STORITVE ZDRAVJA IN OSKRBE NA DOMU NA DALJAVO SO POT K PREVZEMANJU VEČJE ODGOVORNOSTI ZA LASTNO ZDRAVJE

dr. Drago Rudel
MKS Elektronski sistemi d.o.o., Ljubljana
drago.rudel@mks.si

Povzetek: V Evropi in v Sloveniji strmo naraščajo potrebe po zagotavljanju zdravstvenih storitev. Razlogov za to je več: demografske spremembe, predvsem staranje prebivalstva, porast kroničnih bolezni, porast bolezni, ki so posledica spremenjenega načina življenja, večje zahteve ljudi po novih, bolj zahtevnih diagnostičnih in terapevtskih metodah ter bioloških in učinkovitejših zdravilih. Poleg tega vse bolj primanjkuje zdravstvenih delavcev. Posledično vse bolj narašča obseg storitev in z njimi povezani stroški, zato postaja stabilnost zdravstvenih blagajn vse bolj vprašljiva. Hkrati smo priča spremembam v družbi, ki ne temelji na tradicionalni družini in medgeneracijskem sodelovanju, spremembam v odnosu do družbe in soljudi, ki se kaže tudi v odnosu do lastnega telesnega, duševnega in duhovnega zdravja. Od kolektivne skrbi za zdravje prehajamo na individualno skrb za lastno zdravje.

Spremembe v evropski družbi so nujne. Evropska komisija vidi eno od poti do reševanja problema z uvajanjem novih storitev, ki temeljijo na novih modelih in novih informacijskih in telekomunikacijskih (IKT) rešitvah in bodo omogočile razvoj novih storitev za zdravje in oskrbo in bodo pričakovano učinkovitejše od tradicionalnih oblik zdravstvenih storitev. Storitve zdravja in oskrbe na domu na daljavo, med katere spadajo tudi telemedicinske storitve, so storitve prihodnosti za starajočo Evropo in z njo Slovenijo. Pomenijo prispevek k izboljšanju zdravja, k zmanjšanju neenakosti v zdravju in boljšo odzivnost sistema zdravstvenega varstva glede na potrebe in legitimne zahteve ljudi. So tudi dejavnik transformacije obstoječega zdravstvenega sistema iz sistema, ki je ustrezal industrijski družbi, v sistem, ki bo zadovoljil potrebe informacijske družbe, seveda ob vseh dodatnih izzivih, ki jih prinaša npr. informacijska izključenost. Evropska komisija vidi v tovrstnih storitvah na daljavo možnost za izgradnjo vzdržnega sistem zdravstvenega varstva in pripomogle k boljšemu življenju evropskih državljanov. Zdravstveni delavci bi pridobili nova orodja, ki bi jim pomagala pri reševanju glavnih izzivov, s katerimi se srečujejo zdravstveni sistemi. Evropskim podjetjem pa bi ustvarile nove poslovne priložnosti.

V Sloveniji zaostajamo na področju uvajanja storitev eZdravja, kamor uvrščamo tudi storitve zdravja in oskrbe na daljavo. Na deklarativni ravni imamo zadovoljiv nacionalni plan zdravstvenega varstva in z njim postavljene cilje, manjka pa nam razvojna strategija in izvedbeni načrti. Prav zato se naključno pojavljajo posamezni poskusi v obliki manjših projektov, v katerih želijo posamezne razvojno—raziskovalne skupine pokazati, da imamo ustrezno tehnološko in klinično znanje, da bi lahko, ob ustreznem sodelovanju in podpori vseh deležnikov nove storitve vključile v obstoječi zdravstveno-socialni sistem naše države.

Avtor tega prispevka sodeluje v evropskem projektu »United4Health – Združeni za zdravje«, v katerega je vključenih 34 partnerjev iz 15-tih evropskih držav, med njimi dva iz Slovenije: Splošna bolnišnica Slovenj Gradec in Zdravstveni dom Ravne na Koroškem. Pri delu ju tehnološko podpira avtorjevo podjetje MKS d.o.o. iz Ljubljane. V okviru projekta bodo partnerji v 15-tih regijah EU uvedli novo zdravstveno storitev telemedicinskega spremljanja zdravja kroničnih bolnikov v domačem okolju. Skupaj bo 9 partnerjev projekta 12 mesecev telemedicinsko spremljalo 9.500 bolnikov, od tega 7.400 bolnikov z diabetesom, 2.000 bolnikov s kronično obstruktivno pljučno boleznijo (KOPB) ter 3.700 bolnikov s srčnim popuščanjem.

Projekt bo trajal 3 leta (2013-2015). Slovenska partnerja bosta v pilotno študijo vključila 200 bolnikov s srčnim popuščanjem in 400 diabetičnih bolnikov, ki jih bosta telemedicinsko spremljala na domu. Po številu spremljanih bolnikov spada projekt »United4Health – Združeni za zdravje« med najobsežneje evropske projekte s tega področja do sedaj in ga zato Evropska komisija posebej skrbno spremlja.

