HIGHLIGHTS OF THE LAST SIX MONTHS OF ACTIVITIES

Last months of ALIAS project activities have been dedicated to the Virtual Hospital Network (VHN) operations, evaluation, definition of appropriate strategies for results deployment and Network enlargement. Both ALIAS services, data sharing and second opinion, have been used although in the period not too many cases of ALIAS patients looking for healthcare in a territory other than their region of origin and part of the ALIAS network occurred. The ALIAS second opinion tool has been used in a more consistent way.

Particular attention has been dedicated to the consolidation of the business model on which basing the ALIAS deployment strategy, and to the design of the self-sustainability rules of ALIAS Virtual Hospital Network enlargement. Activities have been dedicated to the definition of a sound strategy for ALIAS results exploitation taking into account both the international dimension of the project and the willingness of some partners of deploying ALIAS results also in a local/territorial context.

Evaluation and assessment of pilot sites activities have been performed both using questionnaires and phone interviews. From the users (doctors) prospective, the ALIAS VHN and related ICT based services have a good degree of acceptability between the community and are a useful tool to support and facilitate day by day medical practice. The evaluation has also pointed out the areas where the ALIAS solution and underlying organisation can be improved. Those areas are mostly in the field of social engineering and mutual trust enhancement.

ALIAS final services and network enlargement

Main outcome of the ALIAS project are a shared IT platform and a new organizational model able to supply the ALIAS Virtual hospital Network with a number of telemedicine services:

- Clinical information provision through a direct query to regional and hospital networks linked to the ALIAS system;
- A “second opinion” cluster of specialists easy to access and aimed at improving the quality of healthcare treatments.

Those main services have been enriched with a number of “ancillary” services:

- Videoconferencing: an advanced tool for videoconferences that enriches the second opinion service;
- Translation: Based on a “controlled vocabulary”, this service provides a translation from every “official” Project’s language (i.e: Italian, French, Slovenian, German and English) into users’ mother tongue of “clinical keywords and drugs” found in clinical documents retrieved through ALIAS Data Sharing tools.
- DICOM viewer: to visualize and exchange big size medical images.
Before the project conclusion, the ALIAS Virtual Hospital Network has been enlarged to three new hospitals that have expressed their interest in joining the Network: the Treviglio and Gemona hospitals (IT) and Krankenhaus Dritter Orden Bavarian hospital (D). This new nodes have formalised their participation to the VHN subscribing the Circle of Trust, the document that rules the cooperation among the hospitals part of the Network, and filling in the ALIAS security questionnaire for security self-assessment.

**ALIAS final conference**

The ALIAS final conference has been held in Milan on October 11th at Regione Lombardia premises. More than 60 persons attended the conference, all belonging from the healthcare sector. A number of expression of interests from some of the attendees have been raised to be admitted to the VHN. The event has been aimed at presenting ALIAS project achievements in terms of sustainable technical, organisational, and legal model for the provision of telemedicine oriented healthcare services in a transnational context and has been a first place where the regional healthcare ministries representing the ALIAS regions had the opportunity to discuss on possible capitalisation of the ALIAS results and further development of the ALIAS Virtual Hospitals Network model. One of the opportunity that has been illustrated during the event is the possibility of exporting the ALIAS model outside hospitals walls, and to evaluate its applicability to an appropriate process for hospital-territory integration, to better pace the phenomenon of the aging population. In this framework, main findings and evidences/experiences already in place at national/European level have been presented and an analysis has been dedicated to the description of possible benefits that the use of telemmedicine, and technology more in general, might brought to the enhancement of the continuity of care on the interested regions. Foreseeable impacts on the organizational and clinical aspects of the healthcare systems interested by this process as well as possible benefits for both healthcare professionals and citizens have been outlined by the speakers. Finally, an insight to the next Alpine Space Programming period and to the main results achieved within the current (2007-2013) has been given.

**Capitalising ALIAS results: towards NATHCARE**

Capitalising ALIAS results, both at the organizational and technical level, and extend them from the hospitals part of the ALIAS Network to the territories where those hospitals insist to create a “network of network”. This is the framework in which NATHCARE has been conceived. NATHCARE, “Networking Alpine Health for Continuity of Care”, is the new project co-funded by the Alpine Space Programme born from ALIAS experience. The project started its activities on September 2012 and will last for 34 months. Twelve the involved partners: besides Regione Lombardia (lead partner), INSIEL (IT), Autonomous Province of Trento (IT), Garmisch-Partenkirchen Hospital (D), Rhône - Alpes' Information System for Healthcare (F), the Regional Oncology Network of Rhone Alps (F), Healthcare Cooperating
Group - EMOSIST (F), INSA de Lyon (F), Villach Regional Hospital (AT), General Hospital Izola (SLO), The University Clinic of Pulmonary and Allergic Diseases of Golnik (SLO) and Geneva University Hospitals (CH).

NATHCARE will analyse the process for an appropriate hospital-territory integration addressing mainly, but not exclusively, chronic diseases in the perspective of continuity of care as dimension of the demographic change, the global trend which particularly affects Alps.

The ALIAS Project Participants
The project partnership consists of ten partners, with complementary expertise in the healthcare sector:

Regional Governmental Institutions
Regione Lombardia (Lead partner);
Regione Friuli Venezia Giulia;
Groupement de Coopération Sanitaire – Système d’Information de Santé en Rhône Alpes;
République et Canton Genève, Département de l’économie et de la santé.

Hospitals and diagnostic centres of excellence
Klinikum Garmisch-Partenkirchen GmbH;
Splosna Bolnišnica Izola;
Bolnišnica Golnik - Klinični oddelek za pljučne bolezni in alergijo Golnik;
Landeskrankenhaus Villach;
Hôpitaux Universitaires de Genève.

Educational and Research Centre
Institut National des Sciences Appliquées de Lyon

The ALIAS Project Observers
Carinthia Government;
Austrian Ministry of Research;
Rhone-Alps Regional Council.

This Newsletter is issued by the ALIAS Project dissemination team
Contact: Roberto Zuffada, ALIAS Dissemination Manager, Regione Lombardia
roberto.zuffada@cnt.lispa.it