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BUSINESS PLAN

Student-Run Interdisciplinary
Allied Health Digital Practice
Centre



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Executive Summary

The SIAHDPC Center is a spin-off the Student-run Interdisciplinary Allied Health Digital Practice Center Project, funded by the ERASMUS+ Programme of the European Commission, and implemented by an international Consortium led by the Heimerer College and comprising of University of Gjilan “Kadri Zeka”, RIT Kosovo, JAMK University of Applied Sciences, Metropolia University of Applied Sciences, Halle University, Institute of Southeast Europe for Health and Social Policies, Klinika Digjitale, Ministry of Education, Science and Technology, Milky Way Creative, Univations. It is designed, (re)piloted, adjusted from January 2021 till August 2024 at the premises of the Kosovan higher education institution partners (HC, UKZ, and RIT-K). Its mission is to improve the quality and accessibility of allied health care services by the Kosovan citizens via education and practical training of current and future (students) health and non-health professionals. Its goal is to minimize the skills and service gaps, whereas its long terms objectives are to expand and to update the list of e-health care and educational services in line with the current and future care in Kosova and beyond. The key categories of its services are e-health care ((e-health, tele-medicine, virtual therapy), legal, financial, business development, marketing, research, testing, and training services, whereas its key intellectual products are the digital platform, Continuous Professional Development courses, training programmes, Handbook of concepts, and Roadmap of digital healthcare service development. As such, it is going to play a significant role in terms of developing the relevant/missing competences, and creating an alternative digital environment for the simulation and delivery of increasing number of digital health and non-health services. The overall sustainability of the core processes/activities of the Center are planned to be ensured by the Kosovan HEIs, and service fees. The current interdisciplinary Project Management Group, namely its Kosovan HEIs’ representatives will continue to manage the Center and units, respectively, ensuring the overall implementation of the Sustainability Plan.

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1. Key facts about the SIAHDPC Center

Business Structure

The Center's units represent newly established organisational structures of the Kosovo HEIs, given that they are conceptualized and operationalized to support the practical training, teaching, researching, and servicing the community/industry related processes. Yet, the Kosovo legislation does not allow its HEIs to generate revenue from services other than educational ones. That is why, in the Sustainability Strategy, partners have foreseen to establish new legal entities i.e., non-profit or social service organisations by their staff and students through which they will be able to charge certain fees for their services.

History

The roots of the SIAHDPC Center go back to 2018, when HC was leading another CBHE Project (SMAHPC), in cooperation with the majority of the institutional partners of the SIAHDPC Center. During that project partners introduced the topic of digitalisation only for the purpose of patient data management, and the first concrete investment to depart from classical paradigms of teacher-centred, doctor-centred, problem-based, mono-disciplinary and non-evidence-based teaching, researching, and servicing.

Subsequently, partners had realized that Kosovo and its partners needed a more significant investment in those terms, by introducing the digitisation concept not only for the purpose of patient data management, but in every phase of the delivery process of health care services, i.e., diagnosis, treatment/delivery, reflection. Also, partners had recognized the significant potential of benefiting from the digitisation (VR and AR) in reducing the need to continuously invest in the purchasing rather expensive and fast changing physical equipment for their labs (clinical settings).

Given these reasons, and the rather strong interest of partners to engage in interdisciplinary, digitalization, and internationalization related projects which tackle relevant and community-based needs, a follow-up project proposal was decided (the SIAHDPC). The aim was to tap into the synergies and momentum for the provision of interdisciplinary academic and non-academic programs and investment for student-led competence building initiatives, especially via incorporating the digital dimension on the teaching (pedagogical approaches and didactic materials), practical training (ehealth services), research, and international/interdisciplinary collaboration. Despite all the odds at the international (COVID-19 pandemic occurred during the first six months of the project – January-June 2021), national (lack of definitions of key concepts, recognition, and complementary investments), institutional (certain rigid internal regulations with regard to

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curricula change), and individual (resistance to change, lack of digital competence and in other related concepts/competences) levels, partners managed to pull out the most of the opportunities offered by this Project. During the lifetime of the later (36 + 8 additional months), partners were able to complete all of the planned deliverables, activities, and results, along with the expected methodology and impact, occasionally even outperforming the original level.

