

EAN DIGITAL SUMMIT

Barbora Erasti Lithuania

WWW.EAN.CARE

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1. Current state of play | Healthcare

A. What is the member state's vision on digitalization in long-term care?

E-Health

B. What is the long-term care sector vision on digitalization? A module in e-health, private players

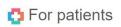
C. What kind of (educational) programs are being offered to careworkers, in order to make them sufficiently skilled to work with digital tools?

On demand

WHO An innovative platform that provides a detailed description of health systems and provides up-to-date information on reforms and changes that are particularly policy relevant.

The new system has a **portal for patients**, healthcare workers and pharmacists, as well as a mobile application for patients and nurses delivering home care. The system also has a number of sub-systems for various purposes, including administrative, e-prescribing, audit and analysis, prevention services and services for pregnant women and newborns, medical imaging, support from clinical decisions, etc. The eHealth system is linked to other registries and information systems within the health sector (e.g. compulsory health insurance registry, primary care registers, health care personnel and provider licensing registries, medical products registry, etc.) as well as other national information systems (including residents' and legal entities' registries, social insurance system and others). As with the previous system, there is data exchange between various information systems within the health sector. On top of that, the new system allows direct interaction with information systems and registers outside the health sector.

"I keep a separate journal to register all the times e-health didn't work, so that when the control comes, I can defend myself"



elp **≜**Barbora Erasti ▼



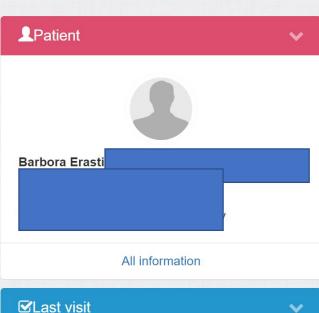
Barbora Erasti,

Health data ▼

Pre-registration of patients

Messages

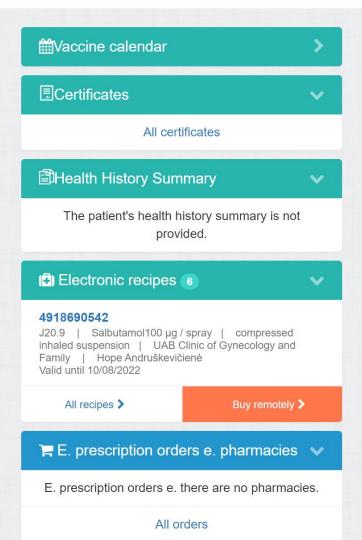
Patient area ▼

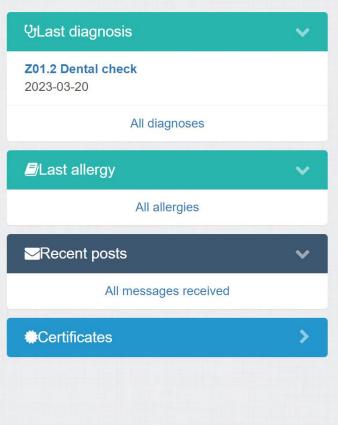






Active shipments 2







LABORATORIJA: LABORATORINIAI TYR.(INFEKCINIŲ LIGŲ LAB.) (2023-03-20 10:52). Ėminys/mėginys Serumas (geltonas); K (mmol/l): 4,0, Na (mmol/l): 137, Cl (mmol/l): 103, ALT (GPT) (U/I): 52, AST (GOT) (U/I): 26, Kreatininas (μmol/I): 97, eGFR(CKD-EPI) (ml/min/1,73m²): 87, Šlapalas (mmol/l): 3,9, Gliukozė (Serumas) (mmol/l): 5,32, CRB (mg/l): 22,3, Prokalcitoninas (µg/l): 0,14, HCV antikūnai: NEIGIAMA, ŽIV: NEIGIAMA. BENDRAS KRAUJO TYR. (INFEKCINIŲ LIGŲ LAB.) (2023-03-20 09:57). Ėminys/mėginys Kraujas su EDTA (violetinis); WBC (*10^9/l): 9,40, NEU (*10^9/l): 7,45, LYM (*10^9/l): 0,92, MON (*10^9/l): 0,97, EOS (*10^9/l): 0,03, BAS (*10^9/l): 0,03, IMG (*10^9/l): 0,05, NEU (%): 79,3, LYM (%): 9,7, MON (%): 10,3, EOS (%): 0,4, BAS (%): 0,3, IMG (%): 0,5, RBC (*10^12/l): 5,33, HGB (g/l): 155, HCT (%): 44,7, MCV (fl): 84,0, MCH (pg): 29,1, MCHC (g/l): 346, RDW-CV (%): 12,9, RDW-SD (fl): 41,1, PLT (*10^9/l): 247, MPV (fl): 10,4, PDW: 16,3, PCT (ml/l): 0,257, P-LCC (*10^9/l): 73, P-LCR (%): 29,4, NRBC (*10^9/l): 0, NRBC (%): 0. LABORATORINIAI TYR.(INFEKCINIŲ LIGŲ LAB.) (2023-03-20 10:52). Ėminys/mėginys Tepinėlis iš nosiaryklės; Gripo virusas A: NEAPTIKTA, Gripo virusas B: APTIKTA, Gripo virusas B (Ct vertė): 15,2, RSV Respiracinis sincitinis virusas: NEAPTIKTA, SARS-CoV-2(skubus PGR): NEAPTIKTA. ŠLAPIMO TYRIMAI (INFEKCINIŲ LIGŲ LAB.) (2023-03-20 10:22). Ėminys/mėginys Šlapimas; Spalva šl.: GELTONA, Drumstumas šl.: SKAIDRUS, GLU Gliukozė (mmol/l): nerasta, BIL Bilirubinas (µmol/l): nerasta, KET Ketonai (mmol/l): nerasta, SG Santykinis tankis: 1,015, BLD Kraujas (ery/μl): 25, pH: 6,0, PRO



2. Primary Use

How many care providers work with electronic patient files?

All healthcare providers are in the e-health.

• How is the data of the electronic patient file (if compliant with the GDPR) *technically* accessible for other care providers e.g hospitals or gp's ? If not, why not?

A fraction of information is accessible, not all functionalities talk to each other.

• Is, and to what extent, a personal health environment* implemented?

Refer to previous slide



3. Secondary Use

 Do care providers deliver patient data for secondary use (e.g research and development, benchmarking etc) and if yes, how?

Most interest is coming from imaging agents, not so much interest in elderly care, so the sharing is poor or non-existent.

• Is it compulsory and useful and if yes, how is it useful?

Not compulsory

Are patient data being exchanged cross-border and if yes, how?



4. Technology and digital tools in LTC

Explanation for the upcoming slides:

 Which technology and/or digital tools are introduced in your country, and to what extend are they being implemented?

One EU project between nursing hospital and a university to develop a platform, that connects all such devices

In the health tech accelerator, that is taking place right now, 1 team out of 28 is developing a platform for communication, tracing, data sharing for nursing at home

 You don't have to describe all, just the ones that you find important/interesting/expending (especially new technologies, also pilot projects, etc.)

None



4. Technology and digital tools

Furthermore, what are innovative new technologies/tools (Rising Stars)
in your country (take into account the criteria)?

Nothing

What are the reimbursement schemes for these tools?

None



4. Technology and digital tools

- What are the main obstacles for implementation of digital tools?
 (please rank from biggest to smallest obstacle)
- Lack of vision
- Lack of funding
- Lack of workers skills
- Ethical/moral issues
- Legal issues
- Other



Thanks for your attention.

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