

Measure 4.3. Health Infrastructure Development in Backward Regions	
Description	
Priority	Priority 4: “Development of the Education, Social and Health infrastructure”
Description of the measure	<p>In the socially and economically most disadvantaged regions of Hungary (Northern Great Plain, Northern Hungary and Southern Transdanubia), the health status of the population of working age is especially poor. The main diseases of the working population are: circulatory, bone, muscular and digestive system diseases. In the three regions, the ratio of newly disabled/ten thousand employees is especially high.</p> <p>The evolution of the above-mentioned features are – apart from the lifestyle and environmental factors – due to the fact that these regions are lagging behind in terms of the health care system, as well. Access to services – in time and space – is inadequate; the diagnostics and screening conditions (which have a crucial role in the early prevention and early screening of diseases) are outdated; the rehabilitation and nursing capacities are low compared to the needs. In Northern Hungary, there is an additional problem, notably the regional absence of assurance of high-progressivity care. In the three regions, the health institutions are outdated; 35 % of the buildings need reconstruction, renovation (around 3 % are close to demolition). The diagnostic and therapeutic equipment are obsolete (the ratio of completely written off medical technology equipment reaches 67 % on average). As a consequence, the working conditions in health care are especially poor, as well.</p> <p>The measure therefore aims at reducing the disadvantages stemming from the differences in health care services. Furthermore, the measure intends to ensure the progressive regional capacity and health care structure (prevention, screening, rehabilitation, nursing) through the concentrated and efficient use of resources (complex treatment, creation of centres, territorial bases).</p>
Objective(s) of the measure	<p>The objective of the measure is:</p> <ul style="list-style-type: none"> • To achieve regional equality in terms of access to health services • To develop the conditions of prevention, early recognition, treatment and rehabilitation in order to restore the working abilities of the labour force as soon as possible • To improve working conditions in health care in the regions lagging behind (through the development of infrastructure and the related equipment) • To improve the labour market chances of those inhabitants who are in a disadvantaged position due to their health status
Methods to achieve the objectives	<p>Component 1 – University of Debrecen, Regional Health Centre model institution – is being implemented through a central appointment process. Components 2 and 3 will be implemented through open tender process in the selected backward regions (Northern Great Plain, Northern Hungary, Southern Transdanubia).</p>

