

Newsletter No. 4

December 2013



Editorial

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

Dear Reader,

I'm glad to have you reading the fourth edition of PrimCareIT newsletter!

Our pilot projects on tele-consultation and tele-mentoring are approaching their end. Results reflect pilot participants' positive feelings about virtual communication methods. To them, eHealth has offered an opportunity for distance learning and enabled better communication and peer support at the workplace. All these together are steps to counteract professional isolation and brain drain. In this newsletter you can read more about our pilot in Västernorrland county, Sweden.

Also, our Final conference is approaching. Please join us at the conference in Tallinn, Estonia, on 14 February 2014!

Sami Penälä

Lead Partner



Invitation to the Final Conference

The project partners are honoured to invite to the conference "Connecting Health Care Professionals via ICT. Tele-mentoring and Tele-consultation in Primary Health Care". The international event will take place on 14 February 2014 in Tallinn, Estonia.

The conference is dedicated to presenting and discussing the results of the PrimCareIT project and its consequences for future healthcare provision in rural areas. The conference is a platform for healthcare workers, academics and political decision-makers to share their ideas and views about the remote primary care challenge all of Europe is facing.

By testing different scenarios of tele-mentoring and tele-consultation we found a way to secure more equal access to health services for all citizens. Deployment of such



solutions also provides opportunities for professional networking, continuing medical education and career development, thus counteracting professional isolation and brain drain of healthcare personnel in remote areas.

For more information go to www.primcareit2014.net

Interview with Käte Alrutz, Västerbotten County Council

Pilot in Sweden: Psychogeriatric in distant rural area



The Geriatric Centre at Umeå University Hospital provides psychogeriatric specialists for tele-consultations with staff at healthcare centres in the communities of Malå and Sorsele. The idea: Patients

with the onset of cognitive decline and dementia disorders in rural areas will receive adequate diagnosis. Healthcare professionals will improve their medical knowledge. We asked Käte Alrutz, Speech Therapist and Healthcare Developer, who is responsible for the pilot that started one year ago.

Who is involved in the pilot?

The specialist of psychogeriatric and the specialised nurse at the University Hospital in Umeå connect to the GP, the district nurse and the occupational therapist at the local healthcare centres. If necessary, staff from the Community nursing homes take part. The pilot

project's staff consists of a project manager, a project administrator, and the head of the Geriatric Centre. There's also a technician who can help out if something goes wrong before or during a meeting – a useful support.

Which technology is used and how does it work?

The Geriatrician works at the hospital using her computer with a web camera and a Jabber client, sometimes also using an iPad. Both healthcare centres have videoconference rooms. Four iPads have been bought, but the mobile network at the nursing homes is not strong enough. We are working with the community technicians to solve this problem. So far the community nurses have gone to the healthcare centres to take part in the consultations. We have bought two computers for the videoconference rooms to give the GPs easy access to patient records.

How do the colleagues involved feel about being instructed via monitor?

Everyone who is working on this project has a very positive stance, because they realise the mutual benefits they get from it, the increase in knowledge and the more qualified treatments for the patients. One person also clearly expressed that these consultations are

necessary for her work; before the pilot started, she often thought of leaving her profession and doing something else, but now she feels more confident working with her patients.

Has the routines changed after tele-consultation was adapted?

The consultations via video-links have been fully implemented in the psychogeriatric healthcare programme of the Geriatric Centre. At both of the participating healthcare centres one occupational therapist and one district nurse have been appointed responsible for the dementia patients.

What are your first findings?

In 2013 an increase in correctly diagnosed patients in the two areas was recorded compared to 2012. About 75% of the staff are satisfied with the consultations, according to the survey we carried out. Furthermore, two health care centres are interested in implementing this working model.

Implementing tele-mentoring and tele-consultation in South Ostrobothnia

Among the PrimCareIT pilots, tele-consultation and tele-mentoring have been implemented and proven successful in the region of South Ostrobothnia in Western Finland.

South Ostrobothnia Health Care District hosted a pilot between hygiene nurses from Seinäjoki and Kauhava. The nurses met on a monthly basis for virtual lectures and discussions during spring 2013. Heli Orava, hygiene nurse from Seinäjoki Central Hospital, was pleased with the pilot, which answered her needs for finding an easy and interactive method of communication with the nurses in



Tele-mentoring between hygiene nurses from Seinäjoki Central Hospital and rural primary health care centres.