Vsakodnevno merjenje parametrov zdravja bolnikov s srčnim popuščanjem:krvni tlak, srčni utrip, zasičenost krvi s kisikom in teža ter stopnjo krvnega sladkorja pri diabetikih pomeni večjo vključenost bolnika v proces zdravljenja. Daje mu možnost, da spremlja stanje bolezni, ter tudi kako lahko z zdravim načinom življenja sam vpliva nanjo. Evropska komisija govori o cilju »večjega opolnomočenja pacienta«. To postaja pomemben dejavnik v odnosu do lastnega zdravja, izdatkov za zdravstvene storitve, izdatkov za zdravila. S tem prevzema pacient aktivno vlogo v procesu lastnega zdravljenja oz. ohranjanju zdravja. Prevzema več osebne odgovornosti za lastno zdravje in lahko tako razbremenjuje zdravstveni sistem v več pogledih kot npr. manjše število obiskov v zdravstvenih organizacijah, manjše obremenitve zdravstvenih delavcev, manj izdatkov za zdravila ipd.

Vsekakor moremo zagovarjati trditev, da je vključevanje novih storitev zdravja in oskrbe na domu na daljavo v obstoječi slovenski sistem zdravstvene in socialne oskrbe pot, ki omogoča posamezniku – pacientu prevzemanje večje osebne odgovornosti za lastno zdravje. Te storitve tudi omogočajo, da lahko kot pacienti prispevamo k družbeno odgovornem ravnanju na področju zdravstva in sociale.

DISTANT SERVICES OF HEALTH AND HOME-CARE AS A WAY TO ACCEPTING MORE RESPONSIBILITY FOR ONE'S OWN HEALTH

Abstract: Europe and Slovenia witness a rapid growth of the need for provision of health-care services. There are several reasons for it: demographic changes, especially ageing of population, growth of chronic illnesses and of illnesses that result from the changed life-style, bigger demands of people for new demanding diagnostic and therapeutic methods, biological and more efficient medicines. Along with all this the lack of health-professionals is growing. As a consequence the amount of services keeps growing and so do the related costs, making stability of medical funds increasingly questionable. At the same time one witnesses changes in society that are not based on the traditional family in inter-generational cooperation, and changes in humans' relation to society and each other that includes also one's attitude about one's physical, psychological and mental health. The transition from the collective care for health to the individual care for one's health is under way.

Changes in the European society are urgent. The European Commission sees one of the ways to solving the briefed problem in the introduction of new services that are based on new models and information-communication technologies; they are supposed to enable development of new services for health and health-care and to be more efficient than the traditional forms of the health-care services. Distant health and health-care services at home, including tele-medical services, are services of the future for the ageing Europe, including Slovenia. They offer a contribution to health improvement, diminishing health inequalities and better responsiveness of the health-care system to need and legitimate requirements of people. They also act as a factor of transformation of the given health-care system from a system suitable to the industrial society into a system satisfying the needs of the information society, of course along with all additional challenges that result e.g. from the information exclusion. The European Commission sees in these kinds of distant services a chance to construct a sustainable health-care system and to

contribute to a better life of European citizens. The health-care professionals would receive new tools that would help them in resolving of the main challenges that the health-care systems face. The European enterprises should attain new business changes.

Slovenia is late in introduction of e-Health services including distant health and health-care services. In words Slovenia has a satisfactory national plan of health-care in objectives in it, but she lacks her development strategy and execution plans. This is why, as incidents, single attempts show us in the form of smaller projects in which single research-and-development groups wish to demonstrate that Slovenia has a suitable technological and clinical knowledge to include the new services in her given health-social system, if there was a suitable cooperation and support of all stakeholders.

The author of this contribution is participating in the European project »United4Health« in which 34 partners from 15 European countries are involved, including two from Slovenia: The General hospital Slovenj Gradec and the Health center Ravne na Koroškem. The author's enterprise MKS d.o.o. from Ljubljana supports their work in technology terms. The project is supposed to enable its partners in 15 regions of the European Union to introduce a new health-care service – the tele-medical monitoring of health of chronic patients in their home environment. In toto, nine project partners will apply tele-medical monitoring to 9.500 patients, of which 7.400 patients with diabetes, 2.000 patients with chronic obstructive lung illness (COLI) and 3.700 patients with heart deficiencies. The project will last three years (2013-2015). The two Slovene partners will include in the pilot study 200 patients with heart deficiencies and 400 patients with diabetes, who will be tele-medically monitored at home. In terms of the number of the monitored patients the project »United4Health« belongs to the biggest European projects on this topic so far; therefore the European Union monitors it with a special attention.

The daily measurement of health parameters of patients with heart deficiencies (blood pressure, heart beat, degree of oxygen in blood, and weight and the blood sugar level of patients with diabetes provide a higher inclusion of patients in the medication process. Patients receive a chance to monitor their illness status and to know how, can they, on their own, influence it with a healthy life-style. The European Commission mentions the objective 'more authorized patient'. This is becoming a crucial factor in one's relation to one's own health, to expenses for health services and medicines. In this way, the patient accepts an active role in the process of his or her own medication or health maintenance. He or she accepts more personal responsibility for one's own health, thus diminishing the burden of the health-care system in many respects, e.g., fewer visits in health-care organizations, less burden on the health-care professionals, less expenses for medicines etc.

For sure, one may maintain that the inclusion of the new distant health-care and home-care into the existing Slovene health-care and social-care system presents a way that enables the individual as a patient to accept more personal responsibility for one's own health. These services enable all citizens to contribute to socially responsible behavior as patients in the topics of health and social care.