META

“Magyar EgészségTervező Alkalmazás”

(Hungarian Personal Health Planning Application)

GOOD PRACTICE - PROJECT

HoCare project (PGI01388) is carried out under the Interreg Europe programme financed by the European Regional Development Fund. This document reflects the author's views only and the Interreg Europe programme authorities are not liable for any use that may be made of the information contained therein.

Contents

Introduction to the Good Practise (GP):

Development of a personal health planning methodology and an APP (as a telecare/homecare tool for personal health planning). Good practice for public driven innovation and cooperation with end users (patients and professionals) and other stakeholders. The project was a part of the programme for improving organizational efficiency in healthcare system and establishing territorial cooperation. The whole programme (including META project) was co-financed by the EU Structural Funds through the Social Renewal Operational Programme 2007-2013 (project code: TÁMOP-6.2.5.B-13/1-2014-0001). In 2016-2017 as a further development additional granting was approved by the Norway Grants for “Methodological, structural and capacity enhancement to support interventions aiming to promote the mental health of the population” improving the Mental Health Module of META.

Problem:

In general:

- Bad opinion about healthcare system
- Low patients’ cooperation (adherence) level
- Lack of knowledge about proved, evidence based, qualified and approved healthcare devices and use.

Requirements the APP needed to meet:

- Intact with professional requirements
- Easy to use, clear and logical for everyone
- Eligible follow-up
- Trackable
- Provides clear advices and assigns the patient to healthcare professional if needed
- Creates individual health plan which makes the application unique

Solution:

Development of the unified personal health planning approach and methodology. The most important tool of the development is META, the Hungarian Health Planning mobile health Application. Patients and health care professionals were involved during the innovation to define requirements for easy every-day use. More than 25.000 registered users are in the Health Planning Application (META-APP) with the aim to change their attitude and health style. Pilot of the pharmacy - Making health plan by 60 pharmacist candidates. It is prepared to connect with other platforms and APPs of the National eHealth System in order to enable integration of personal and professional devices and access of care and cure professionals.

1. Relevancy of the GP project

The “Relevancy of the GP project” section provides quick check and definition of its relevancy in regards to HoCare project objectives.

Good practice of quadruple-helix cooperation in R&I?	No, this GP project does not include good practices of quadruple-helix cooperation in R&I
Good practice of delivery of Home Care R&I?	Yes, this GP project includes good practices of delivery of Home Care R&I.
If not in Home Care R&I, description and proof of its potential for transferability to delivery of Home Care R&I	This GP project includes good practices of delivery of Home Care R&I.
Generation of innovation in home care through answering unmet needs identified by formal or informal healthcare providers?	Yes, this GP project includes good practices of innovation through answering unmet needs.
Generation of innovation in home care through public driven innovation?	Yes, this GP project includes good practices of public driven innovation.
Generation of innovation in home care via quadruple-helix cooperation for quicker delivery to the market?	No, this GP project does not include good practices of innovation via cooperation for quicker delivery to the market.

2. Quick overview of the GP project

The “Quick overview of the GP project” section provides initial overview of the good practice project (GP project) and enables readers to see if this GP project idea is relevant for possible transfer to their organization potential innovation activities.

Name of the GP project	“Magyar EgészségTervező Alkalmazás – META” (Hungarian Personal Health Planning Application)
Region of origin of GP project	Hungary
5 keywords that best describe the content of the GP project	Public driven innovation; Cooperation with affected stakeholders incl. end-users; Primary care; Public health; Personalized prevention and care; Health Planning; IT application.
Relevant **Operational Programme name**	Financed by: Social Renewal Operational Programme 2007-2013 (project code: TÁMOP-6.2.5.B-13/1-2014-0001)