Today, partners have reached a clearer understanding, greater competence, and higher level of cooperation with regard to this Project (SIAHDPC Center), but also other terms of complementary cooperation i.e., JAMK and HC international credit mobility ERASMUS+ grants for student and staff for teaching and training purposes, online teacher’s training for pedagogical approaches introduced in the SIAHDPC by the JAMK experts, other joint applications with Metropolia (CBHE proposal in mental healthcare, submitted in February 2024), JAMK and UKZ (CBHE strand 2 proposal of STAHLPL and LEAD, submitted in February 2024), etc.

Mission and core values

The mission of the SIAHDPC Center is to improve the well-being of Kosovo citizens through providing them with better quality and easier access to digital allied health care services. In parallel, it will support the digitisation and modernisation of the Kosovo HEIs systems in terms of developing open and online educational resources, connectivity, digital skills, pedagogical and learning methods, and involvement of relevant stakeholders in the projects based on its user-involvement and innovation and entrepreneurship core themes.

Additionally, the core values of the SIAHDPC are:

1. Quality of Care

- **Commitment to Excellence:** Ensuring the highest standards in delivering digital allied health care services to improve the well-being of Kosovo citizens.
- **Patient-Centered Approach:** Prioritizing the needs, preferences, and well-being of patients in every aspect of care.

2. Accessibility

- **Inclusivity:** Providing equal access to health care services for all citizens, regardless of their location or socioeconomic status.
- **Digital Reach:** Leveraging technology to overcome barriers to care and enhance access to allied health and non-health services.

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3. Innovation and Entrepreneurship

- **Continuous Improvement:** Embracing innovative approaches and entrepreneurial thinking to advance health care delivery, education, and professional training.
- **Creative Problem Solving:** Encouraging and supporting the development of new ideas and solutions to improve health outcomes and educational practices.

4. Interdisciplinary Collaboration

- **Teamwork:** Promoting collaboration among different health disciplines to provide holistic care and improve outcomes.
- **Shared Knowledge:** Encouraging the exchange of expertise and ideas across various fields to enhance both health care services and educational programs.

5. Digital Transformation

- **Technology Integration:** Fostering the digitization and modernization of health care and educational systems to meet contemporary needs.
- **Digital Literacy:** Developing digital skills among students, professionals, citizens, and industry to effectively engage with modern health care systems.

6. User Involvement

- **Patient and Community Engagement:** Involving citizens (clients, families) in the development and delivery of health care services to ensure they are relevant and effective.
- **Stakeholder Collaboration:** Actively involving relevant stakeholders, including HEIs, industry partners, and the community, in shaping projects and initiatives.

7. Education and Development

- **Lifelong Learning:** Supporting continuous learning and professional development in digital health and allied health care and non-health fields.
- **Pedagogical Innovation:** Emphasizing the use of modern educational methods, such as open and online resources, to enhance learning experiences.

8. Ethical Practice

- **Integrity:** Upholding the highest ethical standards in all practices, ensuring trust and credibility in health care practical training, services and education.
- **Social Responsibility:** Committing to practices that benefit society and contribute to the overall well-being of the community.

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Objectives and strategy

The objectives are to establish the digital practice center, deliver high-quality services, expand digital education resources, and foster innovation in health care and education.

Establish a Scalable Digital Practice

- **Objective:** Develop and operationalize a cutting-edge digital health practice center that can be scaled across different regions and disciplines.
- **Strategy:** Implement robust technology infrastructure and streamline operational workflows to ensure the center is equipped to manage increasing demand and diverse health care needs. Establish a governance framework that allows for easy replication and scaling of the center's model in other regions or within different allied health disciplines.

