

# **E-HEALTH PLANNING TOOL FOR EVOLUTION OF THE SOCIAL AND HEALTH SYSTEM**

# STRATEGY

- EU member states increasingly agree upon the importance **to sustain their health systems**, understood in the broadest sense: costs of health services to public finance are above inflation and in constant growth, as are health demands from EU citizens.
- The top priority of all concerned is **to optimize treatment** provided to the citizen, ensuring highest levels of quality and equal access for all at the same time holding spending under control.
- The search for this equilibrium is affected by balances that arise between **health system** and **social system**: only by analyzing the actual **needs** in the social system can an effective and tailored planning of the health system be developed, whatever the current situation of organization.



## **THE E – HEALTH DEVELOPMENT PLAN WE PROPOSE IS BASED ON A NUMBER OF CONSIDERATIONS:**

- the demand of health treatment does not always reflect the actual need of the populations
- the evolution of technology in most case goes alongside traditional methods and rarely replaces them: this leads in increasing the complexity and costs
- today's most advanced IT-based monitoring systems furnish information only on services provided and costs, and only to a limited extent their quality
- traditional observatories are too slow in the gathering, processing and distribution of data



The different health systems therefore need to have **a better control**, based on the **real needs** of the citizen, a system that we might define as a **response system**:

- correctly calibrated to actual requirements (needs)
- making use of suitable tools (technology)
- provided at the most suitable locations (hospital, extra-hospital, etc.).

The tool able to support the various health systems when it comes to managing the system is a **profound knowledge of the system itself**.

Only through monitoring and analysis of the **sensitive variables** (epidemiology, environment, immigration, ageing, prevention, etc...) at the moment they arise, will those programming health in the countries of the EU be able to secure:

- correct planning of the services in all their various forms
- correct allocations of resources
- shared approaches of methodology within EU countries
- analyze service quality to find the most efficient/effective models.



**THE E-HEALTH PROJECT, A TOOL FOR PLANNING/PROGRAMMING** combines the function of static observatory with one that is multi-factor, cross-disciplinary, dynamic; the **goal** is to identify the overall actual **need** in all its various forms, at the moment it arises, thereby providing the forecast information needed for effective management of the system, with expected saving of resources and the same time growth in quality. The innovate approach in the use of IT-systems in health and social area consists in changing their role from management tools to planning tools.

A **secondary output** will be the compare process using shared IT model, of the various systems of organizations within EU.



# AIMS AND OBJECTIVES OF THE PROJECT

- to guarantee high level of health and social services for all EU citizens
- to be able to guarantee the flow of adequate investment resources into the health sector
- to launch subsequent interventions in the targeted sector
- to identify and respond to needs as they arise (the offer not always correspond to the demand)
- to enable the precise allocation of resources



The **preparation & design** of the Project will be organized alongside **3 different modules**:

**Module 1:** Elaboration of the **content – related dimension** and of the **management – related dimension** for the future co-operation project

**Module 2:** Elaboration of the overall **project budget**

**Module 3:** Elaboration and submission of the **project application form**.



## **Module 1: Elaboration of the content – related dimension and of the management – related dimension for the future co-operation project**

- A detailed **Questionnaire** will be sent to all project partners that aim at gathering detailed background information on each partner area as a basis for elaborating the joint AWOT-analysis. The returned Questionnaires will be analyzed and a **Synthesis Report** on the results will be elaborated and subsequently distributed to all project partners.
- On ground of the result-assessment, a **Project Planning Workshop** will be organized where all main partners of the future project should participate. The idea is to achieve a joint understanding of all content-related issues of the future project in order to agree on project management structure and to clarify the related procedural aspects.



## Module 2: Elaboration of the overall **project budget**

- A short **Budget-Questionnaire** will be sent to all project partners that aim at gathering detailed information on all issues that are needed for realizing a realistic simulation of the project's total cost. On ground of this information, a **Draft Project Budget** and a related **Draft Budget Commentary** explaining the calculation assumptions will be elaborated.
- A **Budgeting Workshop** will be organized to discuss the calculation assumptions made in the Draft Budget Commentary and at validating the individual budget lines of the Draft Project Budget.



## **Module 3: Elaboration and submission of the **project application form****

- an extensive presentation of the project contents
- an extensive presentation of the project's overall management system
- A comprehensive Project Budget and a detailed Budget Commentary.



## PROJECT PHASES

- In the first phase of the project, an accurate **analysis of the situation** in each partner region must be made in order to feed information to the next phases.
- In the phase of **needs analysis** a set of answers will be provided to a number of questions for each project partner, which are crucial to better specify the scope of the project.
- The central phase is the **planning methodology**, the development of models for forecasting and planning healthcare needs and costs in the different participating regions. Ideally, this means to define what kind of data is needed to foresee future needs, and how such data should be used for that aim (needs identification and analysis, specific priorities to each partner, identification of professionals, to define macro-categories for the most relevant need indicators).
- **Definition and application of pilot projects** will allow to globally evaluate the proposed methodology, and to enhance it for giving a wider adoptability.
- **Results analysis using and sharing common tools** is the introduction of the proposed methodology in the partner daily planning practice from the political and administrative point of view.
- **Impact analysis.**



**E-HEALTH PLANNING TOOL FOR EVOLUTION OF THE SOCIAL AND HEALTH SYSTEM** is a project idea proposed by Mr. Roberto Panizzo – Director of Health and Social Protection Area of the International and European Affairs Department - Friuli Venezia Giulia Autonomous Region (I).

