Integrated Care improve outcomes for both patients and their caregivers; creating access to better integrated socio-sanitary care e-Services (integration of health care, social care, long-term and self-care in any kind of health/living conditions) outside of hospitals; reducing unnecessary hospital admissions and enabling effective working of professionals. They can be considered as organizers of care around the needs of people with the aim of improving the health services through better coordination across different levels of socio-sanitary care and from different providers within each level. The introduction of integrated care programmes could undeniably improve the quality of life of both patient suffering from mental health but also for their home care-givers. As a result, the Croatian Health Insurance Fund and the Rijeka City Department of Health and Social Welfare in collaboration with the Psychiatric Hospital “Lopaća” (founded by the City of Rijeka), participated in the CIP-ICT-PSP Project “INclusive INtroduction of INtegrated CAre (INCA)” trials to evaluate how the use of such platform would affect the health and quality of life of the people suffering from mental health problems or other mental health disorders, their caregivers, their doctors and social services.

Key words: Integrated Care, e-health, mental health, social care, self-care, monitoring health, Chronic tele-health, inclusive, remote patient monitoring, socio-sanitary care integration, integrated care monitoring, accountable care, patient care repository, patient-centric communication, proactive care.

Introduction. Despite wide acknowledgment of the potential benefit of integrated care [1], the use of telehealth – the provision of care at a distance – a key component in future integrated care remains limited and with wide disparities across and within European countries. Different factors contribute to this. These include: lack of solid data and of legal clarity; technical issues and market fragmentation; ethical issues and, last but not least, poor awareness of the benefits of integrated care from health authorities, patients and health professionals [2]. Integrated healthcare delivery links multiple levels of care management, coordinates services and encourages professional collaboration across a range of care delivery [3,4,5]. Integrated healthcare is not about structures or common ownership, but rather about networks and connections – often between separate organizations – that focus the continuum of healthcare delivery around patients and populations. It is clinical and financial accountability to a defined set of patients or a population that ties together delivery organizations.
Purpose (aim) of the article. As part of the CIP-ICT-PSP [6] Project “INclusive INtroduction of INtegrated CAre (INCA)” [7], it was decided to conduct pilot trials on Integrated Care for Mental Health patients in Rijeka City (Systemic therapy in Geropsychiatric patients). INCA is a multi-channel, patient centred, integrated socio-sanitary care platform. The social services, medical organizations, patients, and private care givers were able to interact with each other through any device capable of running an Internet browser using INCA platform. Serving content from the Cloud allows access anywhere at any time.

Theoretical part. The demographic developments in Europe [8] challenge us to find new and smarter ways of organising work in the future. There will be a decrease of the workforce in the European health sector, but an increase in the number of patients. Innovative solutions and new technological advancements must be developed. Integrated Care Platforms are considered essential for the improvement of health and quality of life of the people suffering from mental health problems or other mental health disorders [9,10], to enhance the communication between all stakeholders, to recognize the processes within the value chains to increase the efficiency and to improve the accessibility of health and social services [11]. INCA has as a final aim to coordinate the socio-sanitary services aiming to reduce costs, improve patient experience and achieve greater efficiency from health delivery systems. The inclusive approach of INCA can help to remove technological barriers for patients’ engagement and to leverage the “Contribution towards introduction of integrated care programmes” in Member States, leading to operational deployment of novel organizational models and care pathways for integrated care.

The initiative, supported by European Commission, contributes to the current state of art in the management of Chronic Disease Management, aspiring to integrate or facilitate the integration of social programs beyond the clinical vision of the care chain provision. As illustrated in Figure 1, INCA puts the patient in the center with a personalized network of stakeholders (Social Services, Health providers and Caregivers), empowering them to communicate directly with their circle of care.

The focus of INCA on Integrated Care confirms the realisation that technological solutions may be more cost effective and efficient as the focus on innovation. In terms
of workforce – the focus on active ageing; prolonging an active and healthy life in order to be a productive citizen longer and skill mix; how to organise tasks between professions and maximising work input are all indicators on the pressure from politicians to find new ways of organising the workforce.

**Methodology.** The aim of INCA integrated care pilots was to explore different ways of providing integrated care to help drive improvements in care and well-being. The pilots have been designed to look beyond traditional boundaries of care, for example between primary and secondary care or between health and social care, in order to develop new, more integrated models of service delivery.

The overarching aim of integrated care is to improve outcomes, especially for those with (complex) chronic health problems, by overcoming issues of fragmentation through the linkage of services of different providers along the continuum of care.

