

# Newsletter No. 3

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## Dear Reader,

Welcome to the third issue of PrimCareIT newsletter!



This issue covers an interesting range of project activities, from partner countries such as Belarus and Estonia to the results of the focus group meeting held in Minsk earlier this year. Furthermore, you can find an article by the Interreg IVC programme project ENGAGE, which discusses the potential which high-speed fibre networks bring to eHealth.

For further information, visit our project website at [www.primcareit.net](http://www.primcareit.net).

*Sami Penälä*

Lead Partner

## Project goals at a glance

### PrimCareIT – Connecting and supporting health care professionals via ICT

- Motivate health care professionals to work in rural areas
- Promote equal access to health services
- Implement virtual communication solutions
- Eliminate barriers of distance
- Foster sustainability of telemedicine



## Flagship project

PrimCareIT was selected as a flagship project of the EU Strategy. These flagship projects contribute to maintaining and reinforcing the attractiveness of the Baltic Sea Region. [Find more information on the website.](#)

# Interview with Nikolay Gvozd

## What is the Belarusian contribution to achieve the aim of the project?

Project Partners from Belarus efficiently cooperate with the country's top scientists to develop pilots on tele-consultations and tele-mentoring. Participation in the project by partners from different regions also encourages exchange of skills and experience.

## What kind of benefit do you expect for the Belarusian healthcare system?

Based on the positive results of the questionnaire for general practitioners, we are absolutely sure that tele-consultations and tele-mentoring have a bright future. Within a short period of time we will be able to see the large-scale implementation of eHealth systems in our country.

## Is it something special for you to join a project like PrimCareIT? Please kindly report to us on your experiences.

Even the opportunity for Belarus to participate in international projects is considered to be special.

We share our experience and best practice with our partners. At the same time, it is a great chance to study the progress of primary health care organisation in the EU countries.



**Dean of the surgical faculty of State Educational Institution Belarusian Medical Academy of Post-Graduate Education Nikolay Gvozd**



**Tele-consultations: share skills and experience**

## The eHealth Institute - Faculty of Health and Life Sciences at Linnaeus University

Country: Sweden

Number of staff: 30

Functions: research and development

The eHealth Institute celebrated its 10th year in 2012 and belongs to the Faculty of Health and Life Sciences. The institute works towards creating a unique national position for research and development in the field of eHealth and strives for transparency, i.e. to disseminate all results openly. The eHealth Institute performs applied research and also undertakes assignments regarding evaluation of the effects and use of eHealth. Different professions, such as physicians, pharmacists, nurses and computer scientists, meet at the eHealth Institute and work in both research and assignment projects. The projects are primarily eHealth evaluations regarding the use of IT support in



health care and research projects that emphasise pharmaceutical issues, but also projects about eLearning and organising eHealth conferences. The assignments are mostly from government organisations, municipalities, county councils and IT providers.

More Information:

<http://lnu.se/research-groups/the-ehealth-institute?l=en>

## Estonian Society of Family Doctors (ESFD)

Country: Estonia

Number of members: 800

Function: Primary Healthcares

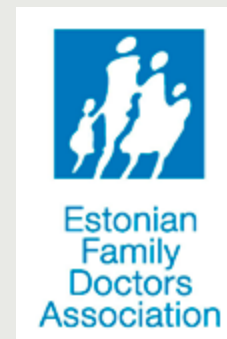
Estonian Society of Family Doctors (ESFD) is one of the biggest specialty organisations in Estonia, with nearly 800 members (of the 849 Estonian family doctors). The main goal of ESFD is to stand for family doctors' best interests, to ensure that the specialty of family medicine is valued in society and that there is mutual trust and respect between doctors and patients so that family doctors will want to work in their homeland. ESFD's main goal when negotiating with healthcare management, e. g. the Estonian Health Insurance Fund, is to raise the quality of family health care and to initiate the measures that are needed to ensure this. ESFD represents family doctors in the political field, operates as a trade union and is involved in development of the specialty and in pro-

fessional development of physicians.

All the members have different benefits from ESFD – the regular "Perearst" magazine, united e-mailing list, regular conferences and a unique opportunity to use the special web-based training programme called Svoog. On this site one can follow the lectures, get follow-up schooling points that can be used in re-certification and also fill in the quality table for practices' data to evaluate and compare the quality of family medicine centres.

More information:

<http://www.perearstiselts.ee>



## Result of the focus groups

Within PrimCareIT it is the task of our work to provide the theoretical background on the topics of tele-consultation, tele-mentoring, brain drain and professional isolation.

