

Section A – Project Identification

Project Title: Primary Healthcare Network

Project Acronym: HealthNET

Brief Summary of the project

The cross-border area is a rather rural area including remote villages with difficult access to large urban centers where health-care units exist. As a result, the rural population does not receive primary healthcare services. The proposed project aims at solving this problem by providing healthcare services to the targeted population on a regular basis with an emphasis on prevention and early diagnosis. In particular, the project will develop two mobile health care units (one for each country) staffed with a multidisciplinary team (a general doctor, a nurse and a social worker) that will visit the population on a regular basis. Each mobile health unit is expected to serve 128 patients from the first month and 100 additional people during the second month. During the first visit each patient will be treated by all the members of the team, the necessary tests will be completed, the medical history of the patient will be recorded, as well as their symptoms and proposed method for treatment. This will be executed according to a standard protocol especially developed for this purpose. The second visit should be arranged at about 15 days after the first meeting, while the rest of the meetings are going to be held on a monthly basis. Further visits depend on the population to be served and the type of services to be provided.

Each region will identify the framework of the provided services, the ICT services that be developed and the patients data that should be recorded. This includes to identify the requirements of each region regarding the healthcare service provision of rural areas and the development of the operation plan and a business plan for the mobile units operation. Additionally, a digital system for the recording and monitoring of the patients' health status will be developed. All patients will have a personal electronic health file. Patients' medical history, exams and the medical treatments they received from the mobile unit will be recorded. The electronic health file will be accessible by the hospitals in case the patient need to be transferred there. The project has a major social added value as it provides primary health-care services to the rural population with difficult access to health-care institutions. The provision of primary health-care services leads to early diagnosis of diseases and their effective treatment. This results in the improvement of citizens' health, in less hospital admissions and consequently in reduced costs for the healthcare sector.

Finally, the cross-border cooperation in this project is of great importance as it will test the effectiveness of the project in two different states with different healthcare structure but with a major similar problem: the difficulty of access of rural population to healthcare units. This approach will enhance the transferability of the project in other regions, countries with similar characteristics.

Section B – Detailed Description

B.1 Project Identification

B1.1. Background and History of the project (problems/challenges to be addressed/target groups)

"The cross-border area has similar geographic conditions with high rough mountains and disperse small villages with difficult access to urban centers. Furthermore, no local primary healthcare facilities exist in these areas. As a result, the rural population of the cross border area does not have access to primary healthcare services as they are provided only in the large urban centers. MUNICIPALITY OF IRAKLEIA was aware of this problem and always wished to provide their rural citizens with these type of health services.

Municipality of Irakleia includes in its territory areas (more than 20 villages in particular) with difficult access to urban centers. These villages are mainly inhabited by elder people as well as immigrants with low income. Thus, the access to the nearest hospital in Serres is difficult.

After the announcement of the GR-FYROM Programme, MUNICIPALITY OF IRAKLEIA realized that one of its objectives (specific objective 1.2 namely) corresponds exactly to their need. MUNICIPALITY OF IRAKLEIA realized that it is also a great opportunity to cooperate with a partner from FYROM facing the same problem. Such a cooperation could greatly contribute to the transferability of the project approach in other regions or countries with similar characteristics. The methodology to be followed in order to realize the project objective (the provision of healthcare services to the rural population) is the development of mobile healthcare units that staffed with a multidisciplinary team (a general doctor, a nurse and a social worker) "that will visit the target population on a regular basis.

The mobile unit will be supported by innovative ICT tools for recording patient's health history and data.

The main target group of the project is the rural population that don't have easy access to healthcare providers of the urban centers, mainly the elderly, the unemployed, the disabled and the poor people of the rural areas. The project directly contributes to specific objective 1.2 "improvement of preventive health care and services of children and elderly population" as it provides the rural deprived population with primary healthcare services on a regular basis.

This idea was communicated to the partners from FYROM who was fascinated by the concept and its multiple effects: improvement of the residences' health, decrease of hospital admissions and reduction of health costs.

Municipality of Novo Selo also includes remote villages (16 in particular) that also inhabited by elder and low-income people. Therefore they were very interested in participating in the project.

