

STUDY VISIT Catalonia- Barcelona

“ICT for health & Tele-Rehabilitation services in Catalonia”

13-14 November 2012

Barcelona, Catalonia

Spain



Partner contact details: Fundació TicSalut

Address: Av. Ernest Lluch 32, TCM 3 Pl. 6 Of. 4, 08302 Mataró

Telephone: +34 935532642

Contact email: igarciamila@ticsalut.cat

Fundació TicSalut

Av. Ernest Lluch 32, TCM 3 Pl.6 Of.4
08302 Mataró
Catalonia

www.casa-europe.eu

I. SUMMARY

The Study Visit focused on ICT tools to deliver personalised health access to citizens in Catalonia, showing tele-rehabilitation systems that could be included in the portfolio of services.

After the development of the ICT strategic plan since 2007, the Shared Clinical Record and the Personal Health Folder of Catalonia have become a reality. It was shown the key features of those systems and how new services for Health and Social care could be provided using such platform.

It was also shown two practices for tele-rehabilitation for cognitive recovery for traumatic brain injuries and physical recovery for stroke patients.

II. DEBRIEFING ONSITE VISITS

Study visit to Catalonia took place on 13 and 14th November 2012 under the framework of the CASA project. Participants from the CASA project partners visited premises of the Department of Health of the Catalan Government, the innovation unit and two tele-rehabilitation services.

Study visit participants were introduced to the healthcare model of Catalonia and its provision system for health services, as the planning, purchasing and provision of services are separated in the regional system, one of its specificities. From the specific provision model the requirement to share clinical information across healthcare providers and levels of care was a key issue to be solved, and the Regional Shared Clinical Record is offering all the public network of healthcare providers' access to the information about patients.

The strategy for non virtual care was presented, explaining thoroughly the main service called the “Personal Health Channel” (PHC) where clinical information, medicine prescription and care plans can be consulted. Administrative issues, like booking appointments, contacting the GP or enrol to community activities can be performed. And also personalised services, according to health status of the patient can be chosen from the marketplace.

To ensure the availability of services and applications that can be available for citizens, an interoperability framework was designed to allow any application to be

connected in the Personal Health Channel, where citizens have their security and data rights preserved by the infrastructure provided by the public administration.

Approaches to treatments for chronic patients, both for heart failure, COPD and diabetes, are present in Catalonia and some of them have been already embedded in the PHC. And some others like the ones presented during the study visit are potential services to be included in the meantime in the PHC, such as follow-up for Cardiac Heart Failure and patient empowerment groups.

The other main topic covered at the Study Visit was Tele-Rehabilitation services for mental and physical disabilities.

Neuro Personal Trainer was presented during the visit at Institut Guttmann, a Neuro-Rehabilitation specialized hospital, mostly treating traumatic brain injuries. The platform was developed by the innovation unit of such organisation to cover the requirements of their rehabilitation professionals to enhance the cognitive rehabilitation therapy provided. At the initial stages of the system it was validated inside the organisation, it was later introduced to patients performing rehabilitation tasks at home and finally it is provided as a service for other organisations to perform rehabilitation tasks.

It was also visited a socio-sanitary centre in Mataró, where the cognitive rehabilitation system is being used for cognitive training for elderly people, and the platform is offering an improved and personalised treatment against cognitive decline.

The participants visited the Pompeu Fabra University, where a unit has developed the Rehabilitation Gaming System that offers a 3D virtual therapy for upper limb rehabilitation for stroke patients. The aim of the project and its experiences with market development strategies for such projects created under university research groups.

Clinical results for the system and how the service is being provided were presented by the clinician responsible for the Rehabilitation unit at Hospital de l'Esperança. It was also presented results from patients using the system at acute and chronic phase after suffering a stroke.



III LEARNING OUTCOMES FOR THE PARTNERSHIP



	Area (self- management /policy/ICT)	Key characteristics
Learning Outcome 1	Regional ICT Implementation for eHealth and Social care services <ul style="list-style-type: none"> • ICT infra- and info-structure deployment • Key strategic project definition, design and implementation • Promotion of added value services and applications for personalised care using the ICT services provided by the administration • Interoperability framework for services and applications 	<p>In 2008, the Department of Health defined the first ICT strategic plan, lasting since 2011. This plan established the baseline for ICT services provision.</p> <p>The key strategic projects defined at the strategic plan were:</p> <ul style="list-style-type: none"> ▪ ePrescription ▪ Shared Clinical Record ▪ Personal Health Folder ▪ Image digitalisation program ▪ Telemedicine Plan <p>The new ICT strategic plan for the period 2012-2015 redefined the initial strategic project to:</p> <ul style="list-style-type: none"> ▪ Transform the Shared Clinical Record to a shared services platform ▪ Deploy a multichannel communication network for citizens
Learning Outcome 2	Interoperability framework for services and application in a marketplace in the Personal Health Channel	<p>The interoperability framework has been defined to provide a common structure for all healthcare providers and companies in the provision of services and applications for Catalan citizens. It is an opportunity to share the knowledge created in generating the profiles to ensure the interoperability of applications in any kind of Personal Health Record.</p>

IV. IDENTIFICATION OF POTENTIAL BEST PRACTICES

1.Name of the Region	Catalonia
Potential Best Practice	Improve professional collaboration through usage of ICT systems and empower patients facilitating services to manage their health status.

