

DELIVERABLE REPORT

D6.4.1

“Health Care Services”

MASELTOV

Mobile Assistance for Social Inclusion and Empowerment of Immigrants with Persuasive Learning Technologies and Social Network Services

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ABBREVIATIONS:

AT	Austria
ES	Espania/Spain
UK	United Kingdom
NHS	National Health Service
SNS	Spain NHS
HCS	Health Care Service

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1. REVIEW COMMENTS AND CHANGES

Review comment	Changes	Comment
This deliverable discusses access to Health Care Services for immigrants through the Maseltov provision. There is some overlap with other WP6 tasks and deliverables.	Change of previous Chapter 8 “Requirements Related HCS” and Chapter 9 “Technical Solution” to a more user-oriented description.	The MASELTOV „Health Care Assistant“ utilizes the existing MASELTOV framework for its provided services. The revised version is now focused on how the „Health Care Assistant“ is accessed by immigrants, and how it is integrated in the framework. Technical descriptions about the framework are in the respective deliverables (D4.3.1, D6.2, D6.3.1, D8.1.1, D8.2.1).
The document is largely generic, with no specific focus on the target group.	Chapter 3 “Trends in Europe’s Migration” and Chapter 4 “Countries of Origin” were abridged and incorporated into other chapters.	Background information about immigrants and their countries of origin are removed from this deliverable. This information can be found in the proposal and in relevant deliverables (D2.1, D2.2.1).
It is a poorly structured, confusing document and the relevance of some content is questionable.	The deliverable is completely overhauled.	The deliverable is restructured to fit to other deliverables. The document is now focused on the immigrant's perspective in accessing the „Health Care Assistant“.
Some data is desk research but some appears to be drawn from earlier usability studies although this is unclear.		After the restructuring the unclear parts of the text were removed together with the reiteration of the technical descriptions.
The document then adopts a technical focus describing parts of the Maseltov service.		Replaced with the use-cases of the „Health Care Assistant“ and an explanation how other MASELTOV services are utilized.
To be of value, this deliverable needs to be revised, extended restructured and carefully focused to reflect the Maseltov objectives.		The revised document is primarily focused on the immigrant's perspective, when accessing the MASELTOV „Health Care Assistant“.

2. EXECUTIVE SUMMARY

The "Health Care Service" is highly relevant for MASELTOV. Support in health care is crucial for foreigners since it often requires knowledge of locally specific information. The goal of task 6.4.1 is to provide immigrants an information service that covers all health care related topics.

The provided "Health Care Assistant" includes for instance information about emergency services, like the European emergency call; how to find the nearest general practitioner, hospital or pharmacy; or networking with the nearest health care volunteer. The service also provides "how-to's" for proper communication with medical services and how to ensure medical security and associated rights for immigrants.

Information categories were identified together with relevant NGOs. The user requirements of immigrants were identified and technical solutions were utilized according to these requirements.

The "Health Care Assistant" is not a separate technical solution, but uses the existing MASELTOV framework to provide a health care information service for immigrants.

In particular following MApp-modules are utilized:

- **Administration and Health Care Service**
This service provides general information about the national health care system, emergency services and necessary bureaucratic processes.
- **Navigation Service and Points of Interest (POI)**
This service is utilized to offer navigation to health care professionals, pharmacies and providers of other medical aids, as well as important bureaucratic institutions and insurances.
- **Geo-Social Radar Service**
The radar-service is used to find volunteers, who can provide assistance with health care processes.
- **Social Language Learning**
This service is used to train medical and health care related vocabulary.
- **Serious Games**
In the MASELTOV serious game common situations relevant to health care can be solved in a playful way.

With these services the "Health Care Assistant" helps immigrants to gain timely access to their country-of-destination's health care services.

3. INTRODUCTION

This deliverable describes the work carried out in the scope of task 6.4 "Health Care Service" of work package 6 "Mobile Assistance & Information Services". Task 6.4 realizes a "Health Care Assistant" providing special "Health-Information" on a mobile device to immigrants, including bureaucratic and administrative topics, emergency services, as well as information and "how-to's" for proper communication with medical services and how to secure medical security and associated rights for immigrants. The result of this deliverable is the documentation of the MASELTOV "Health Care Service".

