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DIGI4Care – Institutional Action Plan – Central and East European Health Policy Network (CEE HPN), Slovakia

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Introduction

From Transnational Strategy to Institutional Action: Sustaining the Uptake of Digital Health Solutions

This document forms part of Deliverable D1.4.3 (Output O1.4) of the DIGI4Care project (DRP0200543), co-funded by the European Union through the Interreg Danube Region Programme. The deliverable unfolds within the framework of Specific Objective 1 (SO1) of the project, "Enabling the uptake of digital solutions in healthcare, from prevention to rehabilitation", which culminates in the Digitally Enabled Integrated Care Model Strategy (ICM Strategy, O1.3) and the corresponding institutional-level Action Plans (O1.4), validated by the transnational uptake cases of the SO2 pilots. The Institutional Action Plans represent the final, institution-level layer of the project's strategic work under Work Package 1. They build directly on the Digitally Enabled ICM Strategy (O1.3 / D1.4.2), which serves as the joint roadmap for tackling the key dimensions of introducing digital technologies throughout the patient journey — technology uptake and financing, data, regulatory and ethical aspects, care pathways, and workflow and skills. By translating the ICM Strategy into concrete, institution-level actions that support the integration, uptake and scale-up of the digital health solutions tested in the DIGI4Care pilots, both the Strategy and the Action Plans draw on the evaluation work of Work Package 2, in particular the ICM Evaluation Report (D2.5.2) and the Pilot Evaluation Reports, which consolidate the outcomes, results and lessons learned of the four pilots. Where relevant, the Action Plans also capitalise on other key project results, including the Knowledge Platform and Radar (O1.2), the Training and Capacity-building Toolbox (O3.1), the Data Management Model (O2.2), the Dashboard (O3.2) and the university curricula (D3.3.1). In this way, the Action Plans serve as the bridge between the project's transnational strategic outputs and their sustained, institution-level application after project closure.

The Action Plan document starts with an overview presenting the implementation setting, the related pilot(s) and pilot-tested solutions, the timeframe of the plan and the arrangements for its after-project life, and lists the set of actions the partner commits to deliver. The main part contains the detailed Action Sheets, specifying for each action the technical solution, SMART objectives, implementation milestones, resource allocation, and a framework for monitoring KPIs, mitigating risks, and ensuring the long-term sustainability and after-project life of the results.

Among the eight Institutional-level Action Plans elaborated by the project partners, the present document contains the Institutional Action Plan of the Central and East European Health Policy Network (CEE HPN SK), Slovakia.

Executive Summary

The CEE HPN Action Plan comprises three actions. The first action involves developing and launching a "Digi4Care App" designed to improve coordination between diabetologists and ophthalmologists through a paired-user model in which both the referring physician and the receiving specialist are registered and logged in to the application. The paired-user model addresses a gap in specialist referral workflows identified in Pilot 1. The KPIs for this action focus on validation and launch, with the web interface serving as the data source for login records.

The second action involves delivering a webinar on digitalization in diabetic retinopathy through the HealthHub Academy, targeting at least 20 ambulatory physicians. The sustainability model anticipates that the webinar will become a recurring element of the HealthHub Academy programme. The third action consists of presenting DIGI4Care results at the ITAPA conference, an innovation-focused event attended by healthcare professionals, policymakers, and industry representatives, with the aim of reaching at least 300 participants and embedding project outcomes into ongoing national and regional digital health discussions.

