

NEWSLETTER



Through the analysis of the collected data from all partners, we identified the main challenges in the Adriatic countries regarding the accessibility of the elderly to health care services, as well as, the significant percentage of digital illiteracy that was reported from all participants. These findings highlight the importance of collaboration among all partners to tackle those challenges.

Sokratis G. Papageorgiou, Leader of PP07

Current state of SI4CARE project challenges in ADRION countries

The recent healthcare crisis during the COVID-19 pandemic has had a great impact on all levels of life, including the economical, health, social, and political level. Such a challenging situation has affected the elderly population. Accessibility and quality of healthcare in the EU has always been a challenging factor to address, the complexity and difficulty of which has significantly increased after the recent healthcare crisis.

On the other hand, since the beginning of the EU economic crisis, significant reductions have been applied to public spending for healthcare services and insurance coverage, resulting simultaneously to increased fees and co-payments as well as deduction of social protection measures. Current social and economic situations in the provision of healthcare services are in direct contrast with the increase of life expectancy and demographic changes that would require greater social, financial and healthcare support. Especially for patients with chronic diseases, that require specific treatment for extended periods of time, there is a significant demand for the healthcare systems to adapt to those needs. The European Parliament noted that patients with chronic diseases “form a specific group which suffers inequalities in access to diagnosis and care, social and other support services, and disadvantages including financial strain” (European Patients’ Forum Survey, 2016).

According to World Health Organization (WHO) (World report on ageing and health. WHO, 2015), among challenges in the provision of healthcare in the ageing population are diversity in older age, the impact of inequity, outdated stereotypes in a world that is changing. More specifically, physiological changes over time have only a loose association with chronological age, which indicates that physical functioning has a great range. Healthcare policies should be more inclusive in order to address the healthcare needs of the elderly. In addition, the physical and social environments of the elderly vary leading to inequalities through a cumulative advantage/disadvantage - depending on the case. For this reason, people that may be in great need of healthcare may face difficulties in affording it.

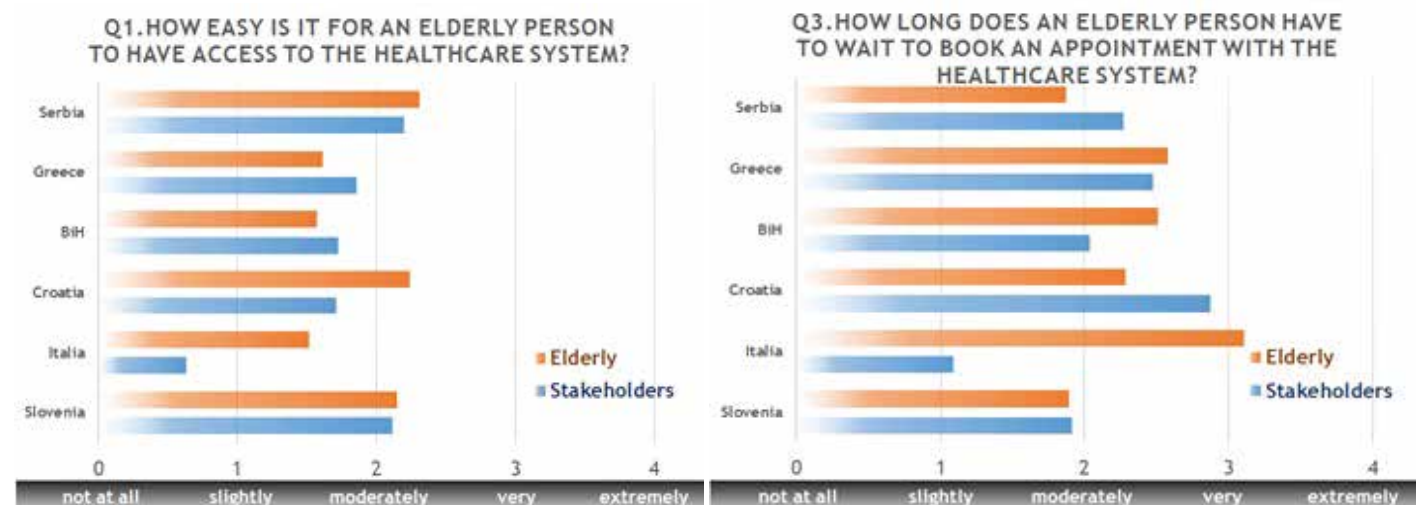
Elderly individuals that face limitations in successfully completing activities of daily living are prone to require more healthcare services in comparison to those that do not face such limitations. Especially for elderly persons with mobility limitations, access to healthcare becomes even more challenging and demanding, along with increased needs for medical and social care. For that reason, any obstacle that hinders the accessibility of the individual to the provision of healthcare may have long-term negative consequences on their health status and overall quality of life. The European Commission in 2001, identified three core challenges for the provision of healthcare in the elderly: ageing of the population, increase of healthcare cost and effectiveness, increase in patient demands as true consumers. Demographic changes were expected to impose changes on healthcare systems and expenditures. Furthermore, the development of new technologies, along with the increase in demands imposed by the patients, would increase pressure on the public domain in regards long-term care. A proportional adjustment would also be required from healthcare professionals in order to utilize advances in technology while the family networks would be increasingly difficult to rely upon. Thus, an analogous evolution would be required from financial methods, healthcare structures and healthcare services organizations.