Deliver High-Quality, Patient-Centric Digital Health Services:

- **Objective:** Position the center as a leader in providing superior digital health care services that prioritize patient outcomes and satisfaction.
- **Strategy:** Employ evidence-based practices and continuous quality improvement processes to ensure the highest standard of care. Utilize patient feedback and data analytics to refine and enhance service delivery, ensuring that all offerings are responsive to the needs and preferences of the target population.

Expand and Optimize Digital Educational Resources:

- **Objective:** Grow the center's portfolio of digital educational resources to become a reliable provider of online and open educational materials in allied health.
- **Strategy:** Invest in the development and dissemination of high-quality digital learning modules, interactive tools, and resources that cater to both students and professionals. Collaborate with academic institutions and industry experts to create content that is both cutting-edge and aligned with current educational needs. Leverage technology to ensure these resources are accessible and scalable across different platforms and regions.

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Drive Innovation and Thought Leadership in Health Care and Education:

- **Objective:** Position the center as an innovation hub that influences the future of health care delivery and education, both locally and globally.
- **Strategy:** Foster a culture of innovation by encouraging interdisciplinary collaboration and entrepreneurial thinking among students, faculty, and industry partners. Engage in research and development initiatives aimed at pioneering new digital health solutions and educational methodologies. Actively participate and co-organize industry forums, academic conferences, and partnerships to establish the center as a thought leader in the fields of digital health and education. Synergize with parallel investments by the Kosova partners i.e., HC's Future Care Lab.

Unique Value Proposition

The Center combines student-driven initiatives with interdisciplinary collaboration, focusing on user involvement and leveraging digital tools to offer unique simulated and real health care and educational solutions. The unique value of these services derives from the fact that they will be delivered by the leading experts, based on the most updated approaches/models, customized to the unique needs/wants of the clients, in cooperation with clients themselves, and relatively cheaper prices and free of charge.

As for the students, they will benefit from the hands-on experience (practical application and skills development), Interdisciplinary Collaboration (team-work and networking, and comprehensive learning), Innovation and Entrepreneurship (creative problem-solving, and leadership opportunities), Exposure to Experts supervision/guidance (mentorship and cutting-edge knowledge), user-centred design experience (customization skills, and client integration/involvement), and affordable education (cost effective learning).

Regarding patients, the Centre benefits them in terms of access to high quality care (expert-driven services and evidence-informed practice), customized care solutions (personalized attention and co-creation of care), Innovative Health Care Deliver (cutting edge services and simulated and real care solutions), Affordability (free and cost-effective services and value for money), and Enhanced Patient Engagement (active participation, and education and empowerment).

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2. Market Research

Industry Analysis

Higher education industry

The strong social and cultural related aspects deriving from the communist-socialist system, where the doctor and teacher are perceived as the sole reliable source of knowledge, whereas patients and students must only follow. These pedagogical approaches represent significant barriers on the reformation process within the health and educational providing institutions.

The students remain simply on the sidelines as observers and absorbers of information being provided by their professors during the lectures, with very limited participation. They remain outer stakeholders whose voices are considered just for formal purposes with no clear accountability channels that would increase the probability of their recommendations/ideas to be incorporated in the education system.

Health care industry

Consequently, Kosovo's health care system is in dare need of modernization, making it an opportunity time to introduce digital solutions. What is more, the digital health care industry is at early stages of development and developing at a relatively low rate, concerning the adoption of telehealth and digital health services globally. Digitalization is widely argued as the "game-changing" factor. E-health is expected to serve as a viable alternative solution for connecting patients with health professionals from all over the world at their conveniences, enhancing the diversity, accessibility and quality of health services at relatively same or even lower prices. In 2019, out of the total budget (7,123), EUR 225.6 million were allocated for the health sector, representing an increase of 16% from the previous year; still public budget allocated to this sector represent only 3.3% of the overall Gross Domestic Product (GDP) (GAP, 2018; KA, 2019). Such increase of expenditures in health care services does not satiate even slightly the alarming need for greater access and more effective health services. Yet, despite its great potential, e-health services have only recently been introduced in Kosovo mainly because of the lack of needed technologies, systems, competent human resources, and lack of awareness among the general public (Latifi et al., 2009).