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Action Plan Overview

The table below presents the general information on the Action Plan of CEE HPN:

Institution / Partner	Central & East European Health Policy Network (CEE HPN)
Country	Slovakia
Contact person (name, role, email)	Noemi Macko-Forgáčová, project manager, forgacova@ceehpn.eu
Implementation setting	☐ Own institution ☐ With ASP(s) ☐ Pilot organisation(s) ☑ **Other: Own institution and external institutions**
Related pilot(s) / solutions (if relevant)	Pilot 1/ AI enabled screening of diabetic retinopathy moved to diabetologist
Timeframe of this Action Plan	Start: 01/04/2026 End: Q1/2027
After-project life	☑ **Routine operations** ☐ Budget line ☐ Ownership assigned ☐ Other: _____

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The following table summarises the actions CEE HPN commits to deliver within this Action Plan:

Action #	Action title	Dimension(s)	Owner	Start-End
1	Digi4Care App	Workflow & skills / Care pathway	CEE HPN + Roman Novota - RALPH	04/2026 – 06/2026
2	Webinar: Education of ambulatory doctors	Tech uptake / Workflow & skills / Care pathway	CEE HPN + HealthHub Academy	06/2026 – Q1/2027
3	ITAPA conference	Tech uptake & financing	CEE HPN + ITAPA	09/2026 – 12/2026

Priority Action 1 - Action Sheet

Institution / Partner	Central & East European Health Policy Network (CEE HPN)
Target organisation	☑ **Own institution** ☐ With ASP(s) ☐ Pilot organisation(s) ☑ Other: ambulatory physicians
Related pilot-tested solution / technology	Pilot 1/ AI enabled screening of diabetic retinopathy moved to diabetologist
Dimension(s) (tick)	☐ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☑ Care pathway ☑ **Workflow & skills**
Action title (one line)	Digi4Care App
Problem/opportunity	Limited coordination between diabetologist and ophthalmologist (and other specialists)
Objective (SMART)	Launch a DIGI4care app
Main steps (bullets)	• Develop and finish the App • Validation process on web interface • Launching the App
Timeline (start/end + 3 milestones)	Start: 04/2026 End: 30/06/2026 M1: App finished M2: App validated M3: App launched
Responsible actors	Owner: CEE HPN + Roman Novota -RALPH Sponsor: CEE HPN + Roman Novota - RALPH Key contributors (roles): CEE HPN experts + Roman Novota - RALPH
Resources & budget / funding	People/time: staff preparation time Budget categories: ☑ licence ☐ integration ☐ **training** ☐ support ☐ other: _____

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	Rough amount (EUR): 3000 Funding: ☑ **internal** ☐ **external/grant** ☑ partner
KPIs + data source	KPI 1: App validated KPI 2: App launched Data sources: web interface for login
Risks + mitigations (max 3)	1) Delay in finishing → early consultation with Roman Novota -RALPH 2) Risk of low adoption due to the "linked physician pair" model → Mitigation: targeted outreach to diabetology and ophthalmology practices before launch; secure a minimum number of paired physicians as a pilot base (e.g., 3 pairs) prior to go-live.
Sustainability & after-project life	The app will remain accessible to doctors through a web interface, where they can log in. The app will be available via the web interface, enabling easy access and distribution to healthcare professionals. To ensure continued functionality after project ends, a funding source for hosting and maintenance needs will be covered by partner RALPH via in-kind agreement, or alternatively a small annual budget line via CEE HPN.

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Priority Action 2 - Action Sheet

Institution / Partner	Central & East European Health Policy Network (CEE HPN)
Target organisation	☑ **Own institution** ☐ With ASP(s) ☐ Pilot organisation(s) ☑ Other: ambulatory physicians
Related pilot-tested solution / technology	Pilot 1/ AI enabled screening of diabetic retinopathy moved to diabetologist
Dimension(s) (tick)	☑ Tech uptake & financing ☐ Data ☐ Regulatory/ethical ☑ **Care pathway** ☑ **Workflow & skills**
Action title (one line)	Webinar: Education of ambulatory doctors (HealthHub academy)
Problem/opportunity	Technology uptake + integrated care model
Objective (SMART)	Deliver a course on digitalization in diabetic retinopathy
Main steps (bullets)	• Develop webinar concept • Prepare educational materials • Deliver webinar for ambulatory physicians
Timeline (start/end + 3 milestones)	Start: 01/06/2026 End: Q1/2027 M1: Curriculum and materials prepared M2: Webinar approved by Samuel Arbe M3: Webinar delivery completed
Responsible actors	Owner: CEE HPN Sponsor: HealthHub (CEO Samuel Arbe) Key contributors (roles): CEE HPN experts
Resources & budget / funding	People/time: staff preparation time Budget categories: ☐ licence ☐ integration ☑ **training** ☐ support ☐ other: _____