The recent crisis in global health through the spread of the COVID-19 pandemic promoted the utilization of telemedicine as an effective tool of providing healthcare services on time and at the same time eliminating the risk of probable infection. Such a development has proven especially useful for the elderly population, whose health and well-being were at increased risk during the pandemic. The utilization of telemedicine and online consultations allowed the evaluation of elderly individuals living in rural areas from specialists without time limitations. This could prove of significant importance especially for elderly individuals that have to face long distances to receive specialized treatment or are subjected to long waiting times in their area. In regards to elderly patients, a community healthcare worker could be responsible for providing access to internet services and technological knowledge support.

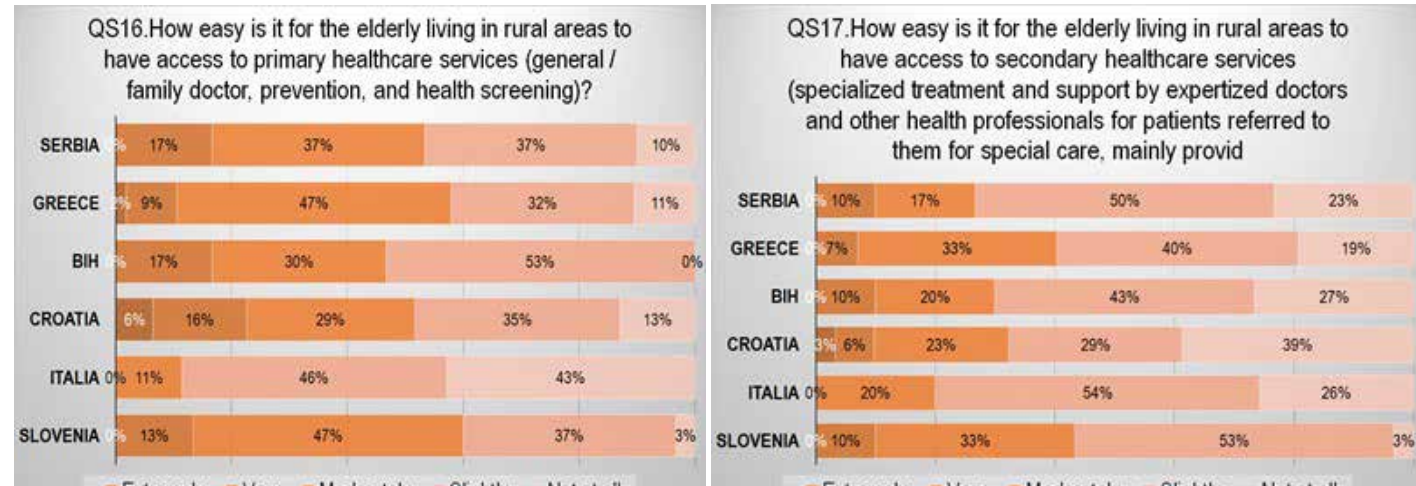
SI4CARE partner PP07 (National and Kapodistrian University of Athens, Greece) gathered data from all seven participating countries and regions during the first months of the project regarding the status quo and the challenges of the healthcare systems in Adriatic areas.

The following tables illustrate the main findings from the SI4CARE status quo and challenges analysis, regarding the accessibility of the elderly to the healthcare system in urban and rural areas as well as the utilization of new technologies in the provision of healthcare services. It should be noted that the data collected from Italy represent the region of Calabria.

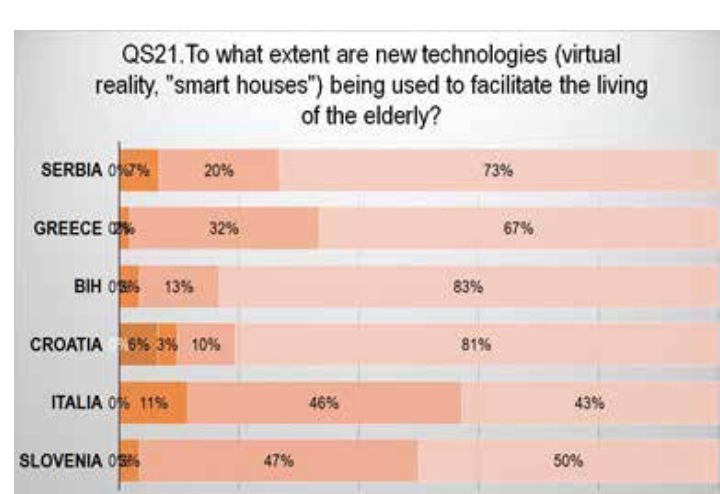
According to the first group of graphs, an older person seems to face increased difficulties and wait too long in order to book a medical appointment in most regions and countries questioned, especially in Greece and Croatia. Furthermore, an older person seems to face great challenges in accessing the healthcare system in all countries. There is a 20% in all countries who claimed absent or very difficult access.