Doctors' virtual morning meeting in Kauhava Primary Health Care District.

more remote health centres. Virtual communication between hygiene nurses now continues on a regular basis through videoconferencing – called “hygiene days”.

Another pilot was carried out in the Kauhava Health Care District. The doctors have adapted their regular biweekly doctors' morning meetings as an addition to the tele-mentoring and consultation activities. The concept: short virtual morning meeting with the district's chief doctor and GPs to discuss the ongoing issues, problems and decisions together.

Wednesday morning: Thirteen doctors from five different health centres are connected via screens. District Medical Officer Raimo Rintala chairs the discussion. For one hour the experts review case by case. There are some minor ones while others require special treatment. At the end, Raimo Rintala is satisfied: “These meetings are very useful. It's easier to see where the real problems are and to discuss potential solutions together.” Otherwise the doctors had to drive 60 km one way in order to meet their colleagues. The virtual meetings save three hours of working time, not to mention the loss of money for travel expenses.



Margarita Radziuniene,
Lithuanian University of
Health Sciences, Lithuania

**“I am participating
in PrimCareIT be-
cause I care about
Lithuania's future in
tele-medicine.**”



Vilnius University Hospital Santariškių Klinikos (VUHSK)

Country: Lithuania

Number of staff: about 5200

Functions: higher education, medical research, provision of health care.

One of the major medical treatment institutions in Lithuania, which consists of 28 centres and provides state-of-the-art healthcare services of the highest level - annual provision of around 800,000 ambulatory consultations, about 83,000 patients are treated in the inpatient department, some 30,000 complex operations are performed annually. VUHSK contains an extensive basis for multi-profile healthcare specialist training and regular improvement of their skills. It boasts the most sophisticated and innovative Centre of Informatics and Development which actually implemented and currently runs some nationwide eHealth solutions, such as an electronic system for patient visit reservations, a hospital information system with advanced electronic patient records, a picture archiving and communication system (PACS) and an internet patient card.



THE NATIONAL HEALTH SERVICE

National Health Service

Country: Latvia

Number of staff: 192

Function: Organisation of healthcare services

The National Health Service (NHS) is the operating direct administrative institution subordinate to the Ministry of Health. It took over the functions formerly carried out by the Centre of Health Economics and Health Payment Centre. The main objective of the NHS is to implement several state policies, such as the availability and planning of healthcare services or the e-Health programme. It is also the services' responsibility to administrate the proper and effective use of state budgetary funds that are prescribed for a wide range of national healthcare services, e. g. the provision of medication and medical equipment for outpatient treatment.



Kauhava Primary Health Care District

Country: Finland

*Number of staff: 800 permanent,
200 temporary*

Function: Organisation of healthcare services

The Kauhava Primary Health Care District (KPHCD) is an organisation that takes care of the social and health services of the 24,000 people living in the region. The total budget is €92m. KPHCD maintains and improves individuals' wellbeing and health, and prevents and reduces health and social problems as well as the harms that come from these problems.

Faces behind the Lead Partner organisation



PrimCareIT project is being led from Seinäjoki, Finland. Where as the project's official lead partner is South Ostrobothnia Health Care District, the actual project management work is being done in a small office in close proximity to the Health Care District. South Ostrobothnia Health Technology Development Centre, more familiarly known as "EPTEK", holds the keys.

EPTEK is a non-profit association founded in 1997. Its main target is to develop health technology in the region. Services include e.g. project coordination, consultation, training and technical support. The EPTEK team is built multi-professionally to support the work in several areas. Work is done in teams and in close cooperation with Seinäjoki Central Hospital.

EPTEK's expertise can be categorised into three groups: assisted living technologies, videoconferencing and project management. With assisted living technologies we offer testing, guidance and technical support to elderly homes, home care units and individuals needing technical devices to support their daily lives. We've also worked on several projects creating and developing assisted living solutions and environments, as well as methods to recognise individual and specific needs.