through which the GP project has been funded (+ also in local language in brackets)	Further development was financed by the EEA and Norwegian Grants Fund (Norway Grants - project code: HU12-0001-PP3-2016)
Relevant **support programme / intervention area name** of the GP project **through which it was funded** (+ also in local language in brackets)	META was developed as one tool in the programme "Szervezeti hatékonyság fejlesztése az egészségügyi ellátórendszerben – Területi együttműködések kialakítása (Improving organizational efficiency in healthcare system and establishing territorial cooperation)". This programme was co-financed by the EU Structural Funds through the Social Renewal Operational Programme 2007-2013 (project code: TÁMOP-6.2.5.B-13/1-2014-0001). In 2016-2017 as a further development, additional granting was approved by the Norway Grants for "Methodological, structural and capacity enhancement to support interventions aiming to promote the mental health of the population" improving the Mental Health Module of META.
Single or multiple recipients of the GP project?	single recipient
Type of lead recipient (SME, LME, research centre, innovation centre, network/association, university/school, municipality, other public body, other (specify)	National Institute for Quality- and Organizational Development in Healthcare and Medicines (GYEMSZI) – since April 2015 it has new name: National Healthcare Service Center (ÁEEK). GYEMSZI/ÁEEK is a public body established by the Hungarian government and controlled by the minister responsible for health. GYEMSZI/ÁEEK was designated to carry out the implementation of the Model Programme as "Executive Agency".
Types of participating partners (list all participating partner types. E.g.: hospital, social house, senior house, patient association, networks, SMEs, LMEs, research actors, business supporting organizations, public institutions/regulators, other (specify)	Project implemented by: National Healthcare Services Center (ÁEEK) A multi-faceted team of mostly young people gathered to deliver the application. Among its members were physicians, programmers, graphic artists, health managers and IT specialists. Therefore, medical, communication and information technology aspects were taken into consideration in every phase. With the joint activities of these different professionals, ÁEEK managed to create an ergonomic, user-friendly and useful application that met medical and mobile communication criteria. Final beneficiaries, target groups, stakeholders: • population, patients, • health service providers (institutions and professionals),

	• e-health and m-health solution providers (ICT and TECH firms), • tele-health providers, • universities and research organizations, • other public authorities
Summary of the good practice	In order to make health system working proficiently an ESIF project, TÁMOP-6.2.5-B/13/1 „Szervezeti hatékonyság fejlesztése az egészségügyi ellátórendszerben – Területi együttműködések kialakítása (Improving organizational efficiency in healthcare system and establishing territorial cooperation)" was implemented by National Health Service Center (ÁEEK). In the frames of this project ÁEEK developed the unified personal health planning approach and methodology. The most important tool of the development was META, the Hungarian Health Planning mobile health Application. Preventive thinking is one of the most effective tools to combat illnesses. Individuals have prominent role in prevention. Health conscious behaviour, conscious health care can help health promotion and disease prevention, improve quality of life, and increase the number of Healthy Life Years. Preparing individual health plan (IHP) may be the first step in this process. The aim of the program is to improve the individual's health, to maintain it, and to develop a more conscious approach to health and behaviour. Patients and health care professionals were involved during the innovation to define requirements for easy every-day use. More than 25.000 registered users are in the Health Planning Application (META-APP) with the aim to change their attitude and health style. Pilot of the pharmacy - Making health plan by 60 pharmacist candidates. It is prepared to connect with other platforms and APPs of the National eHealth System in order to enable integration of personal and professional devices and access of care and cure professionals. Creating new functions for improving organizational efficiency in healthcare 1. Individual health planning 2. Population health planning 3. Alignment of capacity planning to local level management 4. Alignment of capacity management to local level management 5. Health monitoring and performance evaluation 6. Developing evidence-based supply protocols 7. Individual patient pathway design 8. Case Management

	9. Case Analysis, Case Discussion 10. Pathway control 11. Pathway analyses 12. Patient management 13. Incorporating waiting list management into regional patient guidance 14. Organizing illness management programs at local level 15. Centralized management and supervision of clinical research Parts/moduls of the META : • Health value, experience • Findrisc (diabetes) • CAT (COPD suspected) • AUDIT 10 (alcohol dependence) • Fagerström (smoking) • BDI (depression) • Paykel (psychosocial stressors) META is a tool for centrally coordinated prevention services that can be accessed free of charge for the Hungarian population and can be made for Personal health plans. The basic purpose of personal health planning is to develop and maintain health and health consciousness of an individual. META is more than one health check questionnaire. It encourages defining individual health priorities and achieving personal goals based on health status and conditions. META helps clients to create a lure plan and provides support materials.

3. Transferability

The “Transferability” section provides more detailed review of strengths and weaknesses of this GP project including description of necessary basic conditions for region and leading organization to potentially transfer it. At the end of the section, the key threats in the successful transfer open up possibility to focus on specific relevant issues important for the successful transfer.