<p>Brief Characteristics of the Practice</p>	<p>Access to clinical information at the time required is a key issue to enhance the quality of care provided to patients, so the shared Regional Clinical Record is offering the coordination of professionals between organisations and levels of care.</p> <p>Also the availability of the Personal Health Channel for citizens in Catalonia is the secure gateway for users to access and interact with health and social care organisations and services according to their health status.</p>
--	---



FINAL REMARKS



LIST OF PARTICIPANTS



Name	Surname	Organisation	email
Ann	Allison	NHS Scotland	a.allison@nhs.net
Matteo	Apuzzo	ASS 5, FVG Region	matteo.apuzzo@welfare.fvg.it
Johan	Bagewitz	New Tools for Health	johan.bagewitz@newtoolsforhealth.com
Daniele	Benucci	More SRL (FVG Region)	
Massimiliano	Bertetti	Polo Tecnologico di Pordenone	massimiliano.bertetti@polo.pn.it
Luigi	Bertinato	ulss20	lberinato@ulss20.verona.it
Sarie	Bongers	Flanders Government	sariebongers@gmail.com
Giorgia	Centis	Arsenà.IT	gcentis@consorzioarsenale.it
Atena Mihaela	Chiriac	Timis County Council	atena.chiriac@cjtimis.ro
Cristian	COTOSMAN	Timis County Council	
Alison	Davis	NHS Kent & Medway	alison.davis@nhs.net
Toni	Dedeu	Ministry of Health of Catalonia	tdedeu@gencat.cat
Maaïke	Dekkers-Duijts	Silverfit	maaike@silverfit.nl
Fabian	Dominguez	Flemish Government	fabian.dominguez@wvg.vlaanderen.be
Chris	Eckl	NHS24	chris.eckl@sitekit.net
Christina	Ederberg	Region Halland	Christina.Ederberg@regionhalland.se
Christopher	Gedge	Medway Community Healthcare	christopher.gedge@nhs.net
Daniela	Goia	Timis County Council	daniela.goia@cjtimis.ro
Oriana Arabella	GOLEANU	Timis County Council	
Carlos	Gonzalez	Fundacion IAVANTE	carlos.gonzalez@iavante.es
Henriette	Hansen	South Denmark European Office	hha@southdenmark.be
Donna	Henderson	Scottish Centre for Telehealth and Telecare	donna@antaraconsulting.co.uk
Kristina	Isaksson	Laholms kommun	kristina.isaksson@laholm.se
Stina	Jonsson	County Council of Östergötland	
Kimpe	Katrien	Flanders care	Katrien.kimpe@wvg.vlaanderen.be

Michał	Kosiedowski	Poznan Supercomputing and Networking Centre	kat@man.poznan.pl
Ignacio	Lage de Llera	Fundacion IAVANTE	ignacio.lage@iavante.es
Malin	Larsson	Region Halland	malin.larsson@regionhalland.se
Annsophie	Mahrs Träff	Norrköpings municipality	annsofie.mahrs.traff@norrkoping.se
Edwin	Mermans	Province of Noord-Brabant	emermans@brabant.nl
Antonio	Morari	ulss20	amorari@ulss20.verona.it
Lars	Nilsson	County Council of Östergötland	
Andrea	Oliani	ulss20	andrea.oliani@ulss20.verona.it
Anita	Ottosson	Norrköping municipality	anita.ottosson@norrkoping.se
Fabio	Pascolo	Bodi SRL (FVG Region)	
ESTELA	PEREZ SERRANO	FUNDACION IAVANTE	estela.perez@iavante.es
Hazel	Price	Kent County Council	hazel.price@kent.gov.uk
Jolanda	Schneider	Provincie Noord-Brabant	jschneider@brabant.nl
Mirela-Carina	SINCA	Timis County Council	mirela_carina@yahoo.com
Marielle	Swinkels	Province of Noord-Brabant	m.swinkels@zorgtechnoservice.nl
Lesley	Taylor	Medway Community Healthcare	Lesley.Taylor10@nhs.net
Marieke	van Beurden	Brainport Health Innovation / Slimmer Leven 2020	m.vanbeurden@brainportdevelopment.nl
Malou	Verheijen	De Wever	m.verheijen@dewevel.nl
Kathy	Vuillaume	EPM	kathyvuillaume@epmconsultancy.eu
Renate	Werkhoven	Province of Noord-Brabant	rwerkhoven@brabant.nl
Karen	Willems	iMinds-SMIT-VUB	karen.willems@iminds.be
Veerle	Wouters	Dienstencentrum Gidts	veerle.wouters@gidts.be
Wojciech	Zarzycki	Regional Centre of Social Policy in Poznan	wojciech.zarzycki@rops.poznan.pl
Monika	Zembrzycka	Regional centre of Social Policy in Poznan	monika.zembrzycka@rops.poznan.pl