“Virtual Health Centre (VHC)

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)

VHC was developed in one of the work packages (WP3) of the "Public Health Focused Model Programme for Organizing Primary Care Services Backed by a Virtual Care Service Centre (2012-2017)" with the leadership of ÁEEK / NHSC and 8 partners (4 universities, 2 associations of care providers and the National Institute of Health Insurance Fund Management). The Model Programme aimed to strengthen health and social services emphasizing health needs of vulnerable groups such as children, the elderly and socially marginalized groups, primarily in geographic focus areas.

Main activities of the whole Modell Programme: Co-operations among Authorities, Research, Care providers, Business, Civil organizations and Patients for methodological development, trainings and monitoring of general practitioners' clusters, e-health and tele-health development, pilot activities in North Hungary & North Great Plain regions (HU) and central coordination of GP clusters, special programmes for Roma communities, research programmes, health policy analyses and recommendations. The Modell Programme has been executed in the most disadvantaged regions of Hungary, however it has been piloting innovative service solutions for the Hungarian primary care system in general as well.
Main activities of VHC: The Centre provides services for health- and disease management together with the persuasive platform for augmenting compliance. The VHC's main objective is to support the cooperation of general practitioners integrated in clusters together with some special healthcare professionals and staff. The VHC also supports the everyday work of a "normal" general practitioner.

Problem:
The whole Programme developed new procedures manuals for the cooperation among general practitioners' clusters (GPCs). The GPCs are based on the cooperation of general practitioners, public health coordinators, health professionals (dietitians, physiotherapists, health psychologist etc.,) nurses, public health experts, health visitors, roma health mediators and assistant health mediators coordinated by the GPC coordinators and managed by the Virtual Care Service Centre. This cooperation among the staff and management functions of the Centre are unique service innovation. Therefore, there were no existing tested and proved workflow, business process management (BPM) or ICT solution available for the new scheme of the "Public Health Focused Model Programme for Organizing Primary Care Services".

Solution:
Patients and health care professionals, interested public bodies and universities were involved during the innovation to define requirements for the specification of the public procurement of the supplier who developed the new software solution. The staff of the GPCs and the managing Centre were also involved testing the developed milestones and final results of the innovation. In this way necessary and useful changes could be made during the development phase.

Impact:
VHC was completed in 2016 and is going to be connected to the National eHealth System of Hungary (An interface to health information systems - HIS national health insurance system & private platforms and systems, mHealth applications, pharmacies, patients.)
Prepared to be connected with other platforms and software solutions of the National eHealth System in order to enable integration of personal and professional devices and access of care and cure professionals.
Varying new and unmet needs would occur opening new market for business to develop next generation of devices, software and applications designed by utilizing the free access provided by the VHC if the public driven service innovation - regarding (1) the new type of cooperation of general practitioners and specialized health professionals; (2) the management scheme of the Virtual Care Service Centre and (3) the VHC itself - could be disseminated and replicated successfully.
The whole programme aims to assist the creation of the primary care ICT ecosystem at national level by creating national guidelines of primary care software solutions.
The more the system is going to support tele-visits, virtual visits, contact visits and the patient's self-treatment processes, the stronger impact on the homecare market would be taken. Furthermore the patient data (recorded by the patients themselves) - with special respect of the data protection principles - shall provide excellent basis for varying BIG DATA analyses in the field of public health.

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	Virtual Health Centre (VHC)
Region of origin of GP project	Hungary
5 keywords that best describe the content of the GP project	Primary & public health; deinstitutionalized prevention and care; clusters of general practitioners; virtual health centre.
Relevant **Operational Programme name through which the GP**	VHC was developed in one of the work packages (WP3) of the “Public Health Focused Model Programme for Organizing Primary Care Services Backed by a Virtual Care Service Centre (2012-2017)” with the leadership of ÁEEK / NHSC

project has been funded (+ also in local language in brackets)	and 8 partners (4 universities, 2 associations of care providers and the National Institute of Health Insurance Fund Management). The Model Programme, comprising the 8th priority axis of the Swiss-Hungarian Cooperation Programme, was financed by the Swiss Contribution Programme (85%) and Hungary (15%).
Relevant **support programme / intervention area name** of the GP project **through which it was funded** (+ also in local language in brackets)	1. *"Resuscitated Health Care, Recovering Hungary–Semmelweis Plan for the Rescue of Health Care", the government department for health care has developed key strategies and action plans for the rescue of health care. The Semmelweis Plan was adopted by a Government Decree at the end of May 2011.* 2. *Revised project concept "Public health focused model programme for organising primary care services backed by a virtual care service centre" for the Swiss-Hungarian Cooperation Programme, Priority Axis 8 "Human resources and social development/health care" adopted by the Swiss and Hungarian authorities in May 2011.*
Single or multiple recipients of the GP project?	multiple recipients
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 coordinate and lead 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)	• University of Debrecen • Hungarian Scientific Society of General Practitioners • Association of Hungarian Health Visitors • National Institute of Primary Care (OALI) • National Health Insurance Fund Administration (OEP) • University of Pécs • Semmelweis University • University of Szeged • GYEMSZI/ÁEEK
Summary of the good	Main activities of the whole Modell Programme: Co-operations among