The first part of this document explains the national health services in the respective country and the coverage of immigrants in these systems. Subsequently the problem of the situation and an analysis with respect to immigrants' access to health services in the host country is discussed. The results from this analysis are used as basis for the definition of the most relevant content for the Health Care Services.

The second part of this document shows the utilization of MASELTOV's technical solutions to provide an integrated "Health Care Assistant" for immigrants.

Figure 1 identifies services within the MApp dashboard, which are utilized by the "Health Care Assistant".

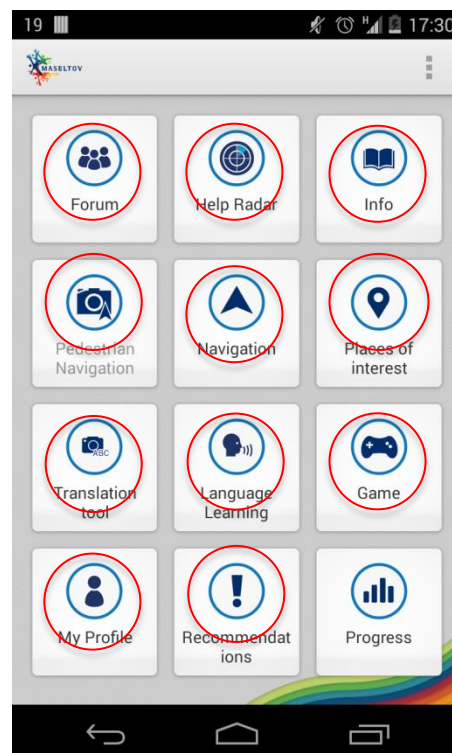


Figure 1: The Health Care Assistant is integrated into several other MApp modules

4. PROBLEM DEFINITION AND EXPECTATIONS

European countries are becoming multicultural societies, and national health systems have progressively adapted following their political and historical peculiarities. Overall, sick immigrants with regularized administrative status are able to use health services in equal terms than people from the host country.

Immigrants have a poorer health status and worse living conditions than the host population, and consequently, may even have a higher utilization of health services, although that is not always the case (Bollini P., 1992; Reijneveld SA., 1998; Remennick LI., 1999).

The difficulties of immigrants in the health care sectors were identified with collaborating NGOs and are described in detail in D2.3 "Use Cases and Service Scenarios".

This chapter briefly describes the derived problem definition with respect to the topic "Health Care Services" and expectation of the immigrants for these services in the trial cities London, Vienna and Madrid.

4.1 NATIONAL HEALTH CARE SERVICES

In this chapter key points of the health care services in the trial countries, with focus on the health provision of immigrants, are summarized.

In the project's trial countries Austria, Spain and United Kingdom the respective national health system provides medical security to local residents and people working in the respective country.

This does not apply to foreigners, visitors and others without an European, or international insurance proof (i.e. European Health Insurance Card EHIC).

For immigrants with regulated administrative status cost-free primary care is provided, according to EU regulations.

Apart from immediate emergency care (which will always be provided), illegal immigrants are not entitled to receive medical care from public health services.

In all three target countries private and charitable social centers were founded, which also provide primary medical care for immigrants without a valid residence title.

How to become a permanent resident is described in D6.2 "Bureaucratic Advisor", Chapter 4.

4.1.1 Austria

The Austrian healthcare system is (in comparison to Spain and UK) primarily financed by social insurance contributions. Everyone working in Austria, as well as their co-insured relatives, is covered. A small part of the population, often without occupation and very poor, does not fall in either category and is covered based on the Social Assistance Act.

The medical care of immigrants in AT is controlled by a constitutional law¹. Depending on the administrative status² different public bodies are covering for the medical costs of immigrants.

Immigrants/asylum seekers have to apply for a written proof "*Krankenversicherungsbeleg für grundversorgte Personen*" at their caregiver. This written proof has to be submitted to the doctor or hospital. After that primary care is provided free of charge.

