

Implementation of EmERGE in Croatia

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How did we implement EmERGE?

HEALTHCARE CONTEXT- CROATIA

HOW HEALTHCARE IS DELIVERED?

- Mandatory health insurance for every person within the borders of the territory, provided by the state (total population: 4,1 million [2020])
- The **Croatian Health Insurance Fund** plays a key role in the definition of basic health services, performance standards, price settings.
- The Ministry of Health is the main regulatory body.
- Every one must have a **general practitioner (GP)**. The GP should always be the first stop when seeking treatment.
- **All HIV patients are treated at the University Hospital for Infectious Diseases.** *No referral necessary.*
- Antiretrovirals are dispensed from the hospital pharmacy
- Co-morbidities are managed through primary care physicians



What did we do in EmERGE?

- Codesign workshops- to find out what can be done best in our local setting
- IT work
- Implementation study
 - Recruiting patients
 - Follow-up of patients
- Cost-effective analysis
- Dissemination



Pre-EmEGRE pathway of stable patients

Patient - comes to the clinic in the morning for scheduled appointment

Nurse - blood/urine samples

Clinician - exam, therapy prescription

Pharmacy - ART

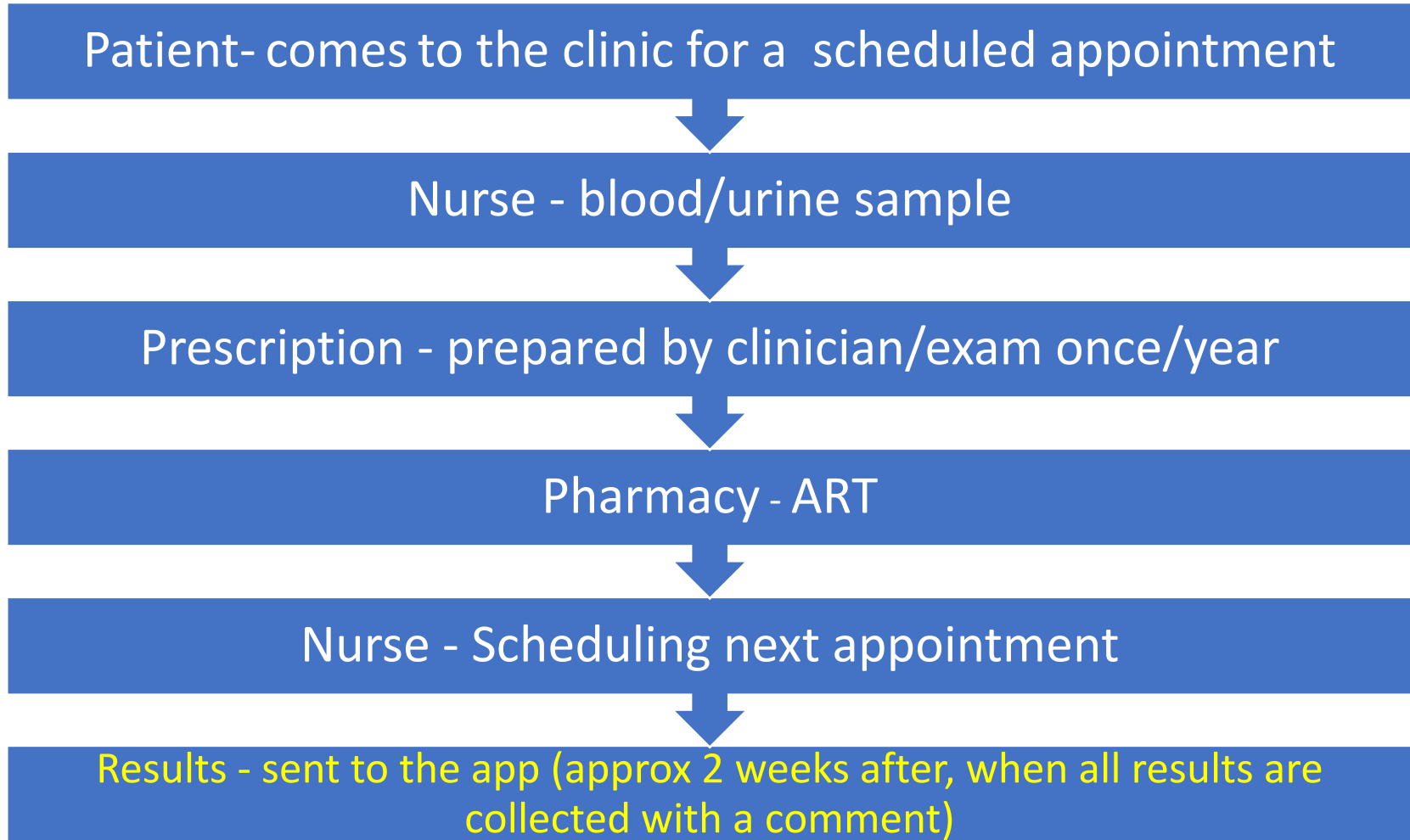
Nurse - Scheduling next appointment

Results - patient phones in or personally comes to see results at the Clinic

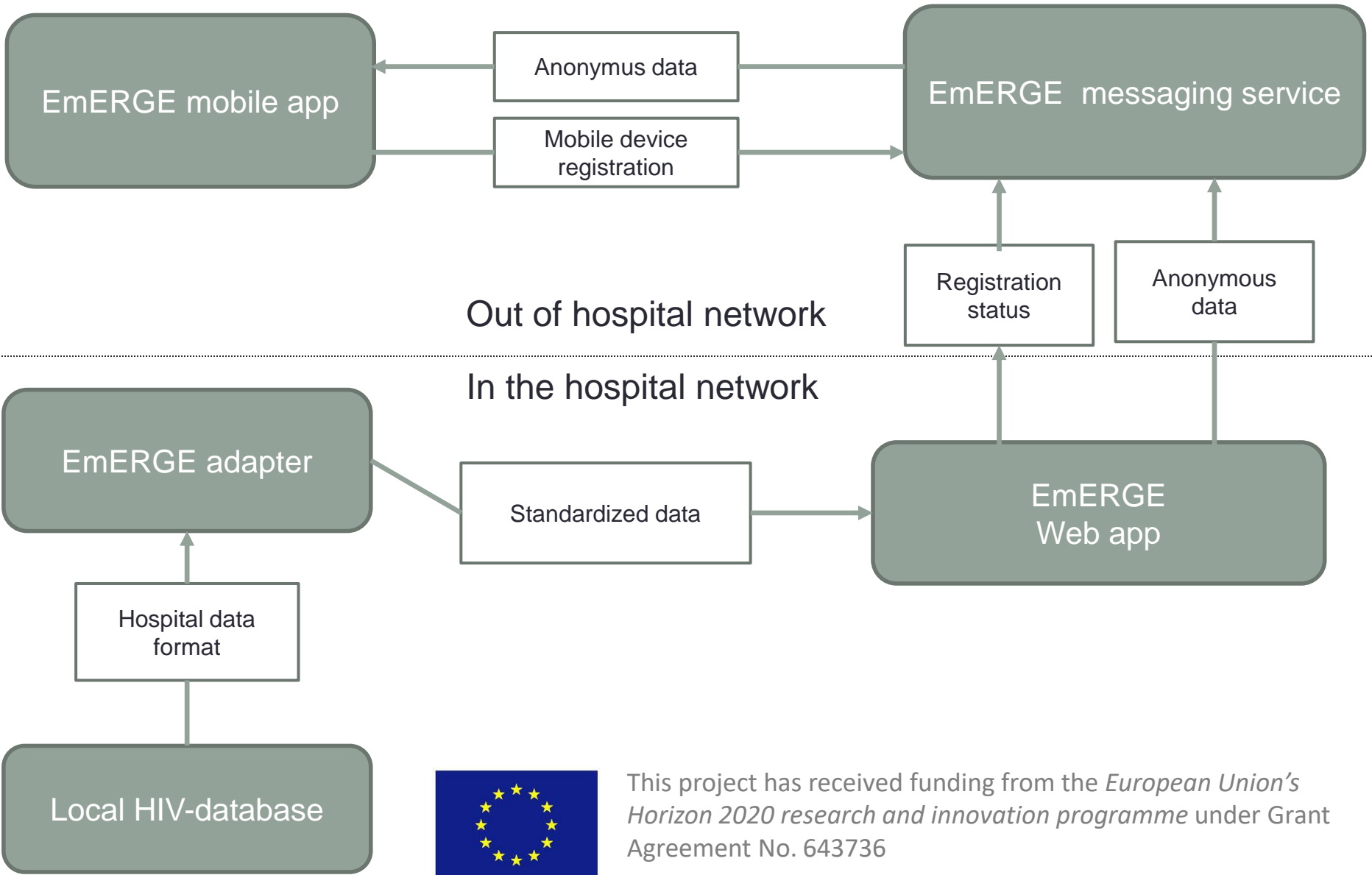


This project has received funding from the *European Union's Horizon 2020 research and innovation programme* under grant agreement No 643736

What did we want with EmERGE?