Activities	<p>The three components of the measure comprise the following activities:</p> <p><i>Component 1: Establishment of a Regional Health Centre model institution</i></p> <p>The institution chosen for the implementation of the pilot model – due to its location – caters for the needs of two region’s population. Furthermore, the specialists of the university of Debrecen have the professional experience and knowledge needed to serve the complex patient care centre. The centre will operate regionally, and its scope of activities will include the complete vertical - , encompassing all phases in the treatment - of heart-, circulatory diseases and malignant tumours. In addition, the institution will provide high-level consultation, vocational training and research opportunities for the region’s medical professionals. Furthermore, the centre targets the disadvantaged population through two special programmes (development of health conscious behaviour, examination of the state of health of the disadvantaged population by voluntary doctors). The pilot project will serve as a model for nation-wide dissemination.</p> <p><i>The programme includes:</i></p> <ul style="list-style-type: none"> • the reconstruction of 13 500 sq meters and the building of 8564 sq meters of new buildings (without any increase in the actual number of beds) • the assurance of modern diagnostics, surgical and therapeutic equipment for the two groups of diseases such as: imaging diagnostics, clinical laboratory, complete screening unit, oncology and rehabilitation. <p><i>Component 2: Creation of spatial diagnostics and screening centres</i></p> <p>In order to strengthen the institutional system of secunder prevention (screening) – which influences the evolution of bad health status – the component aims at setting-up a spatial diagnostic and screening centre in each region (through the implementation of grant supported projects). Within the framework of the spatial tasks the centres will assure general (concerning a wide range of population) and special diagnostic tasks and screening and they will fulfil a co-ordinating role (professional background) between health service providers. In addition, the centres will launch actions (mobile screening) targeting the disadvantaged population, primarily in small settlements with a significant number of Roma population.</p> <p><i>The infrastructure development includes:</i></p> <ul style="list-style-type: none"> • the renovation, alteration, reconstruction of 2,500 sq m buildings on average • the development of medical technology equipment such as: a clinical laboratory, imaging diagnostic equipment, screening task equipment diagnostic and/or therapeutic equipment for one-day treatment and mobile screening stations <p>Applications may be submitted by stand-alone and integrated county, municipal outpatient care units, and university (with the exception of</p>
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	<p>DEOEC) and national institutes. Joint applications may be submitted for the alteration and modernisation of buildings and for the procurement of equipment. The public procurement required for the construction and the purchase of equipment must be arranged by the applicants. Training on the handling of the new equipment will be carried out by the winner supplier of the public procurement.</p> <p>In the case of the mobile screening stations, the final recipient should guarantee that the equipment will be used exclusively in the eligible territory; and for the tasks provided for in the moment of purchase (in line with the present measure description). Furthermore, the final recipient should commit himself in writing to observing the previous conditions under the control of the authorities responsible for the implementation of the programme: in the event of non-observance of these conditions, the subsidy will need to be repaid by the recipient. The operating costs of this equipment are not eligible. The above conditions will be laid down in the tendering and contracting documents. The fulfilment of these conditions will be monitored by the Managing Authority throughout the economical lifetime (10 years) of the equipment.</p> <p><i>Component 3: Establishment of rehabilitation centres</i></p> <p>Rehabilitation centres or rehabilitation and nursing centres will be established through the implementation of grant supported projects. These centres are assuring absent capacities by providing - within one institution - outpatient and inpatient care in several areas (locomotor, heart- and circulatory etc.). Those proposals will be preferred which take advantage of their position (accessibility to thermal water, territorial coverage). Apart from the solely rehabilitation centres, as an alternative, applicants may combine the rehabilitation and temporary nursing services within one institution (in order to restore the self-care abilities).</p> <p>The centres should be established through allocated, active hospital capacities; as a separate institution or a separate organisational unit of an outpatient care institution (rehabilitation centres: minimum 80 beds, centres combining rehabilitation and temporary nursing services: minimum 100 beds). In addition, the centres should provide professional consilium for health service providers.</p> <p><i>The infrastructure development includes:</i></p> <ul style="list-style-type: none"> • the renovation, alteration and/or reconstruction of 800-1200 sq m on average each and • the procurement of rehabilitation, advanced nursing and physiotherapy equipment
Target groups	<p><i>Component 1:</i> Population of working age of Northern Hungary, Northern Great Plain and Southern Transdanubia</p> <p><i>Component 2:</i> Population of working age of Northern Hungary, Northern Great Plain and Southern Transdanubia</p> <p><i>Component 3:</i> Population of working age in need of rehabilitation and nursing of Northern Hungary, the Northern Great Plain and Southern</p>

	Transdanubia		
Project selection criteria	Eligibility criteria <i>Component 1 central programme</i> <ul style="list-style-type: none"> - Background study <i>Component 2&3 application programmes</i> <ul style="list-style-type: none"> - Applicants should be state-owned, municipal, church and non-profit health care providers - The concept must be in harmony with the development plan of the region - The provider must have an operating quality assurance system and a valid certificate - Equipment in minimum technical conditions missing or outdated must be replaced - Local government building permission is required - Co-operation agreement between those involved in the implementation of the project is needed - Declaration of national health insurance fund on the financing of operation is required - The applicant should have an environmental impact study General selection criteria <ul style="list-style-type: none"> - Expected patient turnover - Number of services provided and activities performed - Number of towns/villages covered by the services - Reduction of patient paths - Involvement of civil society organisations 		
	Type of support	Non-refundable aid: Component 1 89,11 % Component 2-3: 93,7 %	Field of intervention
Amount of support	Project size	Minimum	Component 1 EUR 47,14 million Component 2 EUR 7,49 million Component 3 EUR 3,81 million
		Maximum	Component 1 EUR 47,67 million Component 2 EUR 12,53 million Component 3 EUR 6,46 million
	Rate of own resources		Component 1 10,89 % Components 2&3 6,30 %
Implementation			
Managing Authority	HRD OP MA		
Paying Authority	Ministry of Finance		
Intermediary Body	MoHSF Structural Funds Programme Office		
Final Beneficiary/ies	Component 1: assistance used by the Medical Centre of the University of Debrecen Components 2&3: state-owned, municipal, church and non-profit		

