



# Policy Context Analysis

PP008 THE CITY OF ZAGREB



2023

**CARES**

*This template is meant to help partners in carrying out the Policy Context Analysis (PCA) in their region. Each section of the template is set up for to accommodate not only textual information, maps, tables, diagrams and images that align with your desired descriptions. The outcomes of the analysis will not only guide you in selecting Good Practices of your interest but also in plotting your Roadmap in the 4<sup>th</sup> Semester.*

*The Policy Context Analysis (PCA) serves as a diagnostic document of the current situation of telecare and telemedicine in the different regions of the CARES partners. Its purpose is to identify the strengths and potential for the development of such services in each region and to characterize the policy areas which are to be addressed in the project. The provided descriptions on e.g. national/regional regulations, demography, available services will be incorporated in a Final Report. The PCA will act as a stepping stone for further work on guiding the refinement the chosen policy instrument, including the development of a Roadmap in the 4<sup>th</sup> Semester.*

**1. Policy instrument addressed in the CARES project: name and short characteristic**

Name: **Plan for health promotion, prevention and early detection of diseases in the City of Zagreb for the period 2023 - 2025.**

Description (max. 1000 characters):

Plan for health promotion, prevention and early detection of diseases in the City of Zagreb for the period 2023 - 2025. The document is focused on the needs of the population and establishes a strategic framework for health promotion, with the aim of improving the health outcomes of the population and increasing the health level of the population as a whole. which enables the management of activities aimed at improving health and preventing and early detection of diseases in the area of the City of Zagreb. Implementation activities in the Plan are aimed at individuals, target groups or the community as a whole, and will be carried out by the healthcare system independently or in cooperation with other sectors.

**2. Other policy instruments relevant to the project scope (plans, programmes, strategies on national and regional level).**

- *Review the project's goals and objectives to ensure alignment with the policy instruments being addressed*

Name:

Description ( max. 1000 characters):

Health Care Act of the Republic of Croatia - the basic law regulating the principles and measures of health care, the rights and obligations of persons in the use of health care, the bearers of social care for the health of the population, the content and organizational forms of health care activities and the supervision of health care activities.

Rulebook on the conditions, organization and method of performing telemedicine, which determines the conditions, organization, method of performing telemedicine and the conditions for obtaining approval for the operation of a telemedicine center. The Rulebook is an implementing regulation of the Health Care Act.

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**3. General characteristic of your region, including its current demography, projections for future demographic changes, and the aspect of an ageing population**

- *Basic information on your region (incl. area covered by the policy instrument), e.g. area, demography, economy*
- *The current state of the aging population in the region and the demographic forecast*

Description (max. 2000 characters):

The city of Zagreb is the capital of the Republic of Croatia and is a separate territorial, administrative and self-governing unit. According to data from the 2021 census, 769,944 inhabitants live in Zagreb, which represents 19.8% of the population of the Republic of Croatia. The average population density is 1,200 inhabitants per km<sup>2</sup>, in 70 urban settlements organized in 17 city districts.

Of this number, 46.7% are men with an average age of 40.9 years and 53.3% are women with an average age of 44.8 years. Out of the mentioned number, 230,000 inhabitants are working, of which 34,500 are employed in health care and social welfare activities. 295,000 inhabitants are over 65 years old.

**4. The current services and offerings for the elderly in the region, considering their adequacy and accessibility.**

- *Care services and institutional care*
- *Health and medical care*
- *Activation of seniors*
- *Access to public services for senior citizens*

Description (max. 3000 characters):

Access to health services through the network of health services at all levels of health care is ensured in all areas of the Republic of Croatia. However, in rural areas, taking into account the different ages and needs of users, health services are sometimes more difficult to reach. The city of Zagreb is an urban area with fairly well-regulated health care and social care. The availability of health care is increased through outpatient services and home care facilities in every area. The same applies to social services that take place through various types of organized help for the elderly and socially vulnerable people, such as house help, geronto housewives and humanitarian associations that, as part of their activities, visit and care for the elderly, infirm and socially vulnerable people. In addition to the problem of availability due to distance when applying the telemedicine and telecare model, the level of technical equipment and training of users for the use of technological aids is also questionable, as well as the interest of users in this type of service. Through various health programs and activities in the community, efforts are focused on changes in lifestyle habits, raising the level of movement and socializing of the elderly.

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**5. The legal regulation of telecare and telemedicine at national and regional, local levels**

- *Current legislation and guidelines*
- *Alignment with policy instruments addressed in the project*

Description (max. 3000 characters):

Telemedicine services are regulated by the Health Care Act, according to which they are provided through telemedicine centers and medical specialists. In addition to the aforementioned Act, the provision of telemedicine services is also regulated by the Ordinance on the conditions, organization and method of performing telemedicine. The law as well as the Ordinance did not resolve the numerous ambiguities that arise in the provision of telemedicine services, and efforts are being made to resolve the ambiguities and enable the most adequate use of telemedicine services as well as telecare services. The knowledge and experience gained through this project will be an additional advantage for solving ambiguities and problems in implementation.