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Target groups and beneficiaries

The main target groups of the SIAHDPC are:

- Students
- Customers/Clients
- Teachers
- Therapists/Health professionals
- Researchers
- Policy Makers
- The industry with a background of digital solutions
- E-health/Health care organizations open to e-health collaborative work (public, private, non-profitable)

Whereas the main categories of beneficiaries of the SIAHDPC are:

- Clients (patients/students)
- External professionals
- Potential entrepreneurs
- Healthcare organisations (public, private, non-profitable).

Market Needs

There is a significant gap in accessible and quality health care services in Kosovo, particularly in remote areas.

Healthcare

As far as the relevant professionals are concerned, to which category most of the staff members of Project partners belong, the following have been listed as priority needs in addition to the ones mentioned already at the HEI and student levels: continuous professional development opportunities focusing on digitalization, evidence-informed practice, international and interdisciplinary collaboration, new and additional equipment and models of service delivery (tele and virtual therapy services being ranked as the most preferred ones, although cases of absence of basic equipment are argued to be in common at public health providing organizations.

The respective professionals are in desperate need for online exchange of practice and international collaboration mainly, because of the mobility (visa regime by all the developed countries is still in place for the Kosovo citizens) and financial limitations. Although not sufficiently familiar with the actual operation of VR and MR programs, the latter are widely perceived as very productive steps toward sharpening their skills in line with the latest trends in their respective scientific fields.

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Higher education

The higher education sector in Kosovo could be described as a very ineffective in terms of competence development. The key detrimental factors to that outcomes are widely argued to be linked with the inadequate pedagogical approach, lack of competence and skills development within existing educational programs, lack of available technology, a high level of illiteracy for digital health among HEI staff members, lack of continuous professional development opportunities for staff members, very low internationalization of campus, teaching and research, lack of transparency and corruption, and lack of relevant literature in Albanian language. The presence of the latter factors is widely perceived to be even more intense in the area of (allied) health mainly because of its greater complexity and inadequate financial, professional, and socio-cultural related factors.

The application of technology among the Kosovo HEIs on the learning, practical training, and research processes is very limited and mostly outdated. That is due to the lack of financial resources and competent staff members. The majority of these HEIs are equipped with limited ICT and professional laboratory equipment which enable application of very basic learning practices. In recent years, there has been a progress by certain private HEIs, through donations offered by EU/international programmes (ERASMUS+). Nonetheless, there is no technology for virtual and mixed learning, nor for tele-health and virtual therapy practice. On the other hand, there is a need for digital. That gap is considered to be growing especially in the area of health and wellbeing, and in terms of their digital competence, evidence-informed practice, innovation, and client-centeredness, primarily because of the lack of:

- formal and informal learning and training opportunities for current and future health professionals.
- inadequate learning, research and practice methods and pedagogies, still based on the previous social-communist system, with very little inclusion of relevant modern digital technologies, dominated by traditional ones and content not updated with latest respective scientific knowledge, and with very little collaboration with the respective industry and other stakeholders' literature in local language (Albanian), especially with regard virtual therapy and tele-health counseling services.