		health service providers from the regions of Northern Hungary, Northern Great Plain and Southern Transdanubia	
Financial plan (MEUR)			
		Source	Total (2004-2006)
Size of community contribution		ERDF	66,66
Size of national contribution	Central		14,4
	Local		7,82
	Other (private)		
Total			88,88
State Aid			
Monitoring indicators			
Type	Indicator	Baseline	Target
Output	Components 1-3 Total modernised area m ²	Area requiring renovation, reconstruction: 24 054 m ²	Modernised and newly built: 32 618 m ²
Result	Components 1-3 Accommodation, capacity	Component 1 Patient turnover of two professional areas (absolute number/year) 21 400 people Components 2-3 (provided by applicants)	Component 1 Increase of patient turnover by 8 % Component 2 Increase of patient turnover by 8 %, Component 3 Converted capacity 300 beds

Impact	Decrease in the number of early deaths per capita/per year (Hungarian Central Statistical Office, HCSO)	5843 people	Decrease by 10 %
Horizontal aspects			
Equal opportunities	Men and women	The measures directly support the return of women employees to the labour market due to the fact that the expansion of rehabilitation and nursing capacities relieve the women nursing the elderly and disabled persons at home. The renovation of health care institutions, the modernisation of equipment contribute to the improvement of the working conditions and the safety at work of mainly women employees working in the health sector.	
	Roma	All components of the measure pay particular attention to the improvement of the situation of the disadvantaged population. Component 1 contains a special programme directed by DEOEC on the development of the health conscious behaviour of the Roma population. Component 2 involves in the screening programme small settlements with a significant Roma population.	
	Disabled persons	Components 1 and 3 are aimed at reducing the labour market disadvantages of those damaged in their health status through the development of the rehabilitation conditions.	
Sustainable development		Environmental considerations are taken into account during the procurements. This is prescribed in the procedure pertaining to the application for official permissions in the case of investments projects. On the other hand, the application of energy-saving technologies and advanced solutions in the area of management and treatment of health care waste can lessen environmental impacts. The modern equipment allows for the replacement of currently used chemicals, which in turn reduces the radiation affecting the population.	

MEASURE 4.4: Health information technology development in underdeveloped regions	
Description	
Priority	Development of the Education, Social and Health Infrastructure
Description of the measure	<i>Background:</i> Quality of healthcare services, organisation of preventive and curative procedures, thus quality and access to the services is insufficient and even unequally distributed in the country. The situation is especially serious in the underdeveloped regions and within them in the small settlements, where the ratio of unemployment and the ratio of temporarily or partially disabled population is very high. Statistical data prove that employees of the three