In the area of videoconferencing, EPTEK is the contact point for videoconferences carried out within Seinäjoki Central Hospital, providing technical support and expertise on them, as well as continuously developing videoconferencing practices – this connects our daily work to the PrimCareIT project and its aims.

In the third key area, EPTEK has long experience in health technology projects on the regional, national and international levels. EPTEK's executive director and PrimCareIT project director Sami Perälä also represent South Ostrobothnia Health Care District in their international cooperation, such as in the eHealth for Regions Network, which is an international consortium behind the

Raimo Rintala, Kauhava
Primary Health Care
District, Finland

**"I am participating in
PrimCareIT because**

international projects
are the modern way to
solve problems we are
all facing in primary
health care.



PrimCareIT project application. In PrimCareIT and previous projects developed under the same consortium, management work is and has similarly been carried out in EPTEK.

We hope that the international cooperation will continue in future and become an even bigger part of our daily work. After PrimCareIT, we're looking forward to continuing cooperation with our international colleagues within the above-mentioned or similar areas of eHealth. Our strength as a small organisation is flexibility and good connections to other regional actors.

For more information: www.eptek.fi

Overview of pilot sites

Pilots tele-consultation

Pilot Site	Scenario	Project Partner	Responsible
Sweden Karlskrona	Tele-consultation between Wound-Center specialists and health care personnel of Primary Health Care Centres in Blekinge.	Blekinge Institute of Technology	Ewy Olander
Belarus Ostrovec	Professional support of doctors from remote areas: BelMAPO specialists support GPs and doctors of OCRH	BelMAPO*, Ostrovec Central Regional Hospital	Irina Moroz Nikolay Gvozdz Uladzimir Mazheika
Finland South Ostrobothnia	Consultation between: a) Doctor's office and static Care Unit(s) b) Doctor's office and Home Care Units	Kauhava Primary Health Care District	Raimo Rintala
Sweden Umeå, communities of Malå and Sorsele	Psychogeriatric specialists of the Geriatric Centre at Umeå University Hospital support staff working at Healthcare Centres in rural areas.	County Council of Västerbotten	Käte Alrutiz
Lithuania Vilnius, Anykščiai Druskininkai, and Neringa	Setup of tele-consultation environment in Vilnius University Hospital Santariskiu Klinikos and three remote primary healthcare centres	Vilnius University Hospital Santariskiu Klinikos	Romualdas Kizlaitis
Estonia Vormsi	Support of the staff of the Primary Health Care Centre on the island of Vormsi. Tele-consultation between nurse and GP; nurse and specialist doctor; GP and specialist doctor	Tallinn University of Technology, The Institute of Clinical Medicine	Madis Tiik
Latvia	Specialists from Associations of Dermatology and of Cardiovascular Diseases support GPs working in remote areas	National Health Service	Aigars Miežitis

Pilots tele-mentoring

Pilot Site	Scenario	Project Partner, Organisation	Responsible
Belarus Ostrovec	Professional support of doctors from remote areas: BelMAPO specialists (mentors) support GPs and doctors of OCRH (mentees)	BelMAPO*, Ostrovec Central Regional Hospital	Irina Moroz Nikolay Gvozdz
Estonia Tallinn, Lepiksoo, Harjumaa	Four experienced GP mentors support four young GPs (mentees) with only a few years' experience in rural areas. Pilot is running in eight family medicine centres	The Estonian Society of Family Doctors	Eret Jaanson Kristjan Krass
Finland South Ostrobothnia	Tele-mentoring between: a) Doctor's office and static Care Unit(s) b) Doctor's office and Home Care Units	Kauhava Primary Health Care District	Raimo Rintala
Finland South Ostrobothnia	Tele-mentoring between hygiene nurses from Seinäjoki Central Hospital and Kauhava primary health care centre.	SOHCD, Seamk, KPHCD	Kristiina Vaahtera
Lithuania Vilnius, Aukštadvaris, Druskininkai	Mentoring between experienced health care professionals and specialist doctors working in the Family Medicine Centre of VUHSK and younger, less experienced physicians and nurses working in remote primary health care clinics.	Vilnius University Hospital Santariškių Klinikos	Vytautas Kasiulevicius

*State Educational Institution Belarusian Medical Academy of Post-Graduate Education

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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 – March 2014)

For more information please go to
www.primcareit.net



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.