The starting point for determining the project was the common planning. Partners' previous experience in implementation of cross-border projects had created the adequate cooperate conditions, in order to submit the proposal. Some technical meetings took place where the partners prepared and submitted the proposal of the project, taking into account context, priorities, joint objectives and key measures, so as to reflect their own needs." They analyzed the areas of intervention, effectiveness and lessons learned from the previous period, and finally, the needs and priorities set by the recent economic crisis. During the partners' meetings, the project idea was step-by-step developed and consolidated, the proposing partnership was formulated, the roles among the partners were determined, and, finally, the project was structured and the activities was shared among the partners, in accordance with the specific needs of each area and the experience and capacity of each partner. As both partners have a low experience but are eager to learn to deal with the advantages digital ICT devices offer, the support of Demokritos was requested and accepted to support them with their ICT know-how by developing a digital system for the recording and monitoring of the patients' health status. To underline their intention of joint collaboration in the future, a joint committee of both regions was proposed to ensure to work from a common view, finding common guidelines for the new way of organizing of health services in combination with utilizing the advantages the nowadays digital ICT technology offers. It is noted here that well-known medical protocols for recording patients data, e.g. HL7, Peppol standards, will be utilized. These standards will be adjusted to the specificities of the CB area

B1.2 Objectives of the project

The proposed project aims to improve access to primary health care in the rural cross border areas where population has difficult access to healthcare units. In particular, in both regions a mobile health care unit will be purchased. Each mobile unit will be properly configured and equiped with medical and ICT equipment. Additionally, each unit will be staffed with health care professionals, i.e. a doctor, a nurse and a physician. An information system for recording the medical history and the exams of the patients will also be developed. The system will utilize well-known medical protocols for recording patients data, e.g. HL7, Peppol standards.

The mobile units will operate through a regulated plan (protocol, under supervision of the installed joint committee on both regions), with responsible care professionals who place an emphasis on early diagnosis and prevention (e.g. not only vaccination but also learning elementary self-management techniques to remain healthy) and utilizing the nowadays Information and Communication technologies. Within the framework of a common strategy (roadmap), each region will formulate its business plan for the mobile unit service including the service-, the technical- unit's soft/hard

ware requirements. According to this plan, the pilot application of the mobile health units is set up in order to form a well-functioning network with the other primary health care organisations.

The project promotes social inclusion and combats poverty and discrimination as it provides healthcare services to people of remote areas who do not have easy access to healthcare structures. Consequently, it reduces inequalities in terms of health status.

However, HealthNet's more significant contribution to the Programme is the improvement access to primary health care at isolated and deprived communities in the cross border area.

B1.3 Expected outputs of the project (tangible and visible outputs or products relating to project activities)

The proposed expected outputs are tangible and measurable, relating to the project activities and objectives. According to the work packages and to activities that the project contain, the expected outputs are the following:

- Decrease of the number of hospital admissions and consequently decrease of secondary and tertiary health costs
- Protection of vulnerable social groups from hospital infections and provision of information to these groups about self-management techniques to handle their own health situations
- Improvement of the psychological condition of vulnerable social groups
- Improvement of the quality of life for the habitats of the rural areas
- Promotion of prevention and early diagnosis
- Reduction of health care costs
- Training of the caregivers and health professionals to incorporate a professional responsible attitude and to handle ICT smart devices,
- Collection and production of the documentation procedure of the patients' medical history and the medical treatments they received from the mobile unit.
- Developments of a feasibility study of the mobile health units.
- An interregional MoU and forming the starting points for further joint actions.

It is noted here that the project main objective is the provision of primary healthcare services to remote population. One of the pillars of the reformation of the health system in Greece is the authorization of municipalities to provide health care services. Therefore, the project offers a great opportunity, among others, to test the feasibility of this type of intervention. Evenmore, the cross border approach will give the Consortium the opportunity to evaluate and compare the provision of primary healthcare services by local authorities in different countries and come to useful conclusions that could be used in the future.

B1.4 Expected Results (direct and immediate effects resulting from the project)

The project's added value stem from the similar living conditions (many remote villages populated mostly by elderly and deprived families) in the CB area.

The project partners will share human and economic resources, competences and know-how, experiences and best practices in order to achieve the optimum results.

In particular, the approach we follow in this project is the primary integrated healthcare , an innovative concept that has been implemented with success in many European countries. However, Greece and FYROM have not implemented such an approach yet.

The expected results from the project's implementation could be described as follows: Improvement of cooperation to respond to common problems regarding social integration issues, exchange of best practices, networks creation and joint health & social integration protocols, improvement of provided primary health services and elimination of the conditions excluding sensitive social groups, by the introduction of mobile units for those social groups which are not able to reach the nearest primary health centers. Project's results are mainly focuses on equal opportunities and battling discrimination, as the project aims to improve services and conditions providing on sensitive social groups.

In particular, the project leads to: (a) the reorganization of two institutions:the healthcare provision unit of the Municipality Novo Selo and the healthcare provision unit of the Municipality of Iraklia, (b) the development of two health ICT systems, one for Greece and one for FYROM and (c) the provision of primary healthcare services to the rural population of the area, i.e. 11,567 FYROM and 21,145 Greek citizens, total 32,712 citizens that live to the rural cross border areas.

Furthermore, the project will implemented an innovative approach for the provision of primary healthcare services by a local authority and a hospital in the CB area. Thus, we will come to useful conclusions that could be used in the future.