practice	Authorities, Research, Care providers, Business, Civil organizations and Patients for methodological development, trainings and monitoring of general practitioners' clusters, e-health and tele-health development, pilot activities in North Hungary & North Great Plain regions (HU) and central coordination of GP clusters, special programmes for Roma communities, research programmes, health policy analyses and recommendations. The Modell Programme has been executed in the most disadvantaged regions of Hungary, however it has been piloting innovative service solutions for the Hungarian primary care system in general as well. Main activities of VHC: The Centre provides services for health- and disease management together with the persuasive platform for augmenting compliance. The VHC's main objective is to support the cooperation of general practitioners (GP) integrated in clusters together with some special healthcare professionals and staff. The VHC also supports the everyday work of a "normal" general practitioner. VHC provides basic information about prevention, care, cure and rehabilitation services and diseases (incl. description of symptoms) for the general public and inhabitants of the GP districts involved in the clusters. The main functions of VHC support: health professionals in decision making; data/information collection and processing; patients in the implementation of their health/care plan; health status assessment for inhabitants in the GP districts involved in the clusters. The main components of VHC are / will be: Knowledge centre; Intelligent modules for data analysis and information and knowledge extraction; Decision making support modules. What does members/staff of a GP cluster do? • Additional preventive and health care activities, e.g. medical risk and health status assessment, lifestyle counselling, chronic care and rehabilitation (performed by: General practitioners and at least one family paediatrician in the cluster, Practise nurses, GP resident, Health professionals such as Specialist nurse, Paediatric nurse, District health visitor, Community nurse) and Service provider of dental primary care) • Management responsibilities in relation to the GP district cluster, organisation of availability, coordination of resources; preparation and organisation of prevention, care and rehabilitation programmes for individuals and groups;

	accounting support (by public health coordinator and cluster coordinator head GP) • Individual and community consultation, care, consultation for local institutions (by Health professionals, basically: dietician, physiotherapist, health psychologist and other professionals, e.g. addictology consultant, speech therapist, etc., as required) • Organisation of primary preventive activities, provision of personalised communication; professional preparation for community programmes within the framework of secondary prevention, involvement in the agitation of the population; involvement in tertiary prevention, participation in health status assessment and lifestyle counselling (by Public health specialist) • Health promotion activities in communities, agitation for participation in programmes; health education; information on primary and specialist care; assistance in using specialist medical services (e.g. roma and/or other disadvantaged groups) performed by non-professionals (by health mediators and assistant health mediators or health guards

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 funded?	• All stakeholders were involved in the development of the operations manual for the general practitioners (GP) integrated in clusters and the staff of the clusters such as the central management of the VHC; • The elaboration of the operations manual was based on preliminary research and scientific results; • The operations manual was approved by the supervisory board of the Model Programme; • GP clusters were successfully established and their whole staff trained, such as the central management; • Public health results were measured and approved scientific methods, and

	disseminated by in the end of the pilot; • The pilot was implemented, and the 4 GP clusters, the central management and the VHC are maintained (current operation is financed by national financial resources).
What are the **key weaknesses of the GP project**?	• Decision making both at work package and project/programme levels needed long time, because management intended to find consensus in order to avoid being questioned at the Supervisory Board (by project partners and stakeholders of the programme including donors and policy makers and end-users). • Donors required the outsourcing of administrative project management for years[1] and professional leadership remained insourced, while great number of public procurement (external expertise, equipment, devices, hardware, software, etc.) had been planned in advance. Therefore, preparation of procurement documents (technical and professional specification and call for tender) and internal quality assurance of the procedure lasted too long. Due to this, there was less time to run trial actions and operate the procured and/or developed tools and work under the innovated system. (The maintenance period ensures further possibility to use and refine the achievements.)