Strengths and weaknesses of the project

What are the GP project strengths? Why it was	Most stakeholders were involved in the development of the methodology and the

funded?	APP. Public initiated and implemented the project, and financed the implementation, further development and sustainment. Research was involved in preparation of the methodology and delivering evidence based questionnaires. Patient and care providers took part in specification and testing phases of the APP.
What are the **key weaknesses of the GP project**?	Bureaucratic, legal and organisational conditions in approval of financial/insurance cover of new services and solutions or applications, especially in healthcare and home care. Patients' and professionals' interest in daily using a tool like META depends on the continuous interest in following and resetting personal health plan. However, if it is not directly tied to the general financial/insurance cover, both sides likely lose interest soon.

Basic conditions for successful transfer

Why is this GP project transferable? – innovation, impact, financial, legal, and timeframe aspects	Good Practice of government initiative leading innovation in public health, prevention and patient adherence/empowerment by combining developments of methodology and IT solutions/applications. Cooperation among stakeholders was also well prepared and managed.
What are the **basic conditions the region needs to have** to be successful in transferring this good practise?	- Prevention and primary care should comprise a determining part/element of existing national or regional health policy and/or strategy; - Financial and institutional stability on longer term (more than 5 years) to implement and maintain pilot and replicate large scale programmes; - Cooperation among end-users (final beneficiaries, care providers), public authorities, HEIs/research and business
What are the **basic conditions the leading recipient from the region needs to have** to be successful in transferring this good practice?	- A feasible and well established idea, involvement of the target groups and promising tangible results for all key stakeholders or stakeholder groups; - Experienced programme operator with central PM and existing network for local execution; - Cooperation among end-users (final beneficiaries, care providers), public authorities, HEIs/research and business - Commitment to make use of advantages by health planning

Key threats in GP project transfer

What are the **key potential threats for the GP project**	• Institutional reorganizations, frequent changes of implementation and regulation setup;

transfer?	• Lack or loosing of political and/or policy interest; • Obstacles to shifting responsibility of long term care (LTC) to primary care; • Lack of integration and/or coordination among parallel and/or familiar programmes targeting integrated care and prevention focus.

4. Description of the GP project

The “Description of the GP project” section provides more detailed information on the Good Practice project (GP project) and enables readers to get further detailed inspiration and easy ready-to-use information for possible innovation transfer to other project applications. This includes: tackled problem, time length of the GP project, objectives, phases, activities and deliverables of the GP project, its main innovation and target group.

Description of the tackled problem

What was the **problem / challenge tackled** by the project?	Problemes in general: - Bad opinion about healthcare system - Low patients’ cooperation (adherence) level - Lack of knowledge about proved, evidence based, qualified and approved healthcare devices and use. Requirement the APP needed to meet: - Intact with professional requirements - Easy to use, clear and logical for everyone - Eligible follow-up - Trackable - Provides clear advices and assigns the patient to healthcare professional if needed - Creates individual health plan which makes the application unique
What were the **reasons for the problem?**	In the recent decades, as a result of technical progress and society development the average life expectancy has significantly grown. However, the expected healthy life years have not increased so fast (or at all). The relative and absolute lack of human and financial resources and the increasing expenditure of healhcare infrastructure and equipment caused tangible shortages that are crucial for policy makers, service providers and patients/clients in the health ecosystem. This tendency caused increase of demand for good quality healthcare services and extra financial resources.

	There were many possible, but still missing replies to these problems causing less feasible and worse services. E.g. (1) more conscious approach to health and behavior, (2) more attention and assistance to self health management, (3) incresing adherence to personal health planning based on proven heath status survey and assessment.

Time length of the GP project

What was the **time length** of the GP project in months?	2013-2015

Objectives of the GP project

Describe the **overall and specific objectives** of the GP project	Overall objective: Increase in Healthy Life Years Specific objectives: - Procurement of the supplier of 'Personal health planning IT application (META) development and support' - Development of methodology of increasing adherence to self management and cooperation among patients and professional care providers - Training of medical and nursing staff and other health professionals - Development of META-APP

Phases, activities and deliverables

List all **main phases** of the GP project including their time length	- Recruitment of project staff (management & developers) - Procurement of the supplier of 'Personal health planning IT application (META) development and support' - Development of methodology of increasing adherence to self management and cooperation among patients and professional care providers - Training of medical and nursing staff and other health professionals - User specific requirements - System design and specifications of the Health Planning Application (META-APP) - Development of META-APP - Testing and Evaluation - Dissemination of results
List and describe all **main activities** that were implemented by the GP project	see above

List all **main deliverables** of the GP project	- Developed methodology of increasing adherence to self management and cooperation among patients and professional care providers - Trained medical and nursing staff and other health professionals - User specific requirements and system design and specifications of the Health Planning Application (META-APP) - Development of META-APP - Better opinion about healthcare system - Increased patients' cooperation (adherence) level - Increased knowledge about proved, evidence based, qualified and approved healthcare devices and use.