Another relevant hindering factor is the lack of competent staff in terms of digital literacy. There is a significant discrepancy between the relevant competence between the needed and current levels of competence. There are many factors contributing to this outcome primarily related to the relatively lack of continuous professional development opportunities, having majority of staff members graduating from the same insufficiently equipped HEIs in Kosovo, lack of investments in technology, and lack of incentives to promote the individual investments of staff members in competence development and application of technology in the daily work with students, especially. The skills development concerning allied health services in Kosovo needs:

- To promote a more ICT competent professional to facilitate the engagement of students as leaders of health centres and stimulating a new mind-set among them focusing on innovation

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- and entrepreneurship using virtual and online interdisciplinary learning, research and service design and delivery centres based on E-pedagogical approaches and learning materials.
- Operating models of health care based on the interdisciplinary approach supported in technologies for enhancing the quality, diversity, accessibility and viability of health services.
 - Collaboration between education, work life, authorities and other institutions could facilitate the internationalization of health care organizations and professionals.

Additionally, the topic of internationalization is still considered as an optional task by the majority of HEIs and their respective staff members. It is often argued that it is a result of the failure of HEIs' managements to provide attractive incentives and support for their staff and students. It represents another systematic failure because existing promotional criteria do not cover the contribution of staff and students for initiating and joining international partnerships. Ad-hoc and unsustainable initiatives for internationalization are the rule among the HEIs, as they are dependent on individuals and not based on well-defined organizational continuous structures. Subsequently, the Kosovo HEIs have very limited international and regional networks, making it arguably even more difficult to engage in international research-based projects.

Students are in greater need of innovative spaces that would enrich the process of developing their modern competences needed to become effective and efficient service providers in line with the needs of their clients (patients) of today and future. More specifically, the students are in desperate need of being taught from different more efficient pedagogical approaches which enable the utilization of most modern relevant technologies. Simultaneously, students of health/rehabilitation sciences lack spaces for conducting their practical training in general. The Kosovo often try to improvise and build primitive and very limited educational simulation scenarios as a response, significantly failing to realize the immense potential of their students to become competent and confident service providers soon. What is more relevant for the respective students is their great need for learning and practicing simulation and virtual environments, because they would have the opportunity to also experience high risk situations in relatively safe settings prior to getting involved in the treatment of their real patients.

Competitive Analysis

There is no other similar Center in Kosovo or in the region. While traditional health care providers dominate the market, there are few players offering comprehensive digital health solutions. The SIAHDPC's interdisciplinary, student-run approach is a key differentiator. Multidisciplinary and interdisciplinary collaboration are still perceived as external instead of core principles of their work, especially in the area of allied health.

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SWOT Analysis

STRENGTHS

- Future generations will be competent in Tele-health and E-Health Services
- Cost effectiveness
- Partnerships with other Digital
- Real time services
- Time efficiency
- Futuristic and innovative health services

WEAKNESSES

- Lack of competencies in health professionals for the use of telehealth and e-health
- Lack of customer knowledge on the use of platforms for the provision of health services
- Inability to provide all health treatments needed by the client through telehealth and e health
- Lack of technical resources
- Difficulties in managing the therapeutic session, as a result of physical absence

OPPORTUNITIES

- Organizing trainings and workshops on the provision of digital services
- Awareness and promotional campaigns for digital services
- Access to local and international health professionals

THREATS

- Security on data confidentiality/ Cyber Security
- Internet/electricity access

Market Size and Growth Potential

Higher education

- Institutions

The potential market includes all Kosovo citizens, with expansion possible to neighboring regions. The educational market also offers growth opportunities as more institutions seek to digitize. Moreover, there are 38 public and private HEIs, which are accredited to offer 355 academic programs of EQF levels 7,6, and 5, for maximum 28,361 students. Please refer the table below to see the distribution of these statistics by each study level, respectively:

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Row Labels	Higher Education Institution	Study Program	Max # of students
BA	19	59	5940
BA Prof		9	690
Bachelor professional	3	19	1555
BMus	1	1	50
BSc	13	100	10860
BSc		1	150
Dr. Dent		2	110
Dr. Dent (Integrated)		2	100
Dr. Med (Integrated)		1	200
LLB	1	12	1890
LLM		16	690
MA		47	2282
Mmus		1	20
MPh		1	50
MPh (Integrated)		1	50
MSc	1	76	3682
PhD		7	42
Grand Total	38	355	28,361