The most doubts arise in the field of security, that is, the objectivity of the data that the healthcare worker receives through telemedicine and telecare instruments, as well as the responsibility of the healthcare worker for using a diagnostic or therapeutic procedure based on subjective parameters obtained from the user and the impossibility of objectifying them without contact with the user. Telemedicine services in the sense of the use of certain diagnostic methods carried out by health workers in the field, and through an Internet connection they are read and verified in central locations by recognized experts in a certain area, are far more accepted, because they give the health worker security and the possibility of responsibility for the decisions made.

**6. Characteristic of telemedicine and telecare services at local, regional and national levels, focusing on their availability and effectiveness**

- *Services for the elderly and people with limitations also from peripheral areas*
- *Systemic solutions and experimental actions/pilot projects already implemented (numbers, technologies)*
- *Link to Good Practices*

Description (max. 3000 characters):

1. Services for the elderly and people with disabilities are mostly at the level of remote consultations of chronic patients through:

- consultations with patients, parents or guardians via mostly phone calls and/or sending photos, recordings via e-mail or mobile phone. In this way, guidelines are given, questions are answered, symptoms are monitored and chronic therapy regimens are adjusted.
- follow-up after elective surgical ENT procedures (photographs of wounds, incisions, sutures)
- correction of the therapy of patients who are undergoing hyposensitization methods
- triage of emergency cases, especially through remote assessment of the seriousness of the child's condition and the provision of guidelines on whether emergency medical assistance is needed or whether care measures at home are sufficient
- diagnostic methods - reading of X-ray images, spirometry, EEG, ECG records, polysomnography, etc.

**CARES**

- video calls and taking photos of certain nursing problems or complications (skin damage from the fixation patch, redness from the Spo2 sensor, phlebitis, etc.)
- online consultation with the duty nurse or other nurses
- video call for immobile patients as an option for outpatient services as well as home care

2. The TELECORDIS project, through the telemedicine service, increases the availability of specialist cardiology services at the level of primary health care for the population of rural and island areas. The project has fully come to life and is implemented by the Polyclinic for Prevention of Cardiovascular Diseases and Rehabilitation, Clinical Hospital Center Osijek, Clinical Hospital Center Split and Clinical hospital center Rijeka, which through cooperation with primary institutions in 41 locations, some of which are on the islands. Through the project, diagnostic procedures of electrocardiography, electrocardiographic Holter monitoring, Holter blood pressure monitoring and spirometry are carried out. In this way, the availability of specialist medical services in local clinics increased. made it possible to monitor the condition of patients through the digitization of cardiology and pulmonology services, enabled quick and accurate diagnoses for timely treatment, increased the efficiency of medical specialists, reduced waiting lists for specialist services and reduced service costs

**7. Current challenges and needs regarding the availability and implementation of telemedicine and telecare services at local and regional levels**

- *SWOT analysis to identify areas of improvement, potential opportunities, and threats to the implementation of telemedicine and telecare services*
- *Areas to be developed*
- *Relevance of the policy instrument*

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>- well-organized healthcare institutions with an emphasis on the need to introduce new technologies</li> <li>- good infrastructure for the use of telecare and telemedicine systems</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>- insufficient or insufficiently specific legal regulations</li> <li>- insufficient motivation and mistrust of users to use technology, desire for direct contact with healthcare workers</li> <li>- insufficient equipment of health institutions</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>- change in legal regulations</li> <li>- inclusion of telemedicine and telecare procedures in plans for health promotion, prevention and early detection of diseases</li> <li>- faster availability of diagnostic procedures to the end user</li> <li>- involvement in European projects for equipping and developing telemedicine and telemedicine systems</li> </ul> <p>Reducing the cost of health care</p>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>- insufficiently fast change of regulations</li> <li>- user disinterest</li> <li>- insufficient financial resources of health institutions to acquire appropriate technology and equipment</li> </ul>

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Description ( max. 3000 characters):

In order for healthcare institutions to approach the use of telemedicine and telecare systems as efficiently as possible, it is necessary to:

- the arrangement of regulations to eliminate doubts of healthcare workers in terms of responsibility when applying certain methods and procedures
- popularize the procedures of telemedicine and telemedicine in the wider community and improve health and technological literacy in order to remove the suspicion of users towards this type of health service
- to motivate the user, especially the elderly population, to use modern means of communication in everyday life procedures and situations
- intensify the use of telemedicine tools for the purpose of improving preventive activities and improving the understanding of medical advice

#### 8. A characteristics of the local Stakeholder Group

- *Composition, purpose, tasks performed, possible influence on the policy instrument to ensure they are effectively contributing to the project's objectives.*

Description (max. 2000 characters):

The group of local stakeholders consists of representatives of nine healthcare institutions in the City of Zagreb, namely three health centers, one special children's hospital, two clinical psychiatric hospitals, one home health care institution and one polyclinic specializing in cardiovascular diseases. All institutions are directly involved in the implementation of health care, so in their diagnostic or therapeutic procedures they cover the entire, previously mentioned, population of the City of Zagreb.

The assumption is that they will effectively contribute to the goals of the project, because in their work they are already trying to apply some of the procedures of telecare and telemedicine, where the specialized polyclinic for cardiovascular diseases stands out. Institutions have the possibility to influence policy instruments through the Ministry of Health or through the City of Zagreb as the owner.