Region Lower Silesia, Poland

The Lower Silesian [Dolny Śląsk] Voivodeship (LSV) is one of the 16 voivodeships (provinces) into which Poland is currently divided. It is situated in the southwest of Poland. Its capital and largest city is Wrocław, located on the Odra (Oder) river. Lower Silesia covers an area of 19,946 km², and as of 2013 has a total population of almost 3 million.

Partners LSV – Lower Silesian Marshall’s Office

Main CareWell Innovation Adapting the existing system to integrated care

Integration Platform for Telemonitoring (ERC referrals)

Patient cohorts 2x50

Participating health professionals 5

HEALTHCARE SYSTEM

In Poland, the Ministry of Health is in charge of policies and regulations regarding the healthcare system, as well as of medical research and education. The National Health Fund (NFZ) finances primary and secondary health care services and it is supported by its regional branches. Healthcare insurance in Poland is compulsory and state funded, available to all citizens and registered long-term residents. The main insurance contributions come from employers and employees, pooled by the NFZ and redistributed across 16 regions. The government budget finances public health services like expensive medicines and specialised tertiary care. Lower levels of territorial administration and self-government are responsible for the general strategy and planning based on health needs of the population in the given region.
PATIENT EMPOWERMENT & HOME-SUPPORT PATHWAY

The following services are operational in Lower Silesia as part of CareWell:

- An Educational Platform can be accessed by patients and carers through authentication via Smartphone application. The information on the platform consists of educational material about chronic conditions meant to help patients manage their situation better, as well as specific information targeting informal carers.
- The telemonitoring platform is based on mobile devices for telemonitoring stable and unstable outpatients. A call centre worker monitors the patients’ medical parameters and contacts a doctor or nurse when a patient’s health status is exacerbated. The doctors or nurses will then evaluate the patient’s medical parameters, determine the cause and act on the results. Patients can be reached by the call centre worker via an Android video application.

INTEGRATED CARE COORDINATION PATHWAY

The following services are operational in Lower Silesia as part of CareWell:

- The Electronic Case Report (ECR) is a report which specialists fill when discharging a patient. It has been incorporated into the Hospital Information System and provides an improved communication mechanism between clinicians, enhancing care coordination. Patients will be in the future referred for telemonitoring based on their Electronic Case Report.
- The Integration platform for telemonitoring procedures coordinates telemonitoring data.
- Clinicians from both primary and secondary care will be able to coordinate their efforts through videoconferencing.

PATIENT RECRUITMENT AND SERVICE ROLLOUT

A total of 100 patients were selected based on their hospital discharge documents. Patients are over the age of 65 and suffer from two or more chronic conditions such as chronic obstructive pulmonary disease, hypertension, heart failure or diabetes. Half of them have been selected for the control group which receives the usual care, while the other half participates in the CareWell intervention group, receiving integrated care.

There are 5 professionals from one health centre and one hospital who have been enrolled in the pilot. Three specialists are working with the intervention group and one of them attends to them also as a GP. Telemonitoring training session and additional ICT management training sessions have been provided.

CONTACT

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