Table: Number of HEIs, academic programs, and students

Source: AKA, 2024

- Students

Out of the total number of higher education students (140,000), around 7% are studying health and wellbeing related sciences. This is a double-headed arrow, meaning that while it signals the for a relatively low number of students overall and specifically the respective disciplines, there is also a great opportunity for those HEIs to develop more attractive and updated, innovative, missing, and market-oriented programmes i.e., joint master programmes, or co-created with international partners, and accredited by international agencies. A particularly significant and untapped potential exists in terms of formal and informal learning and training opportunities for current and future health professionals.

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Health care

- Organizations

Still, there are very ineffective and inefficient models of health service design and provision among public institutions, especially. Also, there has not been achieved a shared strategic vision about the health sector nor shared priority areas of investment manifested into insufficient and inadequate public investments followed by corruption, resulting with the lack of infrastructure, technology, and research and development related capabilities. (Aliu, 2019).

- Health professionals

Considering all the levels of healthcare services in the public sector, there are 13,448 health professionals,

Institution	Doctor	Dentist	Pharmacist	Bachelor in Physiotherapy	Nurse	Health collaborator	Non-medical worker	Total
Institution	2,776	393	69	45	7,707	135	2,323	13,448

- Clients

Indeed, in 2024 nearly 55% of Kosovo population (1.5 million in total) is below 30 years of age (KAS, 2024). Nearly, 21.7 % live in poverty (WB, 2023) and 10.7% are long-term unemployed (KAS, 2024). Moreover, vulnerable groups primarily those with special needs, whose number is estimated to be around 150,000, are relatively often prone to social exclusion, stigmatization, and discrimination, and suffer relatively more from the inadequate infrastructure at hospitals and transportation system (EC, 2019). The lack of home-care services puts families of patients under additional pressure and further hinders their capacities to access even the existing health service. While Kosovans continue to spend around EUR 200 million annually in importing health services mainly from the Southeast European countries and Turkey, whereas only 20% of Kosovars have health insurance (KAS, 2019), patients and their families have to face additional costs i.e., travels, lack of digital patient data information system.

In parallel, this represents another untapped potential for digital health care providers, enabling and facilitating the connection of the missing health care services and professionals with clients in Kosovo. Digital platforms, virtual therapy centers, and digital health care equipment, are examples which could be integrated within the exiting conventional health care organizations to deliver assessment, early detection, data sharing, consultation/counseling, second opinion, but also more complex secondary and tertiary healthcare services.

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3. Organization and Management

Organizational Structure

The SIAHDPC center is established at the premises of the three Kosovo HEIs, with the main unit being placed at the HC, and the other two at the RIT-K and UKZ. The center is organized into several teams, including clinical services, digital education, research and development, and administration. Each team is led by student contributors and a professional with relevant expertise.

Ownership Structure

Currently under the umbrella of Heimerer College, with potential for evolving into a partnership model involving other HEIs and industry players.

Management Team

Includes experienced health care professionals, educators, IT experts, and student leaders who bring a diverse range of skills and perspectives.

Advisors

The center benefits from a broad list of advisors (members of the IAB, JVG and others) comprising industry experts, academic leaders, and digital health innovators.

HR Plan

The center plans to recruit students and recent graduates for operational roles, supported by experienced mentors and professionals. Continuous professional development and training are key components of the HR strategy.

Services

The SIAHDPC center provides digital health consultations, telehealth services, open and online educational resources for health care professionals, and consultancy on digital health care and educational practices.