Emergency care is always provided free of charge and in several population centres charitable organisations provide primary care for people without other means of medical coverage. (*Detailed description in D6.2 Bureaucratic Advisor Service, Category Health Care*)

4.1.1.1 COLLECTION OF PUBLICLY AVAILABLE INFORMATION

Detailed information about the Austrian health care system in several languages is provided by the "Main Association of Austrian Social Security" (English version: http://www.hauptverband.at/mediaDB/831866_Gut_versehert_englisch.pdf)

Useful information is provided by the leaflet of the NGO Wiener Volkshilfe: „Hand in Hand to Health, The Austrian Healthcare System – A guide for migrants “ as downloadable leaflet in 10 languages (http://www.volkshilfe-wien.at/images/content/files/MiMi-wegweiserEN_web.pdf).

Further information:

- Well insured - social security in Austria:
<http://www.sozialversicherung.at/portal27/en>
- ÖIF-Welcome to Austria (ÖIF, BMI, integrAtion):
<http://www.integrationsfonds.at>
- Integration - BMI - Willkommen in Österreich Wissen, Regeln, Leben
<http://www.integrationszentrum.at>
- Ärztekammer für Wien - Wiener Ärztinnen und Ärzte - suchen & finden
<http://www.praxisplan.at>
- In case of Emergency – Brochure
<http://st.rotekreuz.at>
- Volkshilfe Wien - Projekt MiMi
<http://www.volkshilfe-wien.at>
- CARITAS Sozialberatung – Multiplikatorenschulung
<http://www.caritas.at>

¹ Vereinbarung zwischen dem Bund und den Ländern gemäß Artikel 15a B VG über gemeinsame Maßnahmen zur vorübergehenden Grundversorgung für hilfs- und schutzbedürftige Fremde (Asylwerber, Asylberechtigte, Vertriebene und andere aus rechtlichen oder faktischen Gründen nicht abschiebbare Menschen) in Österreich (Grundversorgungsvereinbarung - Artikel 15a B VG). (<http://www.ris.bka.gv.at>)

² See D6.2 Chapter 4.1.1 Situation in AUSTRIA – Permanent residency

4.1.2 United Kingdom

The National Health Service (NHS) provides health care in the UK and is funded by taxation. Primary care for everyone living or visiting in the United Kingdom is provided in walk-in-clinics free of charge.

Immigrants/asylum seekers are entitled to access NHS care free of charge while their claim or appeal is being considered. When the administrative refugee status is confirmed, immigrants/asylum seekers are treated equal to UK citizens in NHS facilities.

Secondary care (i.e. hospitalization and medical services by specialists) for immigrants/asylum seekers, whether confirmed refugees or applicants, is free of charge. However, undocumented immigrants have to pay for secondary care.

Free medication, dental treatment, eye tests and some glasses are provided free of charge after application with the HC2 form provided by the National Asylum Support Service (NASS), or available at pharmacies.

4.1.2.1 COLLECTION OF PUBLICLY AVAILABLE INFORMATION

Immigrants/asylum seekers can get further information from the homepage „Introduction to the National Health Service“ as downloadable leaflet in several languages (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122587). This fact sheet has been written to explain the role of UK health services, the National Health Service (NHS), to newly-arrived individuals seeking asylum. It covers issues such as the role of general practitioners, their function as gatekeepers to the health services, how to register and how to access emergency services.

Further information:

- NHS - National Health Service
<http://www.nhs.uk/Pages/HomePage.aspx>
- MRC Trainingscripts, Autor Slawia Lemanska
<http://healthwork@migrants.org>
- The booklet, “How can I get medical help in London?”
<http://www.london.gov.uk/priorities/health/publications/access-to-primary-health-care>
- The Black and Minority Ethnic (BME) Health Forum:
<http://www.bmehf.org.uk/index.php/information-patients/your-rights/>

4.1.3 Spain

The tax-financed public health system of Spain covers all Spanish citizens. However, based on universal healthcare principles, treatment is never denied for non-residents and tourists.

Primary care is provided by the SNHS (Spanish National Health System). Immigrants with regulated administrative status receive the Spanish medical card to gain access to primary care, free of charge.