In the City of Rijeka the proportion of the population that is over 60 years old increased in last 10 years from 22 % to 27 %. With increasing age, the number of the population suffering from mental health problems or other mental health disorders increased for more than 50 %. In such circumstances, it was realised that the coordination of health and social services would be beneficial. In any case, before the introduction of INCA, coordination within Health Care (Primary, Secondary, Tertiary), as well as between Social Care and Health Care was clearly insufficient.

Rijeka has used INCA’s Care Manager Interface to create one Care Program: Health and Social Care for the patients/care users with Mental Health diseases or other Mental Health disorders. The main goal was to improve accessibility of Health and Social Services by using INCA for coordination of the providers of Social and Health Services.

The main target group of Rijeka pilot was people over 60 suffering from mental health problems or other mental health disorders (e.g. dementia) and second target group is health and social care providers. A total of 264 people participated in the trials, where 173 of them were male and 91 female.

The stakeholders involved in the implementation of the trials were the City of Rijeka Department of Health and Social Welfare, the Psychiatric Hospital “Lopača”, the Clinical Teaching Hospital Rijeka, the Primary health care centres in Rijeka city (general practitioners), Domiciliary Care Service “Kantrida” Home for the Elderly and the Disabled, Community Nurses Service and the County Centre for Social Care.

Rijeka used INCA platform on a trial basis for one consecutive year to evaluate the impact of the platform on the care delivery for the citizens with the afore mentioned medical conditions. Due to delicate condition of the target group (mental health diseases or other mental health disorders) and the fact that it is under even more restrictive legislative protection regarding data protection [12] (Law on Protection of Persons with Mental diseases), Croatian Personal Data Protection Agency has issued an opinion that data cannot be shared between health and social welfare system. In the Rijeka pilot only healthcare professionals can use INCA platform, so said in numbers, in the Croatian pilot 10 health care professionals are using INCA platform. Implementation has proven the importance of the integration of the Social Program of the City of Rijeka in INCA platform.

Surveys, national workshops and medical professional focus groups, have provided an assessment [13] of the views, needs, benefits and barriers related to integrated healthcare delivery from the perspective of patients and health professionals [14]. A mixed methods approach was adopted. The evaluation used a combination of quantitative and qualitative methods. The data came from the following sources: staff interviews, patient/service-user questionnaires, staff questionnaires, HIS, including data on outpatient and inpatient utilisation, and the results of local evaluations.

The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), addressing the challenges brought about by an aging population in Europe Triple Win objectives with respect to the dimensions quality of life; sustainability of health and care systems; and innovation and growth, were compared with EIP-AHA efforts among others in terms of cost-effectiveness, which is the reason why the Monitoring and
Results and discussion. After 12 months of running pilot activities, the results are showing that the pilot is a success in Rijeka area. Further contacts have been made with both Ministries (Health and Social Services) and INCA has been presented as a model on how to deal with care integration in patients with long term conditions. The main question for us is, whether the changes brought about with the introduction of INCA are cost-effective or not, and we used the cost-effectiveness plane to answer this question [16, 17].

7 out of 10 professionals have opted that the care plan has been easier using the ICP, and the remaining 3 have chosen the not sure answer. Due to the nature of the pilot, given the fact that the patients in Rijeka don’t have access to the ICP (Integrated Care Plan), all of the professionals have indicated that they have more work now than before. Asked to elaborate that in the meeting, it was concluded that this was not a complaint. It is simply a fact that because of the introduction of the ICP now they are in position to provide care in the way that they were not been able to do before. Some additional time is needed to perform tasks that ICP is enabling them (i. e. reading notifications and acting upon them) but they are satisfied with the extra help they are able to provide to their patients and their families. All professionals have stated that using ICP has enable them to communicate more efficiently with patients and other care providers.

Professionals have reported minor difficulties in early stages of the pilot. Those were mainly concerning interoperability issues with their regular ICT tools, as well as some minor technical issues like broadband connectivity speed. Given the fact that the medical professionals are not most adept ICT users, somewhat slower learning curve was anticipated by the project team. Therefore, additional resources were invested into training workshop. This has paid off since the users reported that they successfully used the software on the daily basis. Usability of the IT tool was marked as clear, intuitive and transparent.

Provider satisfaction increased from 3,2 as measured before INCA to 3,9 measured with INCA. Further, it can be seen that the number of hospital stays due to mental health disorder (MHD) decreased by from 29 days per patient per year to 26 days/patient/per year, while patients more frequently visited their General Practitioner and were also more frequently visited themselves by their community nurse.