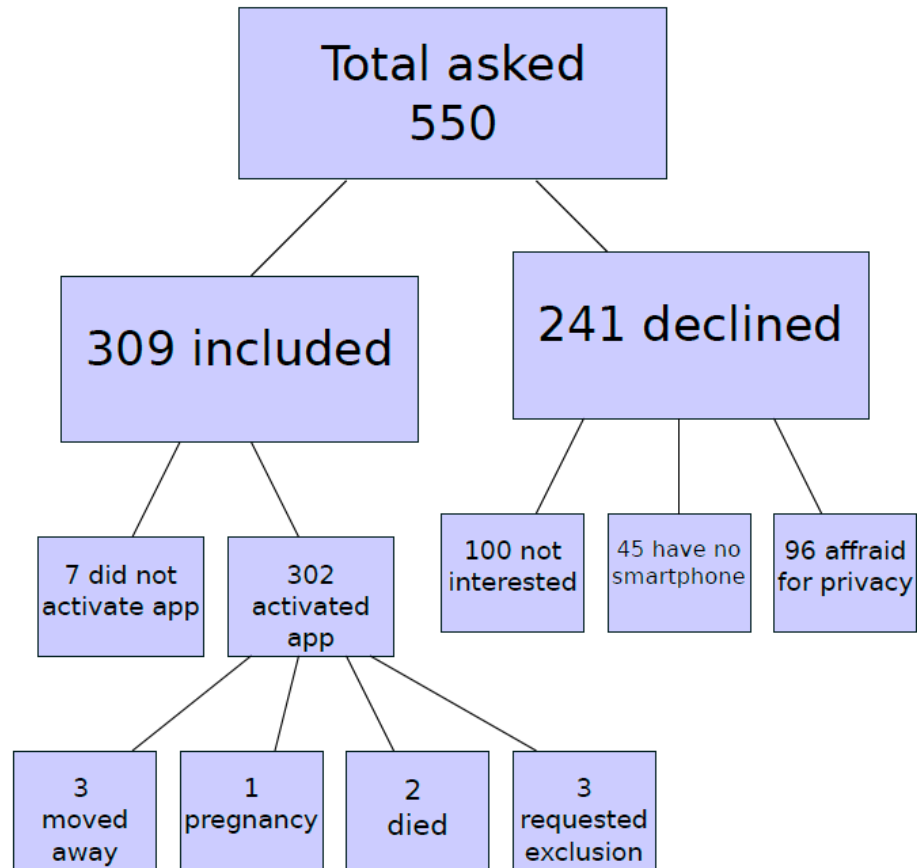
IT work



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Implementation study

April 2017 – October 2018



April 2017 – October 2018

- 309 patients
 - 17 (5.5%) women
 - 51 (17%) older than 50
 - 3 (1%) PWID
 - 6 (2%) Non-national



High patient activation

Good QOL

High satisfaction

Reduced number of face to face visits (pre-Emerge: 1.94 per p/y; post-Emerge 0.89 per p/y)

ART efficacy not compromised

Cost went down (1%)



The goal was achieved

Pre-EmERGE

Patient - comes to the clinic for a scheduled appointment

Nurse - blood/urine samples

Clinician - exam, therapy prescription

Pharmacy - ART

Nurse - Scheduling next appointment

Results - patient phones in or personally comes to see results at the Clinic

EmERGE

Patient- comes to the clinic for a scheduled appointment

Nurse - blood/urine sample

Prescription - prepared by clinician

Pharmacy - ART

Nurse - Scheduling next appointment

Results - sent to the app (approx 2 weeks after exam, when all results are collected)



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What after the project?

- Plan to include more patients
- Currently about 350 users



Some issues remain

- Privacy concerns
- Persons with no smartphones
- Technical issues with the app (logging out, no graphs...)- mostly solved



Challenges

- EmERGE needs maintenance
- Work:
 - The system depends on the local database which needs maintenance (data is manually entered)
 - Sending results (and messages) also manually

Benefits

- Lab results are send out systematically with comments (perhaps fewer „oversights”)
- Improves the communication of test results
- Saves time (more time for complex patients)
- Cost effective (fewer visits-)



Who else could benefit from EmERGE in Croatian health care system?



- At UHID
 - PrEP
 - STI Clinic
- Other diseases?
 - Hepatitis
 - Diabetes
 - Hypertension
- Possibly more suitable for stigmatizing diseases because of the security of the system



Our local EmERGE team

Thanks to:

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EmERGE Consortium

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