



Current situation regarding Home Care R&I support

Generation of innovation through addressing unmet needs identified by citizen / user helix of quadruple-helix approach

CZECH REPUBLIC

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27 January, 2017 | 1st international thematic workshop - Madeira



Transfer of knowledge on needs in home care from formal and informal providers of healthcare to organizations being able to create solutions?



Ministry of industry and trade:

We have 1000s of innovative projects, but almost none in home care and no new solutions to implement. If the transfer of needs worked, there would be many applications received.



Association of social care providers:

Most times, technological actor develops something and then it doesn't work. Or develops something with one provider of healthcare, but it doesn't work for all. Most times developed things are useless in practise or not implemented and used by target group.



Association of social care providers:

Somebody comes to providers and asks for information, but doesn't enable any finance as calls do not enable it.



Život 90 (Life 90):

There are initiatives of individuals but did not affect those who can support it institutionally long-term (government, regions, etc.)



Czech Technical University in Prague:

Needs are known, production is ok, problem is to implement all innovations in practise (social offices of municipalities, regions, etc.). So the problem is in intermediaries, to implement the innovation is the problem.



Czech Technical University in Prague:

Searching for needs of and support even for carers, to whom technology can help. Currently, curriculum for them doesn't talk about technology at all. Education content is old.



Ministry of Industry and Trade:

There is battle for what insurrance company will pay and not, customer is also the insurance company or somebody who will pay for the new solution.

GENERAL SITUATION WITH IDENTIFICATION OF NEEDS BY FORMAL AND INFORMAL PROVIDERS



- -not so many national level organizations in informal care, but these few are active and part of projects, however not for innovative solutions though, mostly education and further support
- -formal providers mainly university hospitals via research projects
- -they know the needs from home care very well, but are overwhelmed by financing problems of their operations, the almost impossibility to be direct partner in any financed project and inexperience to set any project up
- -the network in Home Care in CZ is small, most actors are known to each other, cooperate from time to time but not strategically, mainly based on previous initiatives, most long term cooperation mainly between university hospitalsa and university research teams, transfer of needs for innovations is rather isolated via personal linkages
- -CZ actors can develop great ICT gadgets for home care use, but it is important these tools are accepted and used in practise
- -telemedicine, robots, emergency care, sensor monitoring of vital signs, beds and equipment, smart homes

HOW CAN FORMAL AND INFORMAL PROVIDERS BE INVOLVED IN THE OP EIC?



- -as external service purchased by main beneficiaries in support programmes: Innovation, Application, Potential (co-beneficiaries)
- -currently very low involvement, home care doesn't produce more than a couple of projects each year, with always the same organizations, other segments of lower trend in demand have more projects financed, no association, no lobbying, no integrated network
- -busy with operational finances, not possible to be main beneficiary, no long-term networks with other organizations, needs of carers are overlooked, everything looks at patients, implementation of innovations is problematic if not based on user needs and testing
- -other helixes see their involvement very positive and support quadruple-helix cooperation,
- -they can become part of clusters or technological platforms, they can set up or become members of associations, supported activities of some intervention programmes can be edited in favour of their inclusion, finances to be pre-paid rather the post-paid, adjustments of CZ NACE