In Croatia, INCA has been perceived as generally effective and beneficial and has served the Croatian Health Insurance Fund to take qualified decision in a foreseen public procurement process, which is actively promoted by the Croatian Government that sees “Integrated Care” as one of their focal points in for a sustainable society. All professionals stressed out that when we are talking about mental health diseases or other mental health disorders among elderly population we have to consider role of all society – from family, neighbourhood, local authorities to central state.

The conclusion from the experts was that it is possible to use this model of integrated care in practice, but with several preconditions. Among the top of them was the final introduction of the EHR to Croatian eHealth system, and developing of a standardized set of care pathways to be used nationally.

Patients and health professionals rate their experiences with integrated healthcare delivery as positive. There is a lack of awareness of the existence and implementation of similar services among patients. Healthcare professionals are slightly more aware regardless of whether they use integrated healthcare services or not. Nevertheless, there is still lack of full implementation of integrated care services within the surveyed population. Health professionals believe that INCA is a valid complement to conventional services as it carries potential for increasing quality of care, patient adherence, improving cooperation among health professionals, and contacts with patients, especially in underserved areas and access for vulnerable patient groups like chronic patients and elders (65+). Seen as a whole, INCA has perceived as generally effective and beneficial and has served the Croatian Health Insurance Fund to take qualified
decision in a foreseen public procurement process, which is actively promoted by the Croatian Government that sees “Integrated Care” as one of their focal points in for a sustainable society.

Acknowledgment. This work would not have been possible without my involvement in the CIP-ICT-PSP Project “Inclusive Introduction of Integrated Care” and the valuable contribution of all project partners and participants throughout the whole duration of the project.

References
лікарями; скорочення зайвих лікарень забезпечує підвищення ефективності роботи професіоналів. Вони можуть розглядатися як організатори догляду за потребами людей з метою поліпшення медичних послуг шляхом кращої координації між різними рівнями соціально-санітарної допомоги та різних постачальників на кожному рівні. Впровадження інтегрованих програм догляду може безперечно підвищити якість життя пацієнтів, які страждають на психічні розлади. Хорватський фонд медичного страхування та Департамент охорони здоров’я та соціального забезпечення міста Рієка спільно з психіатричною лікарнею «Лопача» (Рієка) взяли участь у проекті CIP-ICT-PSP Інклюзивне введення Integrated CRE (INCA). Обговорюються результати дослідження того, як використання такої платформи вплине на здоров’я та якість життя людей, що страждають на психічні розлади, їхніх опікунів, та лікарів.

Ключові слова: інтегрований догляд, психічне здоров’я, соціальна допомога, самообслуговування, моніторинг здоров’я, хронічне теле-здоров’я, дистанційний моніторинг пацієнта, інтеграція соціально-санітарної допомоги, комплексний моніторинг догляду, підзвітний догляд, сковище для пацієнтів, пацієнт – орієнтоване спілкування, проактивний догляд.

ІНТЕГРИРОВАННЫЕ ПЛАТФОРМЫ ДЛЯ ПОДДЕРЖКИ ПАЦИЕНТОВ С ПРОБЛЕМАМИ ПСИХИЧЕСКОГО ЗДОРОВЬЯ

Г. Хризостому (Пафос, Кипр)

Комплексный уход улучшает результаты как для пациентов, так и для их опекунов; создание системы электронных услуг приводит к лучшему социально-санитарному обслуживанию (интеграция здравоохранения, социальной помощи, долгосрочной и самопомощи) вне больниц; сокращение лишних больниц обеспечивает повышение эффективности работы профессионалов. Они могут рассматриваться как организаторы ухода за потребностями людей с целью улучшения медицинских услуг путем лучшей координации между различными уровнями социально-санитарной помощи и различных поставщиков на каждом уровне. Внедрение интегрированных программ ухода может бесспорно повысить качество жизни пациентов, страдающих психическими расстройствами, в расстройствами. Хорватский фонд медицинского страхования и Департамент здравоохранения и социального обеспечения города Риека совместно с психиатрической больницей «Лопача» (Риека) приняли участие в проекте CIP-ICT-PSP Инклюзивное введение Integrated CRE (INCA). Обсуждаются результаты исследования того, как использование такой платформы повлияет на здоровье и качество жизни людей с проблемами психического здоровья, их опекунов и врачей.

Ключевые слова: интегрированный уход, психическое здоровье, социальная помощь, самообслуживания, мониторинг здоровья, хроническое теле-здоровье, дистанционный мониторинг пациента, интеграция соціально-санітарної допомоги, комплексний моніторинг ухода, пациент — орієнтоване обслуговування, проактивний уход.