4.1.3.1 COLLECTION OF PUBLICLY AVAILABLE INFORMATION

Further information is provided by the General de la Seguridad Social (TGSS) (<http://www.empleo.gob.es/en/index.htm>) and the Instituto Nacional de la Seguridad Social (INSS) (http://www.seg-social.es/Internet_6/index.htm).

4.2 PROBLEM SPECIFICATION

The „Health Care Assistant“ supports immigrants in accessing national health care services. Challenges include in particular problems related to medical security and health care legislation for immigrants, next to difficulties in understanding health related terms.

In the following list key requirements for the „Health Care Assistant“ are summarized from "D2.3.1 User requirements & interaction design", Section 4.1 “Functional requirements” and Section 4.2 “Non-functional requirements” and extended by collaborating NGOs:

Functional Requirements

- Provide possibilities to describe certain symptoms and complaints at the doctors. (PCE-13)
- Provide information on how to register/make appointments with a general practitioner. (PCE-14)
- Provide information on how to provide a proof of address (PCE-15)
- Provide information on how to refill a prescription (PCE-16)
- Dictionary containing topic specific entries, especially for medical terms (SLL-1)
- How to describe problems / illnesses to a doctor (SLL-2)

Non-functional Requirements

- The service should save time (NF-2)
- Services have to be easy to operate (usability) (NF-4)
- Provide the possibility to share different information in different services (NF-9)

Further Health Care requirements (identified by collaborating NGOs)

- How to describe problems, illness to a doctor?
- How can I find the nearest doctor?
- How can I initiate the local urgent health care services?
- How to find information about appropriate medicaments?

In summary, the biggest challenges for immigrants in accessing national healthcare services are language barriers and a lack of knowledge about health related laws and regulations.

5. STRUCTURE OF THE „HEALTH CARE ASSISTANT“

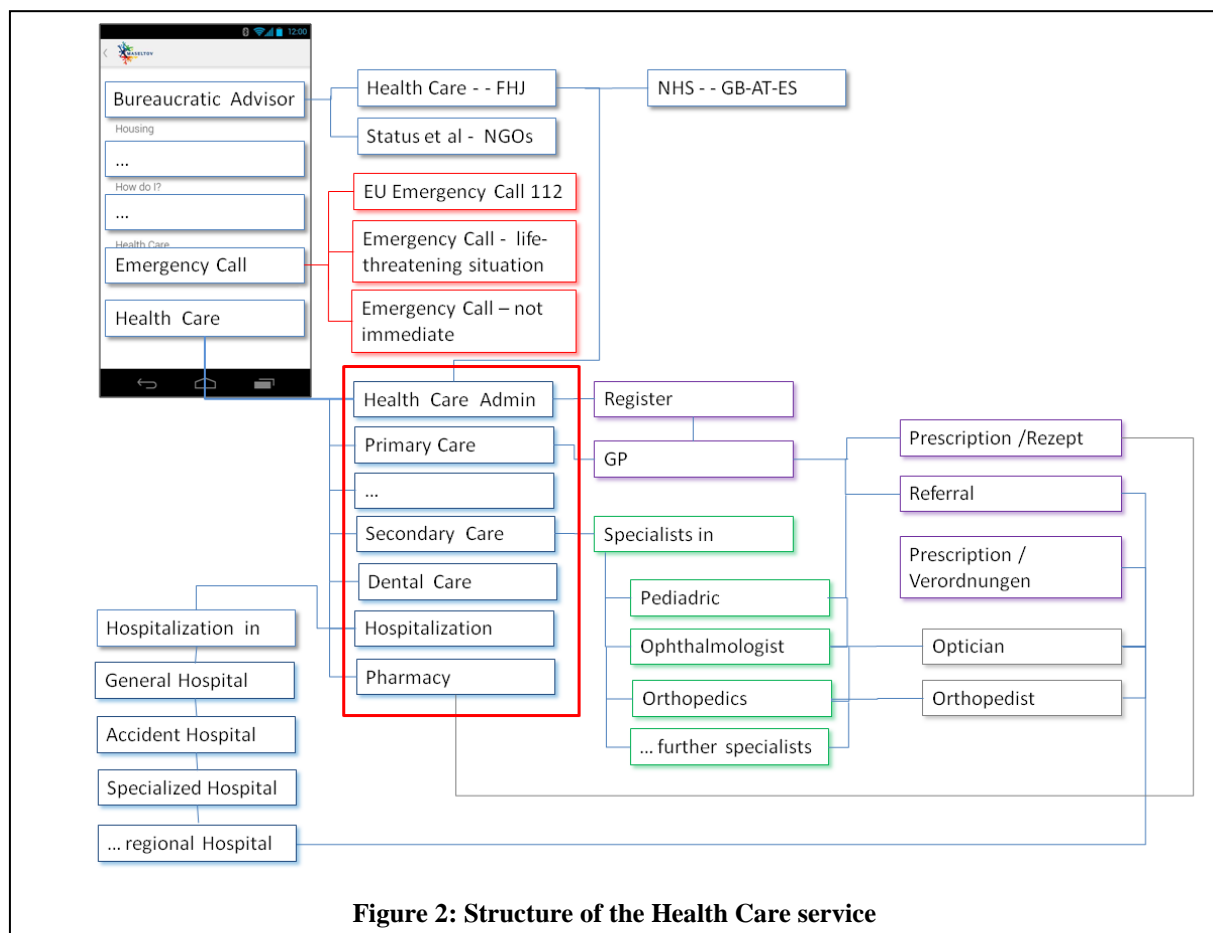
In the previous chapter, the problem analysis from the immigrant's perspective, extended by collaborating NGOs, was depicted. The results of this analysis were used in order to define the structure and information flow for the “Health Care Assistant”.