To create this theoretical framework, transnational literature reviews were carried out in all partner countries in the first half of 2012. The study coordinators in each country conducted a review of the national literature on the above-mentioned predefined project topics. To get a deeper insight into the actual situation in the second project period, during summer 2012, a total of 74 experts, physicians and nurses, as well as institutions' representatives, were interviewed in the seven partner countries on the basis of the same semi-structured interview guide on the topics that had been researched in the literature reviews before. In the context of the 4th Joint Project Meeting in Minsk in February 2013, a transnational workshop was held to further explore the topics. In this focus group, experts from all seven partner countries discussed the utilisation of tele-consultation and tele-mentoring in everyday practice to counteract brain drain and professional isolation from remote regions focussing on the different requirements of the respective partner countries. Among the main

findings from all research, our main outcome so far is that tele-consultation and tele-mentoring form a valuable basis to support medical professionals in rural regions and could greatly add to infrastructural changes that would need to be carried out to avoid brain drain and professional isolation. In order to implement tele-consultation and tele-mentoring in everyday routines, it became apparent in all three study approaches that a solution should be easy to use, financeable and voluntary. Additional requirements include, among other things, the existence of best practice examples and good training opportunities for the medical professionals as well as special periodical times, especially dedicated to tele-consultation and tele-mentoring.

The latest activity within our work included a strategic workshop in the context of the 5th Joint Project Meeting in Flensburg in May 2013. Decision-makers and stakeholders from the partner countries were invited to discuss the findings to establish a basis for creating a strategy paper that will be used by work package 6 for discussions with political stakeholders and decision-makers. "The strategy paper will be developed within the second half of 2013 and will include, apart from the findings



Katrin Olenik, Germany:  
"I am participating in PrimCareIT because it is an inspiring opportunity to work with several different partners from the Baltic Sea Region on the important issue of improving the work environment of health professionals in remote primary health care, developing solutions that can in the long term achieve a quality enhancement of patient care in rural regions."

of the work package, also the reported results and conclusions from the implemented pilot regions on tele-consultation and tele-mentoring in work package 4 and 5."

Contact:

[Prof. Bosco Lehr](#)

Flensburg University of Applied Sciences  
Germany

## Estonian pilot update

The tele-mentoring pilot is carried out by the Estonian Society of Family Doctors (ESFD). The University of Tartu, Faculty of Medicine, Chair of Polyclinic and Family Medicine, is providing support through guided teaching and the Technical University of Tallinn through know-how in eHealth.

The participants in the pilot are four experienced mentors who have supervised many young colleagues during their residency. The four mentees are novices in the profession and have a few years' experience in working in a

rural area. The mentors and mentees participating in the pilot have no previous experience in tele-mentoring. The pilot is running in two family medicine centres that are at least over 20 km away from the main hospitals in Estonia. The kick-off meeting was in December 2012, where tele-mentoring tools were introduced to the participants. The tools used in the pilot are Skype (whiteboard, desktop sharing) and the Svoog eLearning environment (mail, forum, event calendar, video presentations, chat), as well as Moodle for courses (mail, forum and Personal Development Planning calendar).

Many different methods of communication are tested in the new eLearning environment. First, the communication between colleagues in the family doctors' email list (discussing different cases, interesting findings, analysing these, exchanging experience, asking questions from colleagues etc.). The new web based environment enables one-on-one communication (chat) as well as communication in a community (mentors and mentees).

→ *Text continued on page 7*



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Secondly, we have created a forum for discussing different clinical subjects and also operational subjects. We are glad to witness that mentors and mentees in our pilot are using the forum successfully and quite many topics have already been discussed, for example whether elevated high cholesterol (HDL) needs treatment. We have asked the people involved to fill in a questionnaire about every topic that is discussed, to find out how the info was exchanged and if the participants were satisfied with the result and with the means of communication.

The third test is linked to the eLearning environment that has been built on the basis of Moodle courses. Nowadays, many universities are using Moodle as an eLearning platform. The first course that was created in Moodle is called Professional Development Planning. This course is meant to identify personal learning needs by pinpointing the events in practice that need reflection or activity and making a personal learning agenda. In our pilot the participants have to create a consultation diary using the Patient Unmet Needs & Doctors' Educational Needs / Patient Actual Met needs



method. This course was created with the help of the University of Tartu, Faculty of Medicine, Chair of Polyclinic and Family Medicine. The course started at the beginning of May.