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 management system targeting general practitioners clusters and primary care in general via development of e-health and tele-health solution based on results of research and cooperation among stakeholders. The development comprised significant part (complete work package) of a prevention focused primary care model programme between 2012 and 2017.
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

[1] Donors allowed to insource administrative PM for the last extra year of the project.

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

Key threats in GP project transfer

What are the **key potential threats for the GP project transfer?**	• Institutional reorganizations, frequent changes of implementation and regulation setup; • Lack or loosing of political and/or policy interest; • Obstacles to shifting responsibility of 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?	The whole Model Programme developed new procedures manuals for the cooperation among general practitioners’ clusters (GPCs). The GPCs are based on the cooperation of general practitioners, public health coordinators, health professionals (dietitians, physiotherapists, health psychologist etc.,) nurses, public health experts, district health visitors, roma health mediators and assistant health mediators coordinated by the GPC coordinators and managed by the Virtual Care Service Centre. This cooperation among the staff and management functions of the Centre are unique service innovation. Therefore, there were no existing tested and proved workflow, business process management (BPM) or ICT solution available for the new scheme of the “Public Health Focused Model Programme for Organizing Primary Care Services”.
What were the **reasons for**	The Modell Programme developed new general operations manual and specific

the problem?	procedures for a prevention focused primary care cluster model based on a new integrated risk-driven approach. Procedures manuals are providing detailed guidelines for GP cluster staff and management to help their activities in detecting, assessing, understanding and improving health status of the population. There are guidelines to define and measure real Key Performance Indicators (KPI) of the GP clusters as well. The ICT system that has to support achieving the objectives of the Model Programme did not existed, thereby appropriate solution, workflow and BPM had to be developed. Technical specification of this development, however, depended on the delivery of the detailed guidelines/procedures.

Time length of the GP project

What was the **time length** of the GP project in months?	2012-2017 (60M) pilot restricted to 24 GP districts, +maintenance period (5-7 years)

Objectives of the GP project

Describe the **overall and specific objectives** of the GP project	The overall objective of the whole model programme was to improve the overall health status of the population via the community orientation of primary care services that is focused on prevention and equity in access to services. The specific objectives of whole model programme were: • To improve the quality, efficiency and effectiveness of primary care services, with particular emphasis on prevention; • To increase the equity in access to and quality of primary care services, especially for Roma population; • To expand the scope of services by supporting the development of GP teams operating in GP districts; • To foster primary care that reduces the probability of complications of chronic diseases; • To develop data service and data processing IT applications for primary care reports; • To develop epidemiological research and analyses; • To improve primary care training and further training; • To increase patients adherence in prevention and individual empowerment for self-management of health;

	The overall objective of VHC was to support achievement of the objectives of the Model Programme. The specific objectives of VHC was to deliver new tool for assisting decision making at all levels (prevention, care, cure, management, policy making), data management, reporting system of primary care and a supporting daily work of GP clusters. In addition VHC has been focusing on helping to increase patients' adherence and individual empowerment.

Phases, activities and deliverables

List all **main phases** of the GP project including their time length	Phases, activities and deliverables of VHC: 1. In order to solve the problem by eliminating the reasons described above, patients and health care professionals, interested public bodies and universities were involved in elaborating requirements for the specification of the public procurement of the supplier who developed the new software solution. There was an interactive work among guideline/protocol and workflow/BPM developers. This phase lasted from July 2013 to June 2014. 2. Prepared technical specification, draft blank service contract and other tender call documents were submitted to the Hungarian intermediate body and the Swiss donor to get preliminary approval before opening the call. (July 2014 – Dec 2014) 3. The public procurement procedure (open, negotiated) ended in Dec 2015. 4. Development of VHC software (Jan - Sept 2016): • Finalising the system plan, based on the technical documentation and the preliminary system plan; a. Preparing the final interface plan b. Preparing the final logical system plan • Implementation of the IT system, based on the final system plan; a. Software development b. Testing the developed software c. Fixing the problems that had risen during testing d. Training for the use of the new IT system e. Implementation of the developed software f. Transmission of the software documentation • Conducting professional discussions. • The staff of the GPCs and the managing Centre were also involved testing the developed milestones and final results of the innovation. In this way

	necessary and useful changes could be made during the development phase.
List and describe all **main activities** that were implemented by the GP project	see above
List all **main deliverables** of the GP project	New tools for assisting decision making at all levels (prevention, care, cure, management, policy making), data management, reporting system of primary care and a supporting daily work of GP clusters.