	<p>underdeveloped regions (Northern Hungary, Northern Great Plains and Southern Transdanubia) are also affected by the consequences of badly organised, poor quality health care services. The electronic communication among health care institutions of the different level, the access to patient health data in files of other health organization is difficult. This leads to repeated examinations, lab tests and treatments that causes unnecessary travelling and waiting for the patients and results waste of health sources on regional level. As a consequence, time required for setting up diagnosis and performing treatment is often unjustifiably long: in the underdeveloped regions the ratio of employees on sickness benefit is 11% higher, the total number of days spent on sickness benefit is 21% higher then the national average.</p> <p>The lack of adequate data handling and inappropriate knowledge management also impedes the management of healthcare institutions of the underdeveloped regions. The information required to cost-effective management and operation of the institutions is missing. The current ICT components cannot ensure appropriate quality, security and speed neither in data handling and data processing within the institutions nor in data communication among institutions, e.g. the digital handling of the results of examinations performed with digital diagnostic imaging equipment. Institutions providing services for disadvantaged population segments are the more underdeveloped. Important background information is that although the above mentioned deficiencies are all present, all institutions and general practitioners are already computerized, patient registries are electronic and there is considerable health informatics experience due to obligatory electronic reporting since a decade based on sending / exchanging disks.</p> <p><i>Reasoning:</i> Both the employee and the society have the same interest: to minimize falling out of work caused by illnesses. This goal can be achieved by enhancing workflow-organisation and efficiency of the operation of the healthcare system and by optimising activities of diagnostic and treatment procedures. This latter is supported by development of the regional healthcare information system covering all levels.</p> <p>The regional inter-institutional information pilot system to be developed in the frame of the Measure will ensure the fast and exact access to patient health data for the joined health care institutions (hospitals, clinics and general practitioners). Repeated examinations and treatments will be avoided, diagnostics will be faster and recovery time of ill employees of the region and their families will be shortened. Reducing recovery time of ill employees – by organising the currently arbitrarily organized health procedures to a regional, more effective system – will effect better utilisation of manpower and thus increase of regional competitiveness.</p> <p>Economic operation and cost-effective management of health care institutions in the underdeveloped regions will be further on supported by intramural IT developments in the frame of the Measure. Intramural IT developments will enable better mapping of the institutions' cost-structure and better utilization of material and human resources.</p> <p>Further results of the inter-institutional informatics pilot projects:</p> <ul style="list-style-type: none"> • satisfaction of patients will improve, • co-operation of health care providers will be more effective, • it will provide regional level information to national health policy decision makers
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Objective(s) of the measure	<p>General objective is the improvement of health situation of the population in active working age in the underdeveloped regions which can be achieved by the information technology infrastructure development according to the followings:</p> <ul style="list-style-type: none"> - increasing regional health service effectiveness by improving region-level health information handling, - To improve IT conditions required to cost-effective operation of the institutes - improve access to the regional healthcare system, particularly among those with multiple disadvantages. - faster recovery of the ill employees in the region, <p>Measure will achieve its objectives by the activities below:</p> <ul style="list-style-type: none"> - development of regional inter-institutional information pilot system that will result establishing and later on providing regional level health information for all levels of health care - modernization, integration of intramural information systems for getting economical, operational information required to cost effective management of the health institutions and for rising quality of healthcare - informatics training of end-users and system administrators required for proper use and operation of the developed IT systems <p>The measure entirely fits to the objectives of NDP and HRDOP and relates to the other measure (4.3) concerning health care of Priority 4. The planned Health Centrum model, the regional diagnostic, screening and rehabilitation centres may operate even more effective if later on they will join the associations and will use the regional inter-institutional information system.</p>
Methods to achieve the objectives	<p>The Measure will achieve its objectives by supporting <i>inter-institutional regional pilot system</i> developments and <i>intramural/institutional health information system</i> developments. Separate applications will be announced in the three underdeveloped regions to select winner associations / consortia that get the developments. In each region open, voluntary, non-profit associations of health institutions of the different health care levels (hospitals, clinics and general practitioners) of the region may apply even if they don't fully cover the entire territory of the region. In each region there might be only one winner association preferably integrating as many members as possible.</p> <p>Middleware (database) services and the shared, common application software of the three regional inter-institutional information pilot systems will be procured commonly to the regions by a centrally coordinated public procurement procedure. The winner IT company's task will be to complete final system plan and to develop the common, shared middleware and application software, based on standardised data contents, realising the required minimal service set and in a second step, the local services needs of the regional associations. Regional infrastructure necessary to the inter-institutional information pilot system and access to WAN network to connect associated members will be procured in a centrally coordinated public procurement procedure according to the final system plan and considering local specialities and needs as much as possible. Centralised, technologically homogenous development of common, shared services of the regional pilot systems makes easier in a later phase to establish the national information system.</p> <p>The guarantee of creation and later on operation of the inter-institutional information system is to make the participant associations interested. The institutional interest of the members will be ensured by the second activity of the measure: development of the internal, institutional information system only</p>