Allied Health Care

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Psychological services

<p>Psychotherapy</p>	<p>Provision of behavioural and/or mental health care services using telecommunication technologies (e.g. phone, interactive videoconferencing, email, chat, text)</p>
<p>Consultations</p>	<p>A consultation with a therapist is a short meeting to determine if the therapist would be a good fit for you or just generally consulting about a specific issue. Consultations can be provided via email, phone or video conferencing.</p>
<p>Use of applications for therapeutic purposes</p>	<p>Use of applications to track mood states. Mood tracker apps help people to stay attuned to their feelings and negative thoughts, which is vital because those things profoundly affect mental health.</p>

Speech Therapy services

<p>Assessments</p>	<p>Interview with parents.</p> <p>History of the child's development.</p> <p>Standardized and informal tests for:</p> <ul style="list-style-type: none"> - articulation disorders - stuttering <p>Observations.</p>
<p>Therapy</p>	<p>Treatment goals will be highly individualized. Therapy materials will be pre-shared with clients for printing or screen sharing.</p> <p>Verbal instruction will be used during treatment.</p> <p>Certain methods (pronunciation of sounds in syllables, pronunciation of syllables in a word) will be carried out by direct verbal instruction and guidance.</p>

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<p>Family cantered coaching</p>	<p>Individual and group consultations for preventive work.</p> <ul style="list-style-type: none"> - Reduce phone usage - Included child with other children - Develop motor skills <p>Individual consultations related to the supervision of therapeutic work.</p> <p>Individual consultations with other participants in therapy: teachers, social workers, other experts.</p>
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Occupational Therapy services

<p>Consultation</p>	<p>Consultation on occupational therapy treatment activities and progress can be made with OT clients. Client groups can be, clients/carers of stroke, accidents, children with special needs, mental health difficulties which impede occupational performance, family members of a loved one near end of life, hand therapy clients, etc...</p>
<p>Family support</p>	<p>Family support Can advise client family members of treatment methods/techniques and environmental adaptations which would increase the client's participation in daily occupations. Problem solve unforeseen issues that arise during the treatment process. Suggest resources such as multi-disciplinary team members (ex: Speech therapy, Physical Therapy, Social Worker, etc...)</p>

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<p>Therapy</p>	<p>Once occupational performance assessments have been concluded in person and goals established, online therapy can be administered using client's home resources. Methods of therapy: (for all scenarios a verbal environmental assessment will be made in order to identify what items the client has which can be used for therapeutic purposes according to their treatment plan)</p> <ul style="list-style-type: none"> - Suggest types of items that can be used for therapeutic purposes (ex: in place of therapeutic, provide recipe for bread dough at the density needed) - If option 1 below is utilized, demonstrate positioning techniques, grading/scaling techniques of activities, adaptive or compensatory techniques of daily occupations, etc... - Provide resources of places where they can have adaptive devices made with patterns/designs (Carpenters, metal workers, material stores, etc...)
<p>Tele-health structure</p>	<p>Option (1) - A simulation room including fully furnished kitchen, living room, bathroom and bedroom set up with 360-degree high resonant cameras and surround sound audio, so that the professional OT and students can demonstrate OT techniques and methods so client/ carers can observe online. Option (2) - A room large enough for students to sit on one side of the room and watch a large screen which will reflect the online screen of the therapist and client conversation, which would be in a separate part of the room. Students would have blue tooth listening devices, so as to not interfere with the background sound while the therapist is speaking to the client. Option (3) - A small room with a table, a computer and monitor and a few chairs; one for the therapist and a couple others for students to observe the on-line session between the therapist and client. (For all options, the room will need to be sound proofed to prevent from outside noise filtering in.)</p>
<p>Training</p>	<p>An online tele practice certification program is recommended.</p>

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Physical therapy services

Screening	<p>Medical consults to check for indication of Physiotherapy Space: Telehealth room Equipment: computer/ laptop and camera</p>
Assessments	<p>Anamnesis, assessment and observation Space: Telehealth room Equipment: computer/ laptop and camera</p>
Therapy	<p>Monitoring exercises after few sessions of treatment Workplace and home evaluation for ergonomics to make changes in sitting posture, sleeping, environment. Space: Telehealth room Equipment: computer/ laptop and camera iPad.</p>
Multidisciplinary consultation	<p>Physiotherapy could be part of a multidisciplinary consult in which a patient gets an indication from the different disciplines and discusses the cooperation between them.</p>