Main innovation of the GP project

What was the **main innovation** of the GP project?	Patients and health care professionals, interested public bodies and universities were involved during the innovation to define requirements for the specification of the public procurement of the supplier who developed the new software solution. The staff of the GPCs and the managing Centre were also involved testing the developed milestones and final results of the innovation. In this way necessary and useful changes could be made during the development phase. There was an interactive work among guideline/protocol and workflow/BPM developers. The praxis cluster model abandons the traditional physical medical card based information storage, and transforms the paper world into a cooperative, well documented paperless workflow services. State of the art healthcare is a business of delivering healthcare services in a very complex, multivendor business environment. Though we still have some individual heroes of medicine, most of the work is an orchestrated cooperation of specialists and project managers delivering standard services in mass volume. In short term the healthcare of today is a big enterprise organization. Therefore the healthcare supporting software should incorporate the modern Business Process Management (BPM) tools that provide proper functionality, manageability and agility. BPM framework automatically provides the instruments for performance monitoring and Key Performance Indicator (KPI) metrics. The VHC model concept provides the Business Architecture (BA) defining WHO does WHAT, WHY, WHEN and HOW in the service business. The architecture is a structured inventory of business processes, the actors and roles, the triggering events end the outcomes. BA determines the demands on Information Architecture (IA), i.e. the way the information is used, stored, collected or archived. Influencing data

	strategy via IA, BA defines the design of business and technical services in the layer of Technical Architecture (TA). Technology improvements change the capabilities of TA services what may broaden the original BA scope, creating a continuous development cycle. The aim of cooperation between WP-02 (Developing operations manual & guidelines/protocols) and WP-03 (VHC IT development) is to develop the GP cluster services as a Virtual Primary Care Enterprise (VPC Enterprise), using the described three architecture layers.

Target group of the project

Who was the main **target group** of the GP project? (SME, LME, research organization, university, public institution, healthcare provider, business supporting organization, other (specify)	Population of GP districts; Management and staff of GP clusters (formal and informal care providers); Authorities and policy makers.
Describe the main target group	Population of GP districts; Management and staff of GP clusters (formal and informal care providers): • General practitioners and at least one family paediatrician in the cluster, Practise nurses, GP resident, Health professionals such as Specialist nurse, Paediatric nurse, District health visitor, Community nurse) and Service provider of dental primary care • Health coordinator and cluster coordinator head GP • Health professionals, basically: dietician, physiotherapist, health psychologist and other professionals, e.g. addictology consultant, speech therapist, etc., as required • Public health specialist Authorities and policy makers : • Local and central public organization contracting with GPs on provision of and paying for priary healthcare services • Central public agencies licencing medical services and activities • Local and central policy makers

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)	VHC was completed in December 2016 and is going to be connected to the National eHealth System of Hungary (An interface to health information systems - HIS national health insurance system & private platforms and systems, mHealth applications, pharmacies, patients.) Prepared to be connected with other platforms and software solutions of the National eHealth System in order to enable integration of personal and professional devices and access of care and cure professionals. Varying new and unmet needs may occur opening new market for business to develop next generation of devices, software and applications designed by utilizing the free access provided by the VHC if the public driven service innovation - *regarding (1) the new type of cooperation of general practitioners and specialized health professionals; (2) the management scheme of the Virtual Care Service Centre and (3) the VHC itself* - were disseminated and replicated successfully. The whole programme aims to assist the creation of the primary care ICT ecosystem at national level by creating national guidelines of primary care software solutions. The more the system is going to support tele-visits, virtual visits, contact visits and the patient’s self-treatment processes, the stronger impact on the homecare market would be taken. Furthermore the patient data (recorded by the patients themselves) - with special respect of the data protection principles - shall provide excellent basis for varying BIG DATA analyses in the field of public health.
What were the final **impact indicators including their quantification**?	Impact indicators of the whole programme: 1. Conclusions and recommendations of the programme have been taken into account in health policy formulation 2. Life style (tobacco, alcohol etc.) related morbidity has decreased 3. Conclusions of the programme are incorporated into vocational training
Describe the **changes resulted from the project** activities	• Extremely high proportion, 80% of inhabitants in the involved GP districts took part in complete physical and mental health screening; • Majority (64- 89%) of the population the involved GP districts got informed and is aware of the services provided by GP clusters, and great majority uses

	these services: diabetics 80%, musculoskeletal system 76%, hyperlipidaemia 79%, hypertonia 60%; • Patient/client satisfaction rate has reached 94%; • Early detection of disorder and illness is significantly higher in the involved GP districts than in control ones; • Significant improvement in health status of people receiving health psychological and dietetics care and corrective-gymnastic therapy.