	<p>for those who are participants of the associations established for the inter-institutional development.</p> <p>Intramural/local developments will be procured also centrally by a public procurement according to the custom-made needs and plans of the health institutions. Central procurement ensures similar quality of technical specifications and same contractual conditions in all of the different institutions and also helps more optimal utilisation of financial sources.</p> <p>The long run sustaining, operating and financing of the inter-institutional information system is an obligation of the regional associations.</p>
Activities	<p>The Measure has the following three connected and co-ordinated activities:</p> <p>(1) The first activity is the development of pilot integrated inter-institutional ICT systems, which are to be implemented and later-on operated by project-consortia of the healthcare organizations within a given region. During its operation it will provide ‘<i>eHealth</i>’ services for the participants (members of the consortia) and for other, external healthcare providers using modern, internet-based but secure communication channel. Key element of the developments will be the regional ‘<i>eHealthRecord</i>’ (electronic patient record) service which will be accessible for the authorised health institution at once when the patient is registering and all the relevant the previous examinations, treatments and their results, independently of their locality will be seen. The accessed health information of the patient will speed up diagnostic work and will help to avoid unneeded, repeated examinations and unnecessary travel of the patient. Based on the ‘<i>eHealthRecord</i>’ service other electronic services will also be developed, each of them serving better, more comfortable access to health services, faster diagnostic, less travelling but faster recovery of the patients, thus ensuring quicker regaining of working ability. For example, by the means of ‘<i>ePrescription</i>’ service the doctor will be able to send prescriptions directly to the pharmacy or by means of ‘<i>eConsultation</i>’ doctor can call a specialist for remote diagnostic. The <i>telemedicine services</i> of the pilot system will reach the patients directly: internet based equipment and methods could ensure monitoring the condition of patients suffering from chronic illnesses at home, using the <i>eHealthRecord</i> as an anchor. Way of living, quality of life will be improved for the patients exploiting possibilities provided by telemedicine while by the means of home monitoring and home treatment the health sources of the region can be utilised much more effectively. Above mentioned base services also create the possibility of electronic documentation of healthcare financing in the future.</p> <p><i>e-Health</i> services will operate on the regionally centralized infrastructure of the inter-institutional information system in each region. These IT centres will contain servers of common, shared databases and of application programs and will perform connections to the users through the WAN network. Users will get the WAN connection and workstations if needed.</p> <p>The result of the system developments in each region will be a health information pilot system, which will connect about 1000 health care workplaces in hospitals, clinics, general practitioners and other health service providers into a network. The pilot system will be open for all other health care providers; even non-curing health organisations (e.g. pharmacies) can use the developed services.</p> <p>The secure (for not-authorized inaccessible) transmission of health data is regulated by law. The secure communication will be based on digital signature. Digital signature – using “reliable third party” service – proves for the</p>

	<p>addressee that it received the message really from the party marked as sender. The “reliable third party” service is provided by a suitable partner of the Ministry of Health, Social and Family Affairs (MoHSF) and is funded from the Ministry’s budget.</p> <p>(2) Second activity of the measure is the development and integration of such of (intramural) institutional information system components that enhance existing local IT systems serving the institution’s medical and financial management with the yet missing ones. As a result of the developments, advanced information system components (hardware, internal network, software applications) are implemented within the institution to support more cost-effective, more economic operation. Availability of economical and cost information creates the possibility of better distribution of sources like buildings, equipment and of human resources. At the same time health care will be better and more patient oriented. Internal institutional IT developments simplify registration of patients, reduce patient lists of straitened capacity diagnostic examinations and even improve working facilities of institutional employees due to the more workstations. The better trail of internal procedures and patient-concerned activities results in a more precise accounting of the institutions, while the developed management system supports policymaking.</p> <p>These two activities are aimed at the implementation of the targeted IT infrastructure developments that:</p> <ul style="list-style-type: none"> - measurably reduce the time requirement of an average patient care event; - or by accessing information faster, more reliable, secure and permanent, measurably decrease number of imaging or laboratory diagnostic examinations related to the same type of event, which are otherwise currently repeated due to problems with inadequate information availability; - or measurably contribute to supporting the decisions of the institution’s management. <p>Due to these two-way developments about 250 new workstations will be created and another 600-800 workstations will be modernised.</p> <p>Both in content, and in procedure and openness of tendering, IT developments will follow fully the guidelines of the European Community (Guidelines on Criteria and Modalities of Implementation of Structural Funds in Support of Electronic Communications, Brussels, 28.07.2003.).</p> <p>(3) Third activity of the measure is IT training: a necessary part of the development and implementation of sample systems is the proper training of end-users for the use of the information system. IT training will cover training of end-users for the proper use of the information system and even offers possibility of training general PC knowledge for new employees. System administrators and operators of the inter-institutional and intramural systems will also get sufficient special training.</p> <p>Quality assurance is ensured by using international and particularly European health IT standards; the quality management systems of institutions and organizations making up the consortium must be extended to also include information technology.</p>
Target groups	<p>The target group of the Measure is the population living in the underdeveloped regions, served by the members of the winner health associations and by other health care providers using the health services provided by the associations, especially the multiple disadvantaged, active working force and their families.</p>

