ACTION PLAN FOR THE REGION OF

Slovenia

Ljubljana, December 2019

FOREWORD

Ljubljana, 11th of December 2019

Slovenia has been for many years struggling to adopt a single law on long-term care that would strengthen community care, emphasize deinstitutionalisation and regulate all benefits and services in one place. We are searching for solutions to implement integrated, coordinated, person-centred care, which affords people dignity, supports them to recognise and develop their own strengths and abilities and enables them to live an independent and fulfilling life. We want to give citizens greater choice and control of services and support. Therefore, we are very interested in different international solutions in strengthening community care also in the field of e-care and e-health technologies. ITHACA provided us platform for regional mutual learning and knowledge transfer and helped us obtain valuable insights regarding ICT based assistive services.

This action plan describes all the activities that have already been implemented and were proved to be useful also for Ministry of Health. Described are also activities that are planned for the following two years.

ITHACA partners are currently actively involved in the evaluation of pilot testing of long-term care solutions and we are looking forward to cooperate with them further.

MSc. Kristina Kuhanec Tratar

acting Director-General, Healthcare Directorate

Part I – General information

ITHACA is a project involving nine European Regions working together to improve regional policies on smart health and care by mutual exchange of information and good practices. Regions share an ambition to advance the scaling up of smart health and care innovation, which can ensure more sustainable health and care systems and improved wellbeing of European citizens. Central to the project is an enhanced cooperation between quadruple helix stakeholders and partners exchanging good practices, providing a platform for continued mutual learning, peer assessment, knowledge transfer and a co-design of regional policies. For University of Ljubljana the main goal of the project is to connect all relevant Slovenian stakeholders in the field of smart health and care and to form quadruple helix, to promote dialogue between them and to stimulate the policy makers to support innovations in this field.

Project partners

- Province of NoordBrabant
- Region Zealand
- University of Ljubljana
- Friuli Venezia Giulia Autonomous Region
- NHS Liverpool Clinical Commissioning Group
- GIP Autonom'lab
- Basque Foundation for Health Innovation and Research
- The Malopolska Region
- State of BadenWuerttemberg

Project: InnovaTion in Health And Care for All (ITHACA)
Partner organisation(s) concerned: University of Ljubljana
Country: Slovenia
NUTS2 region: Zahodna Slovenija
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Part II – Policy context

The Action Plan aims to impact: ☐   <u>Investment for Growth and Jobs programme</u>

☐   European Territorial Cooperation programme

☐   <u>Other regional development policy instrument</u>

Policy instrument addressed:

1. Operational Programme for the Implementation of the EU Cohesion Policy in the period 2014 – 2020 (OP 2014-2020)

2. The law on long-term care (not yet adopted)

Slovenian action plan focuses on the thematic objective 9 in the Operational Program for the Implementation of the European Cohesion Policy (2014-2020). We refer to an investment priorities (IP) *9.4 Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest*. Specific objective (SO) is pilot testing of approaches for improved integration of long-term care services.

The funds in OP 2014-2020 are allocated to measures for the development of integrated community-based forms of social and healthcare services in the area of long-term care and the development and implementation of sufficient models of modernisation of social and healthcare services in order to implement deinstitutionalisation process. This is a response to the systemic issues in the provision of long-term care in Slovenia, which is fragmented and characterized by unequal access to benefits and services for different target groups. The existing system is very costly, with well-developed institutional care and underdeveloped community care, and will due to the rapidly aging population face sustainability issues in not so distant future. Long-term care is recognized as a social risk in Slovenia and reforms in this field have been one of the key national priorities for the past 15 years. Slovenia has been for many years struggling to develop and adopt a single law on long-term care that would strengthen community care, emphasized deinstitutionalisation and regulate all benefits and services in one place. The most recent LTC bill, proposed by the Ministry of Health, was facing public debate in 2017, but was criticised especially due to its unclear financial plan. In comparison to other proposed bills (i. e. MDDSZ, 2006; SSZS, 2011; ZDUS, 2011; MDDSZ, 2015), which only briefly mentioned ICT solutions, it more clearly envisioned its incorporation to the legislation. The bill generally defined ICT solutions as *devices and ICT services and service at a distance that ensured independent and safe living of a person in his or her home environment.* In bill's introduction, the general trend of deinstitutionalisation was highlighted, which should be supported with ICT solutions. It was proposed that some solutions in a bill are to be tested in pilot projects. These same solutions are also proposed in OP which defines activities that are financially supported by ESF (i. e. establishment of single entry points, training of staff,

development of ICT-supported services and ICT supported structures, needs analyses, coordination, integration in the community).