National Health Care services can be divided into

1. Primary Care (General practitioners, walk-in-clinics)
2. Secondary Care (Specialists)
3. Dental Care
4. Hospitalization
5. Pharmacies and medical aid suppliers

Health Care Administration is an important upstream topic, as it is necessary to enable immigrants to claim the national provision of medical care.

Figure 2 gives an overview of the Health Care services in Austria, Spain and United Kingdom. Detailed and country-specific information is provided in Annex I and Annex II. This information will be adapted in “D6.2 Bureaucratic Advisor Service”, Chapter 4.3 “Structure of the Information Platform” to be intelligible to immigrants.



6. USER STORY

Scenarios are stories written for further specification steps, especially the use cases. These scenarios and use cases are important with respect to the development phase.

The scenario presented here is based on Section 5.8 in D2.3.2 and extended to provide a compact scenario involving the scale of the “Health Care Assistant”.

Maria immigrated from Colombia to London to follow her husband to the UK. She has two children (3 and 5 years old) and basic English skills. They live in one room, in a house shared by Latin American immigrants. Currently, she works as an office cleaner. She downloaded MApp after recommendation by a friend.

One day at work she gets a fever and feels dizzy. After reporting to her employer that she is leaving, she goes to the doctor. Maria lives in the suburbs of London and registered with a near general practitioner in the first days after her arrival. However, with the increasing fever she wants to seek a GP next to her working place.

She selects the MApp POI service and looks for the nearest GP. She receives an address, contact details and the office times of the GP.

Before calling she selects the MApp Language Learning tool and selects "How to make an appointment with a doctor". The tool gives her the information that she can just go to the GP during office hours.

With the help of the MApp Navigation service she gets the directions to the GP. After examination there she gets treated and also gets a prescription and a referral to a specialist in internal medicine.

She uses the MApp Text Lens to better understand the prescription and the referral. After that she opens the MApp Info service to look up some information. MApp Info tells her to fill the prescription at a pharmacy and also that she needs to pay a prescription fee, if she has no proof of cost exemption.

As Maria does not know any near pharmacy, she uses MApp POI and MApp Navigation service again to find the pharmacy after a five minute walk.

Later that day at home she still feels weak, but the medication helped her against the fever and the dizziness. She put her children to bed and fall asleep herself.

