT project and discuss the opportunities and obstacles for tele-consultation and tele-mentoring in primary health care with local stakeholders from Blekinge County Council.
Summary and Attachment	The seminar was arranged by PrimCareIT partner BTH (Blekinge Institute of Technology) in collaboration with Blekinge County Council. PrimCareIT invited actors and stakeholders involved in tele -medicine implementation in Blekinge County Council to a Dialogue Seminar about potentials, practical facilities, collaboration, challenges. (see attached report) n order to learn from good examples and benefit from previous experiences, Rolf Jelnes, chief physician at Sønderjylland hospital in Denmark was invited to relate his experiences from implementing tele-consultation in wound care.
Reflections	The dialogue seminar was a first step in showing and discussing the possibilities of tele-consultation in a project such as PrimCareIT with stakeholders and target groups. Giving not only a chance to examine the challenges of the project but also an opportunity to see the possibilities. There were fruitful discussions of collaboration in further development. Unfortunately stakeholders from the IT unit at the county council could not attend the seminar and by that their aspects were missing in the dialogue.

Date and Title	18-09- 2013, Centre for Tele-Medicine Finale Conference
Location, Country	Ronneby, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	100 County council politicians, health care administrators, development managers, researchers, health personnel, eHealth and ICT project participants

Date and Title	18-09- 2013, Centre for Tele-Medicine Finale Conference
Objectives	To present the PrimCareIT project, and to increase awareness of possibilities with tele- consultations by presentation of the tele-consultation pilot ongoing in Blekinge .
Summary and Attachment	Centre for Telemedicine is a project in collaboration between Blekinge County Council, BTH, Region Blekinge, Telecom City with funds from The European Regional Development Fund. The purpose was to develop various telemedicine and several pilot projects have been carried out with focus on visual communication 2.0, home care, pathology diagnostics remotely and innovation procurement, tele consultation The conference consisted of seminars, poster presentations and mingles. PrimCareIT was presented with roll-ups, pamphlets, newsletters, the Dialogue seminar report and Blekinge pilot presentation.

Date and Title	13.01.2014 PrimcareIT presentation an discussion of result of Tele-consultation in the counyt council of Blekinge.
Location, Country	Blekinge, Sweden
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Two participants. The director and the development director of the Blekinge County Council.
Objectives	The aim was to inform on the PrimCareIT project results and especially on the tele-consultation pilot in the county council and to discuss what needed for large scale implementation opportunities and obstacles
Summary and Attachment	The presentation and discussion of the experiences and lesson learned from the pilot,was followed by indepth dialogue on the necessarity of internal and external ICT communication tools and how to tackle obstacles and challenges in implementation.
Reflections	The directors were very interested to dicuss the experiences and lesson elarned and how to support further implementation of the video conference system as a general tool for communication and consultation between specialsiss and primary health providers.

Date and Title	04-02-2014 Presentation of education, research and projects at Dep. Of Health, BTH, the “PrimCareIT project and the tele-consultation pilot I Blekinge County Council was especially presented.
Location, Country	Blekinge Institute of Technology
No. of Participants and kind of stakeholders (politicians, managers, health prof. etc.)	Participants: The Management Group for the County Council of Blekinge (10 participants) .The director of Blekinge County Council, Economical director, Communication director, Human Resources director, Planning and development director, Manager of Service and IT, Manager of Primary Health Care, Manager of Blekinge hospital, Manager Psychiatric care. Manager Dental care,
Objectives	"To present and discuss experiences and lesson learned from the tele-consultation project in Blekinge to increase awareness of possibilities and benefits with tele- consultations in the county of Blekinge, and what have influencing factors that have to be considered in an implementation. collaboration with community health care and BTH to improve competences, working satisfaction
Summary and Attachment	The Management Group chose to locate their meeting at Department of Health, to get more aware education, research and projects to support collaboration. The PrimCareIT project and the pilot in Blekinge were earlier presented for the County council director and the planning and development director. They got very interested and wanted to have a presentation for the Manager Group. The Manager group discussed the experiences from the project and benefits with this kind of consultations, but also what have to be considered in implementation, the need for IT support and staff training. The Service manager stressed that it was a good project as we used easy and user-friendly and already existing equipment in the project.