Dissemination of outputs

Describe **dissemination activities** of the project outputs carried out during the GP project	Web, media and conferences: • http://vek.praxis.gov.hu/hu • http://alapellatasimodell.hu/index.php/en/ • http://praxis.gov.hu/Svajci/ (registration required!) • 19th European Health Forum, GASTEIN, 28 – 30 September 2016, Project session: Project 3 - General Practitioners' cluster (Lessons learned from the Hungarian model based on (GPs') clusters) ○ http://carewell-project.eu/fileadmin/carewell/other_documents/ehfg_2016_2pa.pdf ○ https://www.ehfg.org/fileadmin/downloads/03-conference/2016/EHFG2016CR.pdf Scientific publications: http://alapellatasimodell.hu/index.php/en/szakmai-publikacio http://phd.lib.uni-corvinus.hu/920/1/Kiss_Norbert.pdf

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 (incl. VHC) were changed, reorganized and merged during the execution period. Outsourced administrative project management could hardly mitigate the risk of delay caused by the reorganizations, as the approval of the mandates of professional leadership on programme and the work package levels were influenced by these changes, such as approval of calls for public procurement tenders. 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

<table>
<tr><td>What was the overall budget of the project in EUR?</td><td>CHF 13 M grant from the Swiss Contribution Fund comprising 85% of the total budget for the whole Model Programme. Additional 15% provided by Hungarian Government. The total programme budget amounted CHF 15.3 M.</td></tr>
<tr><td>List relevant budget lines of the project including their % share from total budget</td><td>
<table>
<tr><th>Work packages</th><th>budget CHF</th></tr>
<tr><td>WP-01 PM</td><td>1 322 293</td></tr>
<tr><td>WP-02 Protocols</td><td>981 693</td></tr>
<tr><td>WP-03 VHC & IT for GP clusters</td><td>2 199 613</td></tr>
<tr><td>WP-04 Traning</td><td>302 616</td></tr>
<tr><td>WP-05 GP clusters</td><td>6 709 288</td></tr>
<tr><td>WP-06 Roma programs</td><td>537 414</td></tr>
<tr><td>WP-07 Monitoring & research</td><td>2 301 722</td></tr>
<tr><td>WP-08 Evaluation & Policy</td><td>638 878</td></tr>
<tr><td>WP-09 Communication</td><td>300 602</td></tr>
<tr><td>Total</td><td>15 294 118</td></tr>
</table>
<table>
<tr><th>Costs</th><th>budget CHF</th></tr>
<tr><td>1.Staff costs for PM</td><td>326 050</td></tr>
<tr><td>2.Staff costs for professional act</td><td>8 055 446</td></tr>
<tr><td>3.External professionals & services</td><td>5 344 958</td></tr>
<tr><td>4.Procured equipment</td><td>622 020</td></tr>
<tr><td>5.Procured IP</td><td>66 324</td></tr>
<tr><td>7.Other services</td><td>406 409</td></tr>
<tr><td>8.Publicity</td><td>218 660</td></tr>
<tr><td>9.Overhead</td><td>85 089</td></tr>
<tr><td>10.Travel & accomodation</td><td>169 163</td></tr>
<tr><td>11.Incidental</td><td>0</td></tr>
<tr><td>Total</td><td>15 294 118</td></tr>
</table>
</td></tr>
</table>

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)	Project partners carried out total 34 public procurement procedures subject to national and/or EU roles during the whole Model Programme. 3 of the total 34 were specific contracts to procure services delivering the different phases of VEK software (Net value: CHF 80K, CHF 90K and CHF 526K). Other 3 specific contracts to procure services to prepare, monitor and assure development of VHC amounting total net value CHF 260K.
If yes, specify in **what amount** in EUR	EUR 850K net value for VEK and preparation of VEK (CHF 956K)
Describe the **public tender subject**	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
If yes, specify the **amount of operational funds** in EUR	EUR 1 M for 2017 (M6-12)

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) VHC was developed together with, but still have not been integrated with

	META and MENTA platforms/APPs. The following procedures/programmes behind these developments, however, could be integrated later: ○ META: Development of a personal health planning methodology and an APP (as a telecare/homecare tool for personal health planning). ○ 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). More information at: http://vek.praxis.gov.hu/hu http://alapellatasimodell.hu/index.php/en/ http://praxis.gov.hu/Svajci/ (registration required!)

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
Contact email(s)	csizmadia.istvan@aeek.hu

AUTHOR – PARTNER OF THE HOCARE PROJECT

National Healthcare Service Center – www.aeek.hu