During the night her 3-years old son is running a high temperature and is crying. She does not know what to do at this late hour and looks into the Emergency Calls & Hotlines category of MApp Info. The MApp tells her: "If you are very ill or seriously injured you should go to the nearest Accident and Emergency (A&E) department at a hospital or call 999 for an ambulance." Maria presses the direct call link in MApp Info to call.

She tells the operator in broken English what the symptoms of her son are. The operator tells her to stay calm and that he sends an ambulance to pick her and her son up. During the wait

she quickly checks "How to communicate with a doctor" in the MApp Language Learning tool to better explain the situation.

In the hospital together with her son a Spanish speaking nurse calm Maria and help her with the next steps. Later Maria notices that the nurse is a volunteer registered with the MApp service and also, that she lives in Maria's vicinity. Relieved that her son is in good hands, she finally gets to take a rest.

7. USE CASES

The next important step in the specification phase was to identify the use cases for the service. Based on the described scenario several categories and items will be elaborated for the trial in London as described in the following chapters.

7.1 EMERGENCY CALLS AND OUT-OF-HOURS SERVICE

From the Dashboard the immigrant gets information about emergency calls via the „MApp Info“, category "Health Care", "Emergency Call & Hotlines" (see Figure 3).

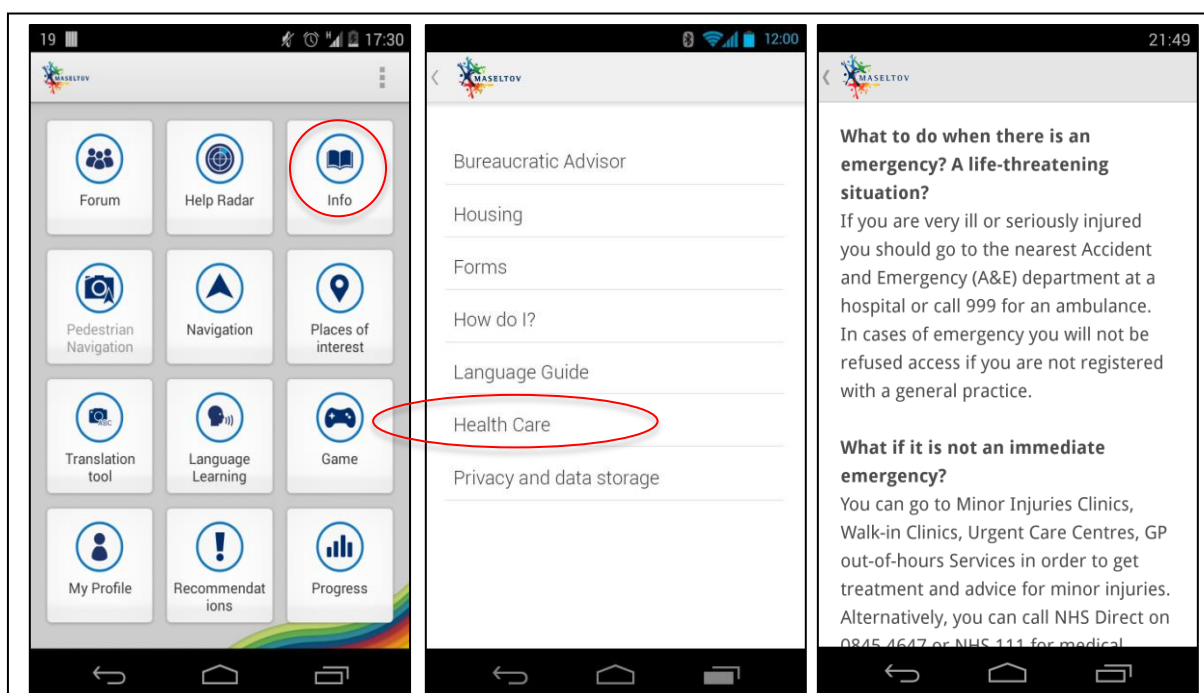


Figure 3: Screen flow to access information about Emergency Calls and Hotlines in „MApp Info“

There an explanation about the different emergency services is given, especially the difference between "999" in life-threatening situation and NHS Direct (0845 4647 or 111) in non-immediate situations.