11.5 Discussions with NDPHS and eHealth for Regions Network

11.5.1 Discussion with the Expert Group on Primary Health and Prison Health Systems of the NDPHS

Date: September 19th, 2013
Author: Aigars Miezitis, National Health Service

Introduction
One of the actions of the WP6 is to have discussions about PrimCareIT project issues with the political stakeholders. In the application two forums were mentioned. PSB (Political Strategic Board) of the eHealth for Regions Network and the NDPHS.

This memo will list the participants of the meeting held in Riga Latvia September 19th, the questions presented to the politicians and the answers they gave.

Participants (P= Political Representative)
P Silfverhielm Helena, National Board of Health and Welfare, Sweden
P Mikhaylova Yulia, Federal Research Institute for Health Care Organisation and Information of MoH&SD of Russia
P Lizitcina Marina, Federal Research Institute for Health Care Organisation and Information of MoH&SD of Russia
P Jurgutis Arnoldas, Klaidepa University, Lithuania
P Vainiomäki Paula, University of Turku/Turku Univ. Hospital, Finland
P Kokko Simo, National Institute for Health and Welfare, Finland
P Lehman Marc, Berlin Prison Hospital
P Miezitis Aigars, National Health Service Latvia
P Zeile Olga, Ministry of Justice of the Republic of Latvia
P Pablaka Silvija, Ministry of Health of Latvia
P Petrovica Marika, Ministry of Health of Latvia
P Mikitis Eriks, Ministry of Health of Latvia
Elina Upite, Ministry of Health of Latvia
P Semėnaitė Birutė, Prison Department under the Ministry of Justice, Lithuania
P Skulberg Andreas, Ministry of Justice and the Police, Norway
P Putz Jacek, The Medical Centre of Postgraduate Education, Poland

Questions
Questions presented for the NDPHS Primary Health and Prision Health expert group members were:

A. In your opinion what are the best practises for improving the situation with professional isolation? How do you find telementoring and teleconsultation as solutions for the problem?

B. How can we get the political will to implement the strategic recommendations made by PrimCareIT project? How can eHealth for Regions Network contribute that the project findings will be implemented?

Answers
A:
Aigars Miezitis presented main aims of the project PrimCareIT, achievements in the project after previous NDPHS PPHS expert group meeting and poster that was presented in conference "Balancing Primary and Secondary Care Provision for More Integration and Better Health Outcomes" organised by European Forum for Primary Care in Istanbul 9, 10 September, 2013.

Arnoldas Jurgutis interested on other Pilot project modelss in project PrimCareIT Partner countries.

Aigars Miezitis briefly described differences between pilot solution in Sweden, Finland, Estonia, Latvia and Belorusia.

After short discussion where comments were made by M. Petrovica, J. Mikhailova, H. Silfverhielm, P. Vainiomaki the common decision was that the best practice for tele-consultations has to be find inside the PrimCareIT.

B:
Arnoldas Jurgutis (ITA of the expert group) informed that the reason is not going outside project. The conferences in Baltic Sea Region countries have to be organised by projects. Nearest - the Round TableDiscussions is organised in Vilnius and that could be one possibility to reach stakeholders.

11.5.2 NDPHS Work Plan for 2013

Excerpts
Adopted during the 9th Partnership Annual Conference 30 October 2012, Berlin, Germany

Annex 5: Expert Group on PPHS Work Plan for 2013 31

Operational target 5.3: By 2013, the advantages of e-health technology are better known and appreciated by policy makers and health care professionals.

Indicator 5.3A: Pilot project on tele-mentoring for career development of health professionals in remote primary health care.

Indicator 5.3B: Pilot project on tele-consultation for improved professional cooperation and quality in remote primary health care.

Operational target 5.4: By 2013 a review of policies and practices for primary health care services for migrants[4] will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

Indicator 5.4 A: A report on policies and practices for primary health services for migrants developed and disseminated.

Indicator 5.4 B: Consultations in/within the ND Region held and a workshop organised.