Another interesting finding of our research was the increased difficulties of elderly individuals living in rural areas having access to primary (more than 45% in all countries) and secondary healthcare services (more than 60% have not at all or slightly easy access in all countries).



An additional issue of significant interest is the very limited use of technology in all participating countries and regions. One of the most highlighted findings of this status quo analysis is the access of the elderly to new technological healthcare developments like internet access for booking appointments, or telemedicine services, or smart houses or virtual reality technologies in order to facilitate the living conditions of the elderly. In all ADRION countries the use of these technologies remains rudimentary.



Overcoming these inequities constitutes a challenge for our society in Europe. On the other hand, misconceptions about older people may reduce the possibilities addressing their needs. Important misconceptions include frailty and dependence of the elderly. A more efficient response to the healthcare needs of the elderly would require avoiding these ageism stereotypes that enhance discrimination of the elderly. The world is constantly changing and the way the needs of the elderly are met should change too. Advances in transportation and communication could create more opportunities in terms of accessibility issues regarding healthcare provision (World report on ageing and health. WHO, 2015). Telemedicine is a general term that covers all the ways an individual and their doctor can use technology to communicate without being in the same room. It includes phone calls, video chats, emails, and text messages. There is emerging evidence of the usefulness of telemedicine in emergency care, increasing access, reducing costs, and improving health outcomes, especially when impromptu accessibility to healthcare services is compromised.

SI4CARE partner PP07 (National and Kapodistrian University of Athens, Greece) has planned and developed a pilot action aimed directly at the application of telemedicine in remote areas addressing the accessibility problems of the elderly to the healthcare system that were significantly increased during the recent pandemic crisis. The main goal of the PP07 Pilot Action is to design, organize and create an outpatient clinic that will be carried out exclusively online and will be addressed almost exclusively to elderly patients, either in the context of normal ageing or in the context of broader cognitive/mental or movement disorders. This pilot action will enable at a great extent the accessibility of elderly population to primary and secondary healthcare, especially those who live in remote areas and do not have access to specialized medical care. Furthermore, this online clinic will also facilitate patients with mobility problems that cannot frequently visit healthcare facilities in person. Thus, the development of an online clinic, will decrease the load of transportation for caregivers as well.

Through the joint collaboration of all partners, significant steps can be made to the direction of improving the accessibility of the elderly to the healthcare system of all Adriatic countries.

Project and Associated Partners

Project partners in SI4CARE are:

1. University of Ljubljana
2. Jožef Stefan Institute
3. Municipality of Migrations
4. University of Split School of Medicine
5. Teaching Institute for Public Health Split-Dalmatia County
6. Health Insurance and Reinsurance Institute of Federation of Bosnia and Herzegovina
7. National and Kapodistrian University of Athens
8. Public Health Institution "Health Center" Tivat
9. Special hospital for treatment and rehabilitation Merkur
10. Regional Development Fund of Central Macedonia



Associated partners in SI4CARE are:

1. Ministry of Labour, Family, Social Affairs and Equal Opportunities (Slovenia)
2. Ministry of Agriculture, Forestry and Food (Slovenia)
3. Social Chamber of Slovenia
4. Social Protection Institute of the Republic of Slovenia
5. Municipality Krško (Slovenia)
6. Posavje Social Work (Slovenia)
7. The Ministry of Health of the Republic of Croatia
8. Region of Attica (Greece)
9. Federal Ministry of Health (Bosnia and Herzegovina)
10. Ministry of Health of Montenegro
11. Public Institution RERA SD for Coordination and Development of Split-Dalmatia County (Croatia)
12. Split-Dalmatia County (Croatia)
13. Athens Medical Society (Greece)
14. Region of Central Macedonia (Greece)
15. Calabria Region (Italy)
16. Ministry of Health of the Republic of Serbia
17. Ministry of Health of Slovenia
18. General Hospital Novo mesto (Slovenia)

Project details

Project duration: December 1, 2020 - May 31, 2023 (30 months)
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Links:

More on the official SI4CARE project website:
<https://si4care.adrioninterreg.eu/>

and on the official SI4CARE project Facebook and LinkedIn accounts:

<https://www.facebook.com/groups/174958477751341>

<https://www.linkedin.com/groups/12503237/>