Emergency call numbers are listed next to the info-text and can be called via a direct link on screen.

7.2 HEALTH SERVICE DURING WORKING HOURS

7.2.1 Registering with a general practitioner (GP)

As an upstream administrative process before accessing medical services, registering with a GP is an important step during the first days after arrival for an immigrant.

„MApp Info“ supports in this process in the “Health Care Administration” section.

7.2.2 Receiving medical help

Country-specific information on how to receive medical help is found in „MApp Info“, category "Health Care", "What to do in case of illness?"

For London „MApp Info“ will list the options:

- Go to the GP you are registered with
- Go to a walk-in-clinic.

The user can use “MApp Places of Interest (POI)” and “MApp Navigation” to find the GP or walk-in-clinic.

7.2.3 Filling in prescriptions

„MApp Info“ explains how to fill in a prescription, lists relevant fees and how to get an assumption of costs.

MApp POI and Navigation help to find an open pharmacy nearby.

7.2.4 Expressing one's medical needs

In the “MApp Language Learning Tool” the chapter "How to make an appointment with a doctor" and "How to communicate with a doctor" trains relevant language skills to explain symptoms during calls and visits, as well as understanding doctor's orders.

The “MApp Recommender” service is used to save and recall relevant medical vocabulary and language lessons.

7.2.5 Receiving additional help

In the “MApp Help Radar (Geo-Social Radar)” volunteers with health care related skills are listed. These volunteers help to get relevant information and go the correct next steps, especially if the user feels ill.

8. UTILIZATION OF MASELTOV APPLICATIONS (MAPPS)

The “Health Care Assistant” is designed as integration of a wide range of MApps (see Figure 4) to provide the user with health related information and “how-to’s”.



Figure 4: Utilization of MApps for the „Health Care Assistant“ (with reference to the describing sections)

8.1 INFO

The “Health Care Assistant” uses „MApp Info“ to present health related information to the user. Another feature is the link to call relevant emergency numbers and hotlines directly from the info-screen.

“MApp Info” is described in detail in “D6.2 Bureaucratic Advisor Service”, Chapter 5.3 “Feature Description”

8.2 POI SEARCH SERVICE AND AUGMENTED NAVIGATION

In the „Health Care Assistant“ the “MApp Point of Interests (POI)” is used to find doctors, pharmacies, specialists and other health care professionals, preferable with relevant language skills. Augmented Navigation is then used to guide users to these places (see Figure 5). Details of POI and Augmented Navigation are described in “D6.3.1 POI Navigation Service”, Chapter 3.4.

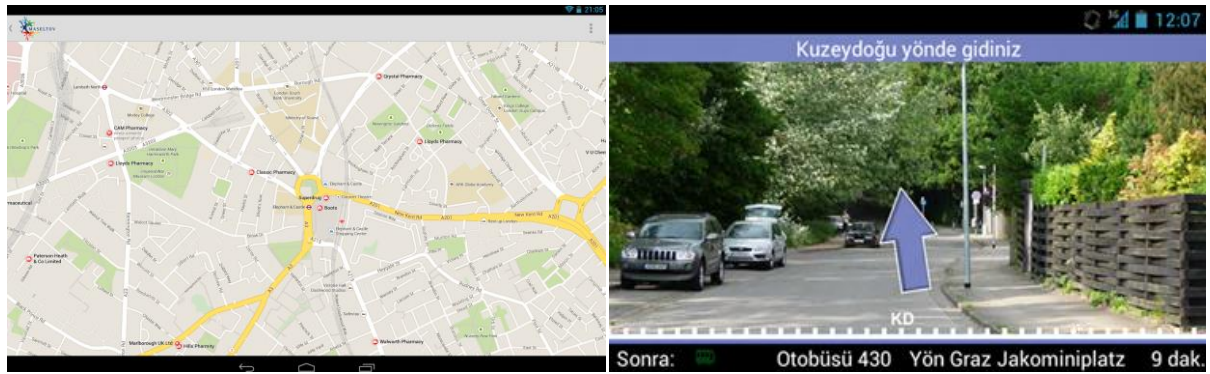


Figure 5: Points of Interest and Augmented Navigation

8.3 TEXT LENSES AND LANGUAGE LESSONS

Health related vocabulary and the medical technoelect, for example in Patient information leaflets (PILs), is a key challenge for immigrants regarding access to health care services. “MApp Text Lense” is used to explain health related written language and for suggestion of relevant language lessons.