In addition to the opportunities already named, there is also a calendar that contains information about conferences and different training courses and there are links to useful sites, presentation slides and video presentations. The key points when creating a new environment are easy access, user-friendliness and handiness. All sorts of different functions should be together in one place so that later

physicians will start to use it daily. Our environment wants to meet all these needs. It is characteristic of eLearning that, in addition to colleagues' support for lifelong learning, one also has the support of a social network and we are hoping that this is something that will help to decrease brain drain and professional isolation.

Contact:

[Kristjan Krass](#)

Estonian Society of Family Doctors  
Estonia

## Guest article: Fibre networks bring quality to public and private sector

Nowadays, videoconferencing is an essential part of social and health care and its role is growing as we speak. There are many great examples in Nordic countries where doctors can be met virtually or nurses can take professional lectures from the top universities around the world. But there is one limit, the telecommunication networks must be in good shape and fast enough.

In Suupohja county in Western Finland the network is not a problem. There is an open access FTTH network in the region, owned by seven municipalities. The purpose of the company is to build, operate and maintain fibre connections all the way to the households and businesses. Therefore there are no more copper bottlenecks between the end customers and the world.

### Virtual meetings save money

Okay, back to health care. In Suupohja all the public places naturally have fibre connections and so do the municipal hospitals. There is also a direct fibre connection from Suupohja to the regional hospital in Seinäjoki. At the beginning of this year every town hall and hospital was equipped with a Cisco MX series TelePresence device. Even the smallest municipality, Karijoki with its 1500 residents, has one in the hospital and another one in their town hall.

In addition, the CEO of the county social and health care organisation has one on his office desk. Now many local and national meetings are held virtually, thus saving loads of working hours and travel expenses. Another example of usage is the x-ray images which are now sent directly to the regional hospital via fibre.

### Digital divide is a huge threat

There are no limits in terms of how to use the virtual world but unfortunately there are limits set by physical networks. If you want to have a fast, reliable and symmetrical connection with no latency, fibre all the way to the home is the only option. But there are huge differences between rural and urban areas in Europe. This digital divide is one of the biggest challenges that Europe is facing.

The Interreg IVC project called ENGAGE has gathered 11 partners from 9 countries to solve this problem. The partners include universities and local authorities as well as ICT networks and the aim is to find financial and technical models to enable FTTH networks in rural areas such as Suupohja.

### Broadband conference in Kauhajoki

ENGAGE is arranging a Europe-wide broadband conference in Kauhajoki, Finland on 11th September 2013. The conference is to be held



**CEO of the county social and health care organisation, Mr. Kari Nuuttula has Cisco TelePresence device EX90 on his office desk. Replacing for example one trip to Helsinki he saves eight hours of work plus about €200 in travel costs.**

in a new elementary school where not only the building has a fibre connection but its classrooms do as well. One very interesting part of the agenda is a demonstration where local students, together with their teachers, show how ICT is used in famous Finnish education.

Other topics are "HSB as a key element of the future; education, business, healthcare etc" and "eHealth in healthcare: the savings for society & its possibilities". There will also be a person from the US national broadband programme called Connected Nation. The audience will include people from the political field and ICT experts from all over Europe. Welcome!

[Anne-Mari Leppinen](#)

Economic Development Agency  
of Suupohja Region, Finland



# The Project Partners

*Click for more information.*

- South Ostrobothnia Health Care District
- Seinäjoki University of Applied Sciences
- Regional Council of South Ostrobothnia
- Kauhava Primary Health Care District
- eHealth Institute, Linnaeus University
- Blekinge Institute of Technology
- County Council of Västerbotten
- Flensburg University of Applied Sciences
- The Estonian Society of Family Doctors
- Institute of Clinical Medicine of the Technomedicum of the Tallinn Technical University
- Vilnius University Hospital Santariškių Klinikos
- Kaunas University of Technology
- Lithuanian University of Health Sciences
- State Educational Institution Belarusian Medical Academy of Post-Graduate Education
- Ostrovec Central Regional Hospital
- National Health Service



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### Design

b+c computergraphik GmbH

## Project in a nutshell

**PrimCare IT - Counteracting brain drain and professional isolation of health professionals in remote primary health care through tele-consultation and tele-mentoring to strengthen social conditions in remote BSR**

Partnership	Health care professionals, medical doctors associations, hospitals, planning and financing authorities, regional development administrations and eHealth research organisations.
Number of partners	16
Partner countries	Belarus, Estonia, Finland, Germany, Latvia, Lithuania and Sweden
Lead Partner	South Ostrobothnia Health Care District, Finland
Total budget	2,5 million €
Duration	33 months (September 2011 – June 2014)

For more information please go to

[www.primcareit.net](http://www.primcareit.net)