University of Ljubljana took an active role to support drafting the tender for pilot sites, stressing the importance of development of ICT solutions in community care, which were advocated in (i. e.) the **Resolution on the National Health Plan 2015–2020, the Resolution on the national social protection programme for the 2014-2020 period, and Active Aging Strategy,** but not yet nationally available. University of Ljubljana supported the process of defining ICT services in the tender, and the proposed services were a result of interregional learning from ITHACA partners. Our action plan was endorsed by Ministry of Health, which wrote the foreword and signed it in the end.

By including and testing proposed solutions in pilot activities and by hopefully proving their value, we strongly increase the likelihood of the inclusion of those same activities to the final law on long-term care. In the long term, this means better and more affordable access to quality e-care and e-health services for end-users and represents a major step forward in the field of e-care technologies for active and healthy aging in Slovenia. However, this has not yet been achieved since the results from pilot projects are not yet available and the new version of the law has not yet been proposed.

Part III – Details of the action envisaged

Name of the action: Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law (a public call for tender published by Ministry of Health)

Background information and relevance to the project

University of Ljubljana's goal was to influence a tender *Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law*, which was published by Ministry of Health in 2018. Slovenian partners of ITHACA project took an opportunity and worked closely with the tenderers to add best possible solutions in the field of e-care and e-health technologies that would assist people to live independently at home for as long as possible. Our policy change has already been approved.

Project partner Vesna Dolničar was part of the expert groups that were formed by Ministry of Health and Ministry of Labour, Family, Social Affairs and Equal Opportunities, and was providing expert advice on which e-care and e-health services to test in the pilot project, where she passed on knowledge obtained from ITHACA project. University of Ljubljana's main goal was therefore **to learn from ITHACA partners and try to influence the call for tender in order to include financially sustainable tailor-made telecare solutions that would assist people, some with complex needs, to live independently at home and prevent their institutionalisation.**

ITHACA partners and their presented good practices in Phase 1 were a valuable source of information and knowledge and were an inspiration to Slovenian partners and stakeholders that were preparing a call for tender. ITHACA's activities helped to engage the stakeholders and raise awareness of the importance of e-care and e-health technologies and helped enforcing these to political agenda. Two important activities need to be highlighted:

a) lessons learnt from Liverpool's and Malopolska's good practices;

Liverpool's good practices were a big inspiration for Slovenia. **Liverpool's good practice Technology Supported Health Service at Scale** focuses on enabling patients to self-care and manage their conditions with remote monitoring and offering fall detection technology on prescription in primary care. Central is a clinically staffed hub, which supports end-users and their physicians using technology in people's homes. The good practice shows excellent results reported by end-users in Liverpool[1]. Cca. 1,000 patients are being supported at any one time. The vast majority (90%) of patients reported feeling more in control, gaining confidence and/or feeling more able to cope with their condition. **Liverpool's GPs are (funded by Liverpool City Council & LCCG) also able to prescribe fall detectors to their most vulnerable patients** and social workers can assess if wider assistive technology may also be of value. Over 3.000 people were therefore receiving the service in January 2017 and benefits they reported include increased proactive care, improved service user outcomes, improved pathways and enhanced management of demand. One of the main lessons learnt in Liverpool was therefore the importance and very positive outcomes of vastly available and systematically prescribed e-care but also e-health services for chronic patients and long term care users.

This action plan was inspired also by Malopolska region's telecare project „Tele-Angel" for dependent people. The aim of the project is to improve the quality of life of dependent people through the implementation of activities for the development of care and neighbouring services in the place of residence and using telecare service. "Malopolska Tele-Angel" project has been implemented since February 2018 and will last till January 2021. Dependent people can be supported by telecare service and care services at their homes carried out by the professional caregivers or in a frame of neighbourly help. "Malopolska Tele-Angel" provides trainings for people who decide to provide care services or neighbourly help.
The key element of the project is the Telecare Centre which has been operating since 1st May 2018. Paramedics answers c.a. 100 phone calls a day (c.a. 200 on Saturdays), 1-2 times per day they call an ambulance to the patient. Similarly to Liverpool's good practice, project helped us learn about the importance of telehealth solutions in the community setting.

b) active participation of high-level ministry representatives in ITHACA meetings.