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	Rough amount (EUR): 1000 Funding: ☑ **internal** ☐ **external/grant** ☑ partner
KPIs + data source	KPI 1: Webinar developed and delivered KPI 2: Minimum 20 participants Data sources: HealthHub Academy programme records
Risks + mitigations (max 3)	1) Risk of low participation → Mitigation: targeted promotion via HealthHub Academy, starting at least 4 weeks before the session. 2) Complexity → focus on practical demonstrations
Sustainability & after-project life	Webinar becomes a recurring component of the programme. Webinar supports wider adoption of AI in screening diabetic retinopathy.

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Priority Action 3 - Action Sheet

Institution / Partner	Central & East European Health Policy Network (CEE HPN)
Target organisation	☐ Own institution ☐ With ASP(s) ☐ Pilot organisation(s) ☑ **Other: vendors in Slovakia**
Related pilot-tested solution / technology	Pilot 1/ AI enabled screening of diabetic retinopathy moved to diabetologist
Dimension(s) (tick)	☑ **Tech uptake & financing** ☐ Data ☐ Regulatory/ethical ☐ Care pathway ☑ **Workflow & skills**
Action title (one line)	ITAPA conference
Problem/opportunity	Limited awareness among Slovak healthcare providers, policymakers, and technology vendors of DIGI4Care's results and practical benefits; ideal platform to disseminate pilot project outcomes to decision-makers in digital health.
Objective (SMART)	Present DIGI4Care results (Pilot 1 – AI-enabled diabetic retinopathy screening) at the ITAPA 2026 conference, reach at least 300 participants from healthcare, policy, and technology vendor backgrounds.
Main steps (bullets)	• Prepare presentation and supporting materials (07–09/2026) • Coordinate with the ITAPA organizing team (09/2026) • Deliver presentation at the conference (24–26 Nov 2026)
Timeline (start/end + 3 milestones)	Start: 01/09/2026 End: 31/12/2026 M1: Preparation phase with organization team 09/2026 M2: Conference 24-26.11.2026

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Responsible actors	Owner: CEE HPN - Robert Vincze Key contributors (roles): CEE HPN experts
Resources & budget / funding	People/time: research and preparation Budget categories: ☐ licence ☐ integration ☐ training ☑ **support** ☐ other: _____ Rough amount (EUR): 500 Funding: ☑ **internal** ☐ **external/grant** ☑ partner
KPIs + data source	KPI 1: Number of stakeholders reached and engaged (e.g., healthcare professionals, policymakers, industry representatives) during the ITAPA conference session, including attendance, follow-up inquiries, and networking interactions.
Risks + mitigations (max 3)	1.Risk of limited relevance to the ITAPA audience → Mitigation: tailor the presentation to ITAPA's audience, emphasize practical use cases, real-world impact, and policy relevance; include interactive elements (Q&A, discussion). 2. Risk of low post-conference reach/recall of outcomes → Mitigation: prepare a written summary/policy brief for distribution to participants and media after the conference.
Sustainability & after-project life	The dissemination of DIGI4Care results at ITAPA will ensure continued visibility and relevance by embedding project outcomes into ongoing national and regional digital health discussions. Materials and recommendations will remain accessible to stakeholders. By targeting a high-level, innovation-focused conference such as ITAPA, the project conclusions will reach key decision-makers and practitioners, facilitating replication and adaptation in other healthcare settings that can be scaled across regions and aligned with broader digital health strategies.

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