Main innovation of the GP project

What was the **main innovation** of the GP project?	Patients and health care professionals got an IT application that helps collecting data about personal health status and conditions of the population. Data is used by health professionals, who generally provide prevention, healing, rehabilitation and care services for people, and the clients themselves. Professionals evaluate gathered row data and data processed by META, and assist in defining personal goals and sorting priorities for the client. Data is collected by proven questionnaires. META is designed to motivate introduction and use of qualified and approved healthcare devices. Comparing to other available health apps, META is built on unified personal health planning approach and applied development. Health planning is mainly used to change / modify lifestyle habits. Individual's therapeutic cooperation and improving adherence are also a part of health planning for the. Therefore META is: • Intact with professional requirements • Easy to use, clear and logical for everyone • Trackable • Provides clear advices and assigns the patient to healthcare professional if needed • Creates individual health plan which makes the application unique

Target group of the project

Who was the main **target group** of the GP project? (SME, LME, research organization, university, public institution,	Population; Authorities and policy makers; Formal care providers; Business; Research.

healthcare provider, business supporting organization, other (specify)	
Describe the main target group (	Population: - patients, - informal care providers Authorities and policy makers; - Local and central public organization contracting with GPs on provision of and paying for primary healthcare services - Central public agencies licencing medical services and activities - Local and central policy makers Formal care providers: - specialists (including, of course, those in the general practitioner's, occupational health and family medicine) - health consultants - district heath visitors - GP assistants/nurses - graduate nurses - nurses - dieticians, physical therapists, physiotherapists - staff of health promotion offices/centres - psychologists Business: - private medical/clinical/care service providers and pharmacies - producers of smart or wearable devices may be interested to develop new equipment capable for collecting data for the health status/condition assessment and/or remote monitoring and care - producers of intelligent software may be interested to develop new tools for assessing and evaluating data for augmenting personal health risks and setting personal priorities and behavioural goals; Research and HEIs: - validating the way of collecting data by smart and wearable devices and/or input by individual questionnaires - using data for research - developing new advances curricula

5. Impact

The “Impact” section provides more detailed information on the effect of the GP project implementation and dissemination of major outputs.

Impact

What was the level of **geographical impact** of the GP project? (village, city, county, country, international, other (specify)	Country
What were the final **impact indicators including their quantification**?	Considering that the aim of the program is to improve the individual's health, to maintain it, and to develop a more conscious approach to health and behavior, the programme has fostered the spread and usage of preventive thinking. The success (and impact) of the programme could be evaluated later, as the increase in Healthy Life Years – the most important impact indicator in this conext – can be measured in a longer term. The number of registered users and individual health plans (IHP) prepared by using META may be the first information mirroring the results of the programme.
Describe the **changes resulted from the project** activities	The programme managed to engage more than 25000 registered users till the end of 2015 (end of TÁMOP-6.2.5.B-13/1-2014-0001). According to the feedback from patients 82% of the population were supportive about the opportunity to have a personal health plan while 18% were neutral. On the providers’ side approximately 84% of the professionals found the use of online submitted forms by patients helpful. 5% of professional users answering the following question were aversive, 11% neutral, 39% supportive and 45% very: “Did it make easier to complete your professional work for you and for your colleagues the use of online submitted forms by patients?” Further results achieved till the end of 2015: 12359 health plans, 10036 health goals, 9901 action plans, 4708 health coaching cases provided, 1193 other health services, 952 general practitioners and 127 health advisers, 36 district health visitors, 86 dietician, 92 physiotherapist. These results reflects that either patients/clients or care givers are ready or can be convinced to use an APP like META in daily prevention and healing engagements and work, and there is a real need for personal health planning approach and methodology. This methodology, however, shall be based on scientific, evidence based tools such as approved questionnaires and evaluation

	procedures that are followed by personalized recommendations for the clients who to save and improve their health conditions and diminish effects of detected risks.

Dissemination of outputs

Describe **dissemination activities** of the project outputs carried out during the GP project	Web, media and conferences/presentations about the project: - https://www.aeek.hu/documents/20182/66277/10.%2BDr.%2BTorzsa%2BP%C3%A9ter.pdf/db83efab-0964-4a4b-94b9-fafc2112645d - https://egterv.aeek.hu/ - file:///C:/Users/csizmadia.istvan/Downloads/felhasznaloi_kezikonyv.pdf - http://lelkiegeszseg.antsz.hu/portal/Tartalmak/Angol-tartalmak/the-implementation-of--Project-HU12-0001-PP3-2016--Methodological-structural-and-capacity-enhancement-to-support-interventions-aiming-to-promote-the-mental-health-of-the-population

6. Risks

The “Risks” section provides more detailed review of potential risks of this GP project implementation including their defined mitigation strategies to eliminate them.

Describe **risks involved** in implementing this GP project including their **mitigation strategies**	The institutional setup, responsibilities and mandates of public bodies involved in the implementation of the model programme were changed, reorganized and merged during the execution period. Therefore, the mitigation strategy was laid on monitoring and redesigning execution plans, modifying contents and deadlines of milestones in order to ensure delivery of expected main outputs and final results.

7. Budget

The “Budget” section provides more detailed review of costs regarding the project implementation as well as operational sustainability after its end. In addition, if relevant, public tenders within the project and additional generated incomes by the project are showed and explained.

Budget

What was the **overall budget** of the project **in EUR**?	Total budget of TÁMOP-6.2.5.B-13/1-2014-0001 was 9.5 billion HUF (cca. EUR 30M) The sub-budget for META development amounted gross EUR 50.8 K external

	expertise and cca. EUR 100K staff cost.
List relevant **budget lines of the project including their % share** from total budget	See above

Additional income generated by the project

Did the project create any **additional income**?	no, the GP project did not generate additional income
If yes, specify **which type of income and what amount in EUR?**	N/A.

Public tender

Did the project include any **public tender**?	yes, the project included a public tender
If yes, specify **what kind of contract** (specific contract, general contract, other)	negotiated procedure without prior publication of a contract notice specific service contract
If yes, specify in **what amount** in EUR	EUR 40K net value for Personal health planning IT application (META) development and support
Describe the **public tender subject** (max 2000 characters)	see above

Financial sustainability after GP project end

Was there an **operational financial sustainability plan** in the project **after its end**?	yes, the GP project included an operational financial sustainability plan
If yes, specify **where the operational funds** after project end **came from?**	Government of Hungary for sustaining and operating Electronic Health Cooperation Service Space (EESZT)

If yes, specify the **amount of operational funds** in EUR	N/A

8. Other information

In this section, specific additional information about the GP project could be revealed.

Please describe **any other relevant information about this GP project** (if relevant)	1) The co-creation phase of BPM development and the preparation of technical requirements for procurement activities might have been carried out in PPI/PCP regime if the relevant national legal system would allow that solution at that time. 2) META was developed together with VHC and MENTA platforms/APPs. The following procedures/programmes behind these developments, however, could be integrated later: o VHC: Virtual Health Centre providing IT assistance for GP clusters o MENTA: Development of a unique m-Health application and web platform combining patient health data fed by the patient with the EHR stored in national healthcare databases. 3) Since the 1st of November 2017 Electronic Health Cooperation Service Space (EESZT) has been in operation connecting all general practitioners, in-patient and out-patient service providers and pharmacies (incl. e-prescription system and e-registries). EESZT enables local information systems and health professionals in the sector to work together. Its essential characteristics are cloud-based centralised platform and service-oriented architecture (SOA). VHC is planned to be integrated into this nationwide system. "*EFOP-1.9.6-16 Capacity Development and further improvement (by new functions) of Electronic Health Cooperation Service Space (EESZT) (accessibility, mHealth, PHR)*" - an ongoing ESIF major project amounting total €65M, financed by Human Resources Development Operational Programme - aims to develop at least 10 new functions for EESZT, i.a.: • facilitate implementation of rules of regional care service obligation • provide support to monitor and follow up passway within healthcare • developing /improving access to channels of the Electronic Health Cooperation Service Space • Personal Health Record (PHR): Developing/ designing new services for Electronic Health Cooperation Service Space with the aim to provide support

	for Telemedicine clinics; • establishing specialized Big Data Registers in public health (immunization, pregnancy child care booklet, registry of exposure).

9. Information gathered by …

The information about this good practise (GP) project has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

Region	Hungary
Organization name(s) (+ in local language in brackets)	National Healthcare Service Center - NHSC (Állami Egészségügyi Ellátó Központ - ÁEEK)
Name of the **contact person(s)**	Csizmadia István
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