Required expertise on the NDPHS side: Expertise currently available in the PPHS EG is required. Expertise regarding social matters is additionally required.

11.5.3 Discussion with the Political Strategic Bord of the eHealth for Regions Network

Date: September 24th, 2013
Authors: Jaakko Hallila, Regional Council of South Ostrobothnia
Helli Kitinoja, Seinäjoki University of Applied Sciences

Introduction
One of the actions of the WP6 is to have discussions about PrimCareIT project issues with the political stakeholders. In the application two forums were mentioned. PSB (Political Strategic Board) of the eHealth for Regions Network and the NDPHS.

This memo will list the participants of the meeting held in Aalborg Denmark September 24th, the questions presented to the politicians and the answers they gave.

Participants (P= Political Representative)
Ane Alerman, Region North Denmark
P Pernille Buhelt, Region North Denmark
Helli Kitinoja, Seinäjoki University of Applied Sciences
P Stefan Lamme, Region of Skåne
P Aigars Miezitis, National Health Service Latvia
Sami Perälä, South Ostrobothnia Health Care District
P Aulis Ranta-Muotio, South Ostrobothnia Health Care District
Klaus Westphal, District Bad Segeberg
Jaakko Hallila, Regional Council of South Ostrobothnia
Roland Trill, Flensburg University of Applied Sciences
Anna-Lena Pohl, Flensburg University of Applied Sciences

Questions
Questions presented for the PSB were:

C. What kind of problem is professional isolation of health care professionals in your country/region? Are you experiencing troubles recruiting health care professionals to remote areas?
D. In your opinion what are the best practises for improving the situation with professional isolation? How do you find telementoring and teleconsultation as solutions for the problem?

E. How can we get the political will to implement the strategic recommendations made by PrimCareIT project? How can eHealth for Regions Network contribute that the project findings will be implemented?

Answers:
A:
Aigars Miezitis told that Latvia has a centralized system. Practically Latvia can be considered as a oner region, and there are no problems for recruiting the general practitioners. However there are challenges for recruiting the specialists.

Isolation between specialists and GPs exist. The Primcare IT –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.

Stefan Lamme explained that Region Skåne has relatively short distances. However there are some areas that can be considered somewhat remote. This problems however are very acute in some parts of Sweden and recruitement of the health care specialists should be also supported by the means of eHealth.

Pernille Buhelt explained that there are problems for recruiting the doctors to the remote areas. Higher salaries are needed in order to hire personnell. One oft he problems is that research is usually only done in the bigger hospitals. Many solutions such as IT and cheaper housing need to be used.

Aulis Ranta-Muotio 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.

B:
Aigars Miezitis explained that the politicians can not say what are the best practises. It is a task oft he project to point out the best practises to politicians.

Pernille Buhelt told that ICT solutions between hospitals are widely used in Denmark. She found telementoring and teleconsultation as solutions that can be used on daily basis.

Stefan Lamme pointed out that there are two approaches to the question. In short term approach telementoring can solve acute problems when experienced doctors can support younger ones. On longer term teleconsultation and telementoring can help to decrease the professional isolation and make it easier to recruite health care professionals to isolated areas.

Aulis Ranta Muotio believes that telementoring and teleconsultation can be solutions to the problem. The benefits are cost-effectiveness and the savings in time. Ranta-Muotio explained that in his municipality there is a fibre optic network that can used fort he new solutions.

C:
Aigars Miezitis explained how NHS as an executive body has very close contacts to the Ministry in Latvia. He believes that by involving people from the ministry these recommendations can be put in the practise.

Stefan Lamme told that it is necessary to get the doctors and nurses to be interested in these themes. If there is a demand from that side a natural bottom-up effect will also make the politicians to do the decisions.

Pernille Buhelt explained that in Denmark the National strategy is been done. The whole country is moving to a single system. Therefore it is difficult to answer from the point of view of Denmark. However she believes that by informing the politicians about the results oft he pilots.

Roland Trill told that the best forum in Germany would be Chamber oft he Doctors. He told that eHealth for Regions Network has close ties with them. These issues should be promoted through

the president oft he Chamber of Doctors.