The “Text Lense” is described in “D4.3.1 Mobile Text Detection and Recognition”.

8.4 SERIOUS GAME

In the “MApp Game” common situations relevant to health care can be solved in a playful way.

The description of the serious game can be found in “D4.3.1 Persuasive Assistance and Learning”.

8.5 GEO-SOCIAL RADAR AND SOCIAL NETWORKS

In the “MApp Help Radar” (see Figure 6) volunteers with health care related skills are listed. These volunteers help to get relevant information and go the correct next steps, especially if the user feels ill.

Another important feature of MASELTOV is the integrated social network. Especially in case of chronic or serious illnesses help from within the community could be of importance.

“MApp Help Radar” is described in detail in “D8.2.1 Geosocial Mobility and Communication Model”, in Chapter 4.3 “Functional Description” while the MASELTOV social network services are described in “D8.1.1 Social Network Analysis”.

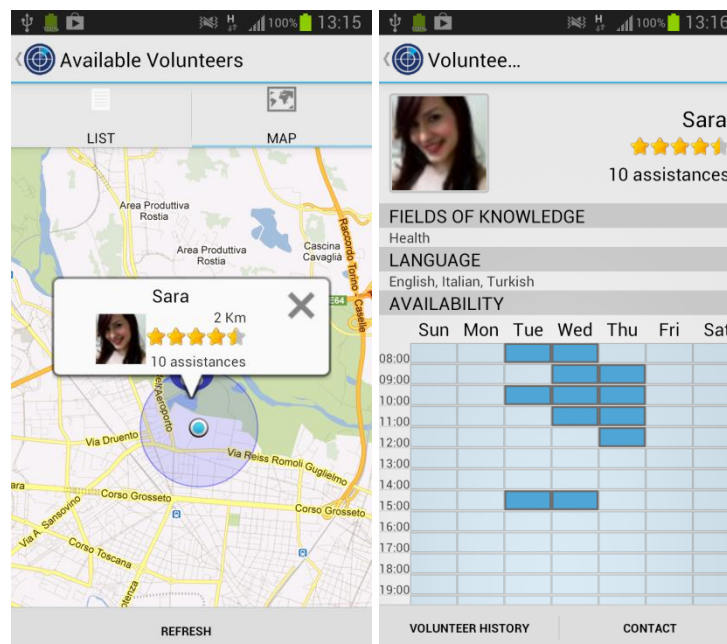


Figure 6: Health related assistance by listed volunteers

9. SUMMARY AND OUTLOOK

In this deliverable, the work carried out in the WP6 MOBILE ASSISTANCE & INFORMATION SERVICES, in Task 6.4 “Health Care Service”, as well as in Task 6.2 “Bureaucratic Advisor” (medical security and associated rights for immigrants), was described:

- Chapter 4 provided the regulatory framework and common problems immigrants have when accessing the health care services of Austria, Spain and United Kingdom.
- Chapter 5 explained how the „Health Care Assistant“ is structured to provide health care related information necessary for immigrants.
- Chapter 6 told the story of Maria, who recently immigrated to London, and how her contact with the British health care system can be assisted by MASELTOV.
- Chapter 7 listed the most important use cases of the „Health Care Assistant“, when used by immigrants.
- Chapter 8 depicted the integration of the „Health Care Assistant“ the existing MApp.

The „Health Care Assistant“ is currently prepared for the MASELTOV trial in London (WP9) in September 2014. For this up-to-date health care information is gathered to provide immigrants easy access to London's health services.

ANNEX

I. DETAILED INFORMATION - IMMIGRANT'S ACCESS TO HEALTH SERVICES IN UK-LONDON

II. DETAILED INFORMATION - IMMIGRANT'S ACCESS TO HEALTH SERVICES IN AT-VIENNA