Project selection criteria	<p>Separate applications for each region will be eligible, using the following criteria for application programmes:</p> <ul style="list-style-type: none"> - applications may be submitted together for the development of the integrated regional system and the institution-specific system, - separate tenders in each region - general eligibility for support - Consortial agreement between members of the association - Continuous provision of operational conditions - The applicant consortia provides 3,78% own financial sources <p>Evaluation of applications will be based on</p> <ul style="list-style-type: none"> - professional features of the offered system development <ul style="list-style-type: none"> o harmony with the objectives of the measure o adjusted to the requirements of the target group o special services , suggested by the consortia o number of institutions to be connected into the system (and the number of workstations) o proving sustainability of the inter-institutional system o soundness of intramural institutional developments o appropriate project management - suggested cooperation between the members of the associations - regional criteria (rewarding accordance with regional strategy), - support for disadvantaged regions (preferential-rate services for healthcare providers operating in such regions), - proven (calculated) increase in cost-efficiency - rewarding harmonisation with horizontal criteria, e.g. establishing workplaces for women 			
	Type of support	Aid is granted in the form of non-refundable aid: 100 %.	Field of intervention	36
Amount of support	Project size	Minimum	5.00 mEUR	
		Maximum	8.00 mEUR	
	Rate of own resources		0 %	
Implementation				
Managing Authority	HRD OP MA			
Paying Authority	Ministry of Finance Disbursing Authority			
Intermediary Body	MoHSFA, Structural Funds Programme Office			
Final Beneficiary/ies	Open, voluntary and non-profit associations (consortia) of healthcare providers (e.g. hospitals, clinics, general practitioners) in the said underdeveloped regions			
Financial plan (MEUR)				
		Source	Total (2004-2006)	
Size of community contribution		ERDF	11.91	
Size of national contribution	Central	State budget	3.97	
	Local			
	Other (private)			

Total		15.88	
State Aid			
Monitoring indicators			
Type	Indicator	Baseline	Target
Output	<ul style="list-style-type: none"> - number of institutions served by the inter-institutional IT system - population covered by healthcare institutions using the services - number of resulting internal computerized-workstations 	<ul style="list-style-type: none"> - the base figure is to be provided by the bidding consortium during the application process 	<ul style="list-style-type: none"> - number of institutions served by inter-institutional IT systems rises by 15% - coverage ratio of the IT system among population with multiple disadvantages in the region reaches 20% - number of newly created computerized workstations in healthcare increases by approx. 250 in each region - number of modernized workstations increases by approx. 600
Result	<ul style="list-style-type: none"> - number of functions offered as services - number of end-users of the services 	<ul style="list-style-type: none"> - the base figure is to be provided by the bidding consortium 	<ul style="list-style-type: none"> - number of functions reaches four - number of users of the services exceeds 1000 in each region
Impact	<ul style="list-style-type: none"> - fall in the average number of treatment days/case - decrease in the contact figure linked to an indicative ICD set in specialist services (the indicator measures the fall in the number of unnecessary parallel or repeated examinations or interventions) 	<ul style="list-style-type: none"> - according to 2004 figures provided by HCSO (Hungarian Central Statistical Office) - according to 2004 figures provided by GYOGYIN FOK or NHIF (National Health Insurance Fund) 	<ul style="list-style-type: none"> - average of treatment days/case indicator drops by 5% - contact figure linked to the ICD indicator drops by 10%
Horizontal aspects			

Equal opportunities	Men and women	It is a well-known fact that women make up most of the employees in healthcare institutions implementing the projects. The projects will improve the working conditions of, and reduce the burden on, female employees in the region. The newly created workplaces will provide possibility mostly for women.
	Roma	The final beneficiaries of the projects (healthcare institutions in economically underdeveloped regions serving small towns/villages with a high unemployment rate) operate in areas where Roma represent a considerable part of the population. The introduction of the new system will contribute to the involvement of the Roma population, which was rather difficult before.
	Disabled persons	The telemedicine services of the inter-institutional system will make health monitoring more easily for the disabled persons.
Sustainable development		The resulting integrated systems will provide more reliable and more detailed information on the health condition of the population and can thus be used to monitor the impact of environmental determinants. The decrease in the number of (redundant) laboratory and imaging diagnostic examinations will ease the burden on the environment. The electronic documentation of examination results will reduce the required personal involvement (i.e. it is the results that “travel” and not the patients), which will again ease the burden on the environment