High-level ministry and other representatives, who were mainly responsible for drafting the call for tender, visited national and international ITHACA events. The two stakeholders that

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[1] See: van Berkel, Smith, Horsfield & McManus. (2016). *Evidence for Supported Self Care at Scale*. NHS Liverpool: Clinical Commissioning Group.

attended the EEPE meeting in Liverpool, where before-mentioned good practices were presented in April 2017, were first to endorse them and highlight their value: a) Mr. Davor Dominkuš, who was representative of the Ministry for Labour, Family, Social Affrairs and Equal Opportunities and was actively involved in the preparation of the presented call for tender. He also was for many years in charge of the proposal of the Long-Term Care Law and was actively engaging to the preparation of Active Ageing Strategy; and b) Mrs. Elena Nikolavčič, a representative of the Telekom Slovenije, company providing eCare service. Both participants were inspired by the potential of nation-wide available fall detection (and subsequently e-care services) in reducing costs for hospital admissions and care and remained supporters of upgrading existing care services.

Vesna Dolničar promoted Liverpool's good practice also on **a stakeholder meeting in Ljubljana**, which was attended by numerous decision-makers: representatives from Ministry of Health (Ms. Tatjana Buzeti, Ms. Teja Valenčič) and Ministry of Labour, Family, Social Affairs and Equal Opportunities (Mr. Davor Dominkuš, Mr. Aleš Kenda), as well as representatives from Telekom Slovenije (Mr. Peter Pustatičnik, Ms. Elena Nikolavčič). As agreed at this meeting, Vesna Dolničar prepared **the guidelines for testing ICT-supported services for long-term care that should be evaluated within the Call for Pilot**: Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law. The document was sent to the abovementioned representatives of Ministry of Health and Ministry of Labour, Family, Social Affairs and Equal Opportunities on 8. 9. 2017. The brief document consists of 3 sections: ICT-supported solutions (where the suggested bundle included e-care and e-health services, taking into account the solution presented in Liverpool, focusing on remote monitoring and fall detection), characteristics of the pilot projects and impact assessment, and was also presented and discussed with both ministries. Representatives of both ministries also received written experiences and findings of ITHACA regions.

Based on previously described actions, decision was made to offer not only e-care, but also e-health services to long-term care users in the pilot testing. E-care combines cloud-based technological platform and various sensors (e.g. SOS button, motion sensors, door sensors, flood detector, fall detector, smoke detector, magnetic sensor etc.). For the pilot study purposes and with the inspiration of the Liverpool and Malopolska good practices, this was extended to devices for monitoring vital signs (blood pressure, blood sugar, weight etc.).

Nature of the action

A public call for tender *Implementation of pilot projects that will support the transition to the implementation of the Long-term Care Law* was published by Ministry of Health in April 2018 to test measures proposed in the 2017 bill in three pilot sites (rural, semi-rural and urban) in the Cohesion region of Eastern Slovenia. Applicants are required to ensure availability of e-care services aiming to at least to some extend preserve autonomy, namely SOS button with emergency response centre or monitoring of vital functions in stable health conditions. A real-

time record of services and all data related to the implementation of pilot activities are being gathered. Three pilot sites were selected: Celje (urban), Dravograd (semi-rural) and Krško (rural). Key activities are testing the eligibility assessment, new services and integrated care, including new ICT solutions, and care coordination.

<u>After the policy change</u>, the following activities were implemented or are currently being implemented:

a) After selecting three pilot sites, Ministry of Health also launched a public tender Evaluation of pilot projects in the field of long term care. Social Protection Institute of the Republic of Slovenia, Institute for Economic Research and University of Ljubljana applied and signed a contract with the ministry for close monitoring of the implementation of pilot project and for providing expert support to the pilot sites in terms of evaluating the e-care services. Regular monitoring shows that after approximately 6 months of piloting in the three sites, one (pilot site Krško) already offers ICT services: a) sensor-based telecare service (TC) that includes various sensors and gadgets such as movement sensors, door sensors, wearable emergency and fall detection pendant linked to the main unit, which enables informal carers (and service providers via 24/7 care assistance centre) to monitor activities and trends in care receivers' homes via a smartphone; b) e-health service, which includes body sensors and wearable devices that enable the monitoring of vital parameters (e.g. measuring pulse, blood pressure and glucose levels). By the end of the summer, the other two pilot sites followed and started to actively involve users.