Aulis Ranta-Muotio said that the first step would be to inform the politicians about the recommendations. Each region should disseminate the examples oft he pilot sites. Also each politician should spread the information to their collegues as well as civil servants.

11.5.4 Guidelines to implementing tele-consultation and tele-mentoring accepted by the eHealth for Regions Network

06.03.2014

eHealth for Regions Network
c/o Flensburg University of Applied Sciences
Kanzleistrasse 91-93
24943 Flensburg
Germany

Guidelines to implementing tele-consultation and tele-mentoring

1. Background

This document contains guidelines for implementation of tele-consultation and tele-mentoring in the member regions of the eHealth for Regions Network. It is based on the best practices and results from the pilots carried out during the Baltic Sea Region programme project PrimCareIT and presented in the integrated transnational strategy paper created during this project (Annex 1: Executive summary of the strategy paper).

The PrimCareIT project was initiated to answer to the challenges of ageing population and increasing shortage of physicians in remote primary health care. The overall aim of the project was to raise the attractiveness of remote primary health care for medical professionals by the means of tele-consultation and tele-mentoring. Project results show that professional isolation and brain drain can be counter-acted through tele-consultation and tele-mentoring, thereby it is possible to secure more equal access to health services through them for all citizens.

2. Implementation of tele-consultation and tele-mentoring

The integrated strategy paper contains a comprehensive strategic approach on how to raise attractiveness of remote primary care in the Baltic Sea Region for health professionals through tele-health, thus avoiding professional isolation and brain drain within and between Baltic Sea Regions. It gathers together the most central findings and best practices of PrimCareIT project, describing the challenges in the implementation of tele-health as well as requirements for their successful implementation.

The main results and achievements of the project are:

1. Several best-practice examples for implementation of tele-consultation and tele-mentoring were created in the project's pilot sites. These new communication and networking opportunities were positively influencing and supporting the daily work of health care professionals in remote regions. Another benefit was the cost and time saving of tele-consultation and tele-mentoring.
2. The absence of legal acts on distance learning was noticed to be a problem, which should be considered on a national level in order to set general acts on distant diagnosing and treatment.
3. Several potential solutions to counteracting brain drain and professional isolation were revealed in the project studies. These include financial, social and organizational initiatives.
4. As problems of brain drain and professional isolation are relevant in all Baltic Sea Region countries, a joint research approach towards best practices and networking among professionals in different Baltic Sea countries should be further encouraged.

06.03.2014

Challenges that should be met when implementing tele-consultation and tele-mentoring:

1. Missing IT infrastructure, lack of high speed broad band internet, lack of ICT knowledge, missing guidelines, lack of knowledge on IT possibilities and insecurity among users
2. Missing engagement in organisation, e.g. lack of time to provide or participate in tele-consultation or tele-mentoring, health professionals' lacking personal will to use something new, and patient concerns toward new methods
3. Lack of financial incentives or impossibility to get financial reimbursement for providing or using tele-consultation/tele-mentoring
4. The absence of legal acts on distance learning

Requirements for successful implementation of tele-consultation and tele-mentoring:

1. Well working technology:
   a. Easy usability and functionality
   b. Adequate training opportunities both to the process and equipment
   c. Available technical support
2. Changes within the organisation:
   a. Creation of financial and non-financial incentives
   b. Motivation of staff and attitude change towards ICT usage among health care personnel
   c. Recognizable and traceable benefit from the usage of tele-consultation and tele-mentoring
   d. Voluntary participation
   e. Integration of different professional domains and groups to enable the usage (e.g. IT and health personnel)
3. Different countries' health care system conditions should be taken into consideration, especially on financial and legal issues.
4. The stakeholders should be included in the implementation process at an early stage (e.g. governments, social security institutions, health care providers, technical cooperation agencies

The eHealth for Regions Network will continue to foster the implementation of tele-consultation and tele-mentoring 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, will be the basis for these actions.

Flensburg, 06.03.2014

Prof. Dr. Roland Trill
Management Secretariat of the eHealth for Regions Network

eHealth for Regions
Integrated Structures in the Baltic Sea Area