In the course of this project development, it was proven that having more partners from different regions of Europe it will be extremely valuable to be able to achieve the best results.

At this moment, the partners are:

- Slovenia (SLO)
- Carinthia
- Timis (RO)
- Friuli Venezia Giulia (I)
- Lombardia (I)
  
- Serbia (maybe Voivodina) (SR)
- North Rheno-Westfalia (to be confirmed) (DE)
- Bulgaria (to be confirmed) (BG).

Also, addressing the need to **promote a lasting collaboration** in areas of common interest, Friuli Venezia Giulia Autonomous Region, Italy and Timis County, Romania built inside the Assembly of European Regions a **partnership** with the aim of developing strategies and projects.

Within this **COLLABORATION PROTOCOL** that promotes experience and information exchange between the two regions it will be created a **working group** that will activate in the social and health services field regarding the emergency care, developing the health and social system, developing the social network to protect the citizen's health and to respond to their needs.



# QUESTIONNAIRE

During the phase of **need analysis**, two representative institutions from Timis County (RO) – General Department of Social Care and Child Protection Timis and Emergency Clinic Municipally Hospital Timisoara - responded to the questions addressed in the Project Questionnaire:

- Questions exploring the specific context in each partner area
- Questions exploring the Goal and Purpose of the future cooperation project
- Questions exploring expected Outputs/Results, the envisaged Project Activities and the necessary Inputs
- Questions that help defining the overall project management structure and activities for the project's Communication Plan
- Questions exploring potential Risks that might influence on a realization of the future project.



From the answers we can observe that in **Timis County (RO)**:

- we have 301 191 persons in Timisoara and 655 844 persons in the whole county, from those 53 517 are over 65 years old
- to serve the needs of 655 844 persons we have 16 hospitals, 651 public health structures and 1095 private health structure
- the rate of hospital beds occupied is 369.79%
- from the medical point of view, the “particular strengths” are: qualified staff, own area network (Hospital Manager) for the Municipality Hospital, medical statistics, guides to administrate drugs, multidisciplinary collaboration, emergency hospitals, university hospitals
- from the medical point of view, the “particular weaknesses” are: different hospital locations need dramatic reconstructions, the need is to design a medium hotelier conditions with 4 – 8 beds in the ward, staff communication problems, there is not enough space, a lot of the medical nurses are over 51 years old, the apparatus are too old in some of the departments, not enough medical supplies, not enough investments to improve the service quality
- the expectation from this project is: to increase the hospital efficiency, to increase the satisfaction of the patients, to develop an adequate infrastructure, to relocate departments in order to serve more efficient the activity, to create a Hospital – Hostel for chronic patients that are social cases.



From the answers we can observe that in **Timis County (RO)**:

- we have 301 191 persons in Timisoara and 655 844 persons in the whole county, from those 53 517 are over 65 years old
- the General Department of Social Care and Child Protection, Timis County – a public structure – manages 5 Residential Centers for 665 adults with different disabilities and 1 Home for Elderly People with 87 beneficiaries; also it has 9 Residential Care Centers for 722 children with different disabilities and children at risk and 750 foster families who are taking care of 1093 children
- all data regarding the situation of our beneficiaries is stored and transmitted through our Local Area Network
- from the social point of view, the “particular strengths” are: multidisciplinary teams of specialists, experience and expertise in the area, services in the whole Timis County
- from the social point of view, the “particular weaknesses” are: insufficient funds regarding the number of beneficiaries, 2 institutions with a very large number of beneficiaries, the services are not responding to all the needs of our beneficiaries, old buildings that need reconstruction work
- the expectation from this project is: to develop integrate medical and social services, to develop a complex and complete informational system, to have the financial support of our medical services from the medical insurance system, to endow with special apparatus our medical recuperation services.



# CONCLUSION

- To achieve the goal, to have an efficient management of the system, to reduce costs in the socio-health care system, to provide quality of care and patient satisfaction we will approach the use of IT-systems in health and social area as planning tools.
- This will help us to develop: electronic record system, pre-hospital support services, medical and social services in rural areas, integrate care system that will assure continuity of care, all in accordance with the beneficiaries needs as they will arise.



REGIONE AUTONOMA  
FRIULI VENEZIA GIULIA



**THANK YOU  
FOR YOUR ATTENTION!**

**Friuli Venezia Giulia Region  
& Lombardia Region (I)  
and  
Timis County (RO)**

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