d) *Evaluation of pilot projects in the field of long term care* is therefore currently in process. Interim report was already published, final evaluation report together with guidelines for Ministry of Health is due October 2020.

c) There were two presentations of pilot projects by representatives of Ministry of Health on Slovenian EEPE: *The current challenges in the field of LTC in Slovenia* (Andreja Rafaelič and Isabelle Querrioux) and *Evaluation of pilot projects in the field of LTC* (Anita Jacović) (October 2018);

d) Tender to pilot project and its implementation were presented in San Sebastian at ITHACA meeting to all ITHACA project partners and their invited stakeholders by Ministry of Health (Anita Jacović, May 2019);

e) University of Ljubljana has held meetings in all three pilot sites in autumn of 2019, in order to inquire about the progress of implementation, the provider they selected, their first impressions, the issues they are facing and their strategy to involve clients.

f) A policy workshop was organised by European Centre for Social Welfare Policy and Research and Ministry of Health. Evaluation's interim report was presented. It was additionally attended by representatives from Ministry of Labour, Family, Social Affairs and Equal Opportunities, Slovenian Federation of Pensioners' Associations, Health Insurance Institue of Slovenia, Pension and Disability Insurance Institue of Slovenia, representatives from all three pilot

project teams and evaluators (Social Protection Institute of the Republic of Slovenia, Faculty of Social Sciences and Institute of Economic research). Among other activities, methodological approaches to e-health component of the intervention were discussed.

g) Close collaboration with Liverpool is agreed upon. Two study visits, first in Liverpool (11. 12. 2019) and second one in Ljubljana (16. 12. 2019), were implemented and have enabled ITHACA partners and stakeholders (clinicians, service providers and policy makers) to (a) acquire better insight for pilot areas; (b) gain valuable information on how to evaluate the activities in the pilot sites and (c) provide ideas about an evidence-based approach in how to successfully involve end-users .

Stakeholder involvement

Ministry of Health (published call for tender, co-financer and coordinator of pilot projects, in charge of the preparation of the Long Term Care Law)

Ministry of Labour, Family, Social Affairs and Equal Opportunities (actively involved in the development of call for tender and the Long Term Care Law)

Social Protection Institute of the Republic of Slovenia (in charge of the evaluation of pilot projects)

Institute for Economic Research (evaluation partner)

Health Center Celje (lead partner in pilot area Celje)

Posavje Social Work Centre (lead partner in pilot area Krško)

Koroški dom starostnikov (lead partner in pilot area Dravograd)

Telekom Slovenije (provider of eCare service)

Timeframe

The follow-up activities (2020-2021) are:

a) Close collaboration with Liverpool and other ITHACA partners will continue, in order to obtain their perspectives on the evaluation results of the pilot projects (January 2020 – July 2021);

b) Close collaboration with the evaluation team, pilot sites and Ministry of Health will continue (January 2020 – October 2020);

c) Final results of the evaluation will be prepared that could be used by the representatives of Ministry of Health for evidence-based policymaking when revising long-term care system and preparing new long-term care act in Slovenia (final report due October 2020);

d) The dissemination of the results (presentations to policy makers, relevant stakeholders and general public) (until December 2020).

Costs & Sources

Costs of the pilot projects for 24 months: 2.532.659 (Celje) + 1.718.684 (Dravograd) + 1.728.130 (Krško) = 5.979.473 EUR. The budget for e-care and e-health technologies is approximately 200.000 EUR for the entire period.

Project activities are co-financed by the European Social Fund (80 %) and the budget of the Republic of Slovenia (20 %).

Costs of the project on evaluation of pilot projects: 180.000 EUR (budget of Faculty of Social Sciences, University of Ljubljana is 37.000 EUR).

The action plan was endorsed by Slovenian Ministry of Health:

Date:__10.12.2019_____

Name of the organisation(s) : Ministry of Health

Kristina Kuhanec Tratar

Signature: