



Bridges for
CHILD

TASK FORCES



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Executive
Agency for
Health and
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Task Force 1

Telemedicine for Decision-Making in *Bridges for CHILD* Scenarios

Purpose

Set up, operate and enhance appropriate telemedicine systems to support decision-making in *Bridges for CHILD* scenarios i.e. in paediatric and adolescent patients with life-threatening disease from central and south – eastern Europe

Aim

To facilitate expert support of local tertiary paediatric care and to enhance quality of care in cross-border pathways of patients with life-threatening major organ diseases

Project leaders

Ulrike Salzer-Muhar, Paediatric Cardiologist, Core Unit of Medical Education in Paediatrics, Medical University of Vienna

Peter Pokieser, Radiologist, Virtual patient expert, Medical University of Vienna

Michael Binder, Dermatologist, Telemedicine expert, Medical University of Vienna

Local partners

Romina Nemecek, Dermatologist in training, Department of Dermatology, Medical University Vienna

Paediatricians with expert knowledge in any of the several paediatric subspecialties (Paediatric Pulmonology, Paediatric Gastroenterology, Paediatric Neurology, etc.) from the Department of Paediatrics and Adolescent Medicine, Medical University of Vienna as well as undergraduate students

Partners abroad

Ramush Bejiqui, Paediatric Cardiologist, University of Prishtina, Republic of Kosovo
Yannis Germanakis, Paediatric Cardiologist, University of Iraklion, Crete, Greece, as well as Paediatricians and Paediatric Subspecialists from hospitals in south-eastern Europe

Description

Telemedicine (also known as Tele-health) means 'healthcare at a distance'. It is the electronic transmission of health information/images in the delivery of clinical intervention related services, using a range of telecommunications technologies. Telemedicine can be delivered via technologies that are either asynchronous (i.e. store and forward such as email) or synchronous, (i.e. real-time such as video consultation or video conferencing).

For tele-consultation and videoconferencing hardware and/or software from Cisco are commonly used. A less expensive option is software that can be purchased monthly or software that can be purchased for permanent use from another supplier. To attend Tele-teaching a normal desktop PC and Internet access are usually sufficient. Online learning centres can easily be created. Implementation costs are reasonable. All kinds of information can be stored online and retrieved later (store and forward technology).

In the course of this project the following telemedicine applications will be used:

1. Tele-consultation - to facilitate obtaining a second opinion
2. Videoconferencing - to discuss medical facts face-to-face and to support decision making in *Bridges for CHILD* scenarios and
3. Tele-teaching/ Tele-learning: to distribute knowledge in high-end tertiary paediatric medicine
4. Virtual patients will be created from real data in order to allow undergraduate students to get an insight into problem-solving and decision-making in *Bridges for CHILD* scenarios.

The intention is to establish bimonthly videoconferences with paediatricians and paediatric subspecialists from SEE/CEE countries at the Department of Paediatrics and Adolescent Medicine. These videoconferences are intended to reduce health inequalities by improving both local and cross-border health care pathways in children with life-threatening diseases.

The Virtual Patients-Project is intended to help undergraduate students to get an insight into *Bridges for CHILD* scenarios, to recognize the existing inequalities and to develop their professional attitude as future European doctors.

Task Force 2

Cross -border pathways for children with a life-threatening/ life-limiting kidney disease

Purpose

To reduce health inequalities in end-stage renal disease

Aim

To identify specific challenges for adequate care to children with end-stage renal disease in selected CEE/SEE countries at the national and supranational level, and then to develop short- and long-term cooperative models to bridge those gaps with EU wide twinning programs at the level of individual institutions

Project leader

Christoph Aufricht, Paediatric Nephrologist, Department of Paediatrics and Adolescent Medicine, Medical University of Vienna, Austria

Partners

Mihai Gafencu, Paediatric Nephrologist, Timisoara, Romania, Krisztina Rusai, Paediatrician in Training, Department of Paediatrics and Adolescent Medicine, Vienna, Austria

Description

Background and justification

The Task force initiated and mediated by the General Hospital of Vienna (AKH) (Christoph Aufricht) deals with dialysis and renal transplantation of children, on which the AKH Vienna, Department of Pediatrics and Adolescent Medicine has generally focused and has reached a high level of expertise.

The lack of international knowledge transfer and cooperation within the European Union which has been discussed lately among experts (especially in the course of the *Bridges for CHILD* conference) is the root of this project. To ensure that this high level treatment can be guaranteed also in the new member states of the European Union it is important to create a possibility to disseminate state-of-the-art knowledge within the European Union.

Currently already quite a big number of children from new MS, who are in need of dialysis or a renal transplantation come to Vienna and generally to Western EU countries to be treated. Professionals in Austria are in these cases very often confronted with language barriers, which have (as already proven in many scientific studies) an influence on the general therapeutic outcome. Data based on experience also point out that the aftercare in their home country is quite difficult and needs to be improved to ensure the best possible treatment for those children.

Project partners

In the course of the *Bridges for CHILD* conference adequate partnerships and connections to Romania and Hungary that also emphasize paediatric renal care, were established. Currently much effort is being put in the creation of a general long-term project consortium. The project leader currently also seeks for further possible partners and is in contact with a few additional centres. Therefore, the final consortium has not been built up yet.

Overall aim

The overall aim of the task force has been defined during the *Bridges for CHILD*-Conference in Nov 2011 and is described below:

The overall aim of the project is to transfer knowledge to a new MS of the European Union to generally upgrade the quality of medical treatment regarding paediatric renal care.

The project is to convey / to learn—new therapies and therapeutic regimens which can afterwards also be implemented in the home hospital.

Another positive effect of the project will be that during the project children who come from the new member states will be treated by professionals from both countries so that language barriers will be overcome.

Besides, all partners will benefit from a long-term relationship between the participating countries.

Objectives of the project

The objectives of the project are the following:

1. To establish curriculum material on Paediatric Nephrology (Paediatric dialysis and renal transplantation) to guarantee a broad and complete transfer of the contents.

2. To provide an opportunity for clinicians to experience a methodology of treatment now rarely seen in the new MS.
3. To organize a know-how transfer between doctors and nurses from the new MS and doctors and nurses from the General Hospital Vienna to obtain new methods and heighten knowledge in the new European MS by a traineeship in Austria.
4. Better support of foreign children in Austria by overcoming language barriers for the duration of the project.
5. Transfer of skills through training and initiatives building up the skills, knowledge and experience of professionals in the new MS.
6. To create a sustainable relationship over many years that will provide continuity for the exchange of staff and ongoing training and developmental experiences.
7. To collaborate with the MS on the further development of clinical placements for medical studies.
8. The possibility of gaining experiences in an international context can be given to all participants of the project.
9. At the end of the project the participants of the new MS should be able to transfer the inputs to their home countries so that new or adapted processes remain viable and the system is self-sufficient.
10. Instead of providing one-way transfer through private consultants, this project aims for peer-to-peer cooperation between two administrations, lasting far longer than the project itself

Innovative themes to be elaborated and explored in the project

The innovative aspect of the program is the integration of new knowledge and methods into the health system of the new member state by a traineeship held by professionals in Austria. The project is seen as a starting point for the creation of a high level system in the new MS and as a possibility to create a long term exchange of experience between Austrian and new MS professionals.

Methodology

The current status is that the consortium will apply for a twinning programme to implement the project. However, the methodology is still discussed and not fixed yet.

Twinning projects are characterized as follows:

„Twinning is a European Commission initiative that was originally designed to help candidate countries acquire the necessary skills and experience to adopt, implement and enforce EU legislation. Since 2003, twinning has been available to some of the newly independent states of Eastern Europe and to countries of the Mediterranean region.

Twinning projects bring together public sector expertise from EU Member States and beneficiary countries with the aim of enhancing co-operative activities. They must yield concrete operational results for the beneficiary country under the terms of the Association Agreement between that country and the EU.“(http://ec.europa.eu/europeaid/where/neighbourhood/overview/twinning_en.htm)

Task Force 3

Bridges for CHILD-EPA (European Paediatric Association) Task Force

Purpose

To increase awareness for Bridges for CHILD and to develop practical solutions for the identified concerns in different European countries especially in their border regions using cardiac and renal services in Vienna as case studies.

Aim

To translate cross-border knowledge into policy and practice policy in 2013-2015

Project leaders

Jochen Ehrich, Paediatrician, Children's Hospital, Hannover Medical School, Hannover, Germany, Member of the Board of EPA (European Paediatric Association),

Simon Lenton, Paediatrician, Child Health Department, NHS House, Bath, UK,
Ulrike Salzer- Muhar, Paediatric Cardiologist, Core Unit of Medical Education in Paediatrics, Medical University of Vienna,

Massimo Petoello - Mantovani, Paediatrician, Department of Paediatrics, University of Foggia, Italy, Member of the Board of EPA (European Paediatric Association)

Description

1. The first achievement of this Task Force is the publication of the article "European challenges: cross border care for children." By Ulrike Salzer-Muhar Arnold Pollak, Christoph Aufricht, Jochen Ehrich and Simon Lenton The article will be published in the Journal of Pediatrics in autumn 2012
2. Identify the border regions (EUREGIOS) that generate the majority of cross border healthcare issues and estimate the size of problem and other dimensions and specific challenges.
3. Further work will be undertaken to describe two representative "Care Pathways" for the commonest morbidities for example cardiac disease, kidney disease that require specialist interventions, outlining the ideal management in the initial, review and transition phases. Specifically included will be the specialist interventions that may not be available within any one country of Europe.
4. The J Ped. article, when published, and the "care pathways" will be circulated to the presidents of medical, surgical and nursing organisations in the relevant countries, accompanied by a questionnaire to determine either what specialist interventions for rare conditions are available within their country, or which specialist interventions are needed for children and young people, but are currently not available within their country.
5. Opinions from these senior clinicians will be sought on the options available to improve the quality of care or access to specialist interventions for example exploring, the suggestion for a "clearing house", the use of "twinning" between nations, telemedicine (see conference report for other options)
6. The conclusions may be different for different conditions and different specialist interventions, but the clinical consensus will then be discussed with patient groups, health departments within governments, insurance companies and other financial stakeholders during the next *Bridges for CHILD* conference in 2014 in Vienna, supported by the European Paediatric Association (EPA) and followed by a symposium in 2015 during EUROPAEDIATRCS 2015 in Rome.
7. The intention would be to create a viable consensus and practical solutions that would reduce inequalities in access to specialist interventions whilst simultaneously improving the quality of care both before and after the specialist intervention.
8. This piece of work may be hosted by the European Paediatric Association as a neutral organisation with the capacity and communication network to achieve this efficiently.