Nursing services

Nursing Care Plan	<p>NCP is a formal process that includes correctly identifying existing needs, as well as recognizing potential needs or risks. Care plans also provide a means of communication among nurses, their patients, and other healthcare providers to achieve health care outcomes.</p>
Health promotion	<p>Promoting child and family nutrition (breastfeeding, introducing a healthy diet, weaning); AIDS prevention and education; Injury prevention elderly people; Promoting physical activity; community awareness activities; Virtual social groups for elderly people; child safety</p>

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<p>Vital signs Monitoring</p>	<p>We explain patients the procedure for measuring vital signs such as: Body temperature. Pulse rate. Respiration rate (rate of breathing) Blood pressure</p>
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Lab Technician services

<p>Pre-analytical consults</p>	<p>A pre-consult is a short meeting between laboratory technician and client to inform the last ones about the correct instructions he/she is going to respect until the testing</p>
<p>Results</p>	<p>Using the correct form of app to send the results directly to the patient/client.</p>

Autism

<p>Interviews</p>	<p>Interview with parents, child's development history, concerns of the parents</p>
<p>Consultations</p>	<p>Advise client family members, private assistant, school-teachers of environmental adaptations which would increase the client's performance in daily activities</p>
<p>Informal assessment</p>	<p>Supervised home tests (M-chat, Red Flags, Sensory Profile) that need to be fulfilled by the parents</p>

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Non-allied Health Care Services

IT services

<p>Help Desk Support</p>	<p>Help desk support is a vital tool for any business that doesn't have an in-house IT team. Help desk support can vary depending on your business's needs, but it's most commonly used as a single point of contact for users who need occasional help with troubleshooting computers, printers, networks, Wi-Fi, etc.</p>
<p>Cloud Services</p>	<p>Cloud services help businesses leverage the on-demand benefits of the internet with a cloud service provider. The cloud can replace the need for on-premises servers with little capital investment. These services appeal to most due to ease of use, scalability, and immediate access to company resources. The only physical requirement on your part is a dependable internet connection.</p>
<p>Backup and Disaster Recovery</p>	<p>In the event of a disaster (such as a flood, fire, or computer virus), would your important data remain safe and sound? If your business isn't already following the 3-2-1 backup rule, the answer is probably no. This rule states that your data should be stored in three separate locations: the source device (likely a computer or office workstation), your local backup device, and an off-site location (preferably through a cloud backup solution). Following the 3-2-1 backup rule ensures that the probability of all three copies of your data being lost are slim to none. Many businesses now rely on cloud backup solutions for disaster recovery. Different varieties of cloud backup include file-only backup, server backup, desktop backup, and many others. Cloud backup solutions are especially ideal for companies with multiple locations that share large amounts of data. Even if disaster strikes one location, the other location still retains access to all cloud-stored data and can continue normal operation.</p>

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<p>Network Security</p>	<p>Along with all of the benefits provided by internet access come a myriad of security risks. Hackers, spammers, viruses, and data thieves run rampant across the internet, and without strict network security measures in place, your business’s data is constantly endangered.</p> <p>Network security serves the purpose of preventing unauthorized access to or theft of a computer network’s resources. Possible network security solutions include firewalls, anti-virus software, web filtering, patch management, built-in VPNs, and regularly scheduled check-ups from your IT service provider</p>
<p>Computer training</p>	<p>One of the largest hurdles that businesses face in keeping their software and operating systems up to date is training everyone on the newly updated systems. With the Windows 7 end-of-life drawing near, this issue keeps growing more relevant.</p> <p>The next time you contact your IT service provider about updating your systems, ask them about providing a computer training session for your employees.</p>
<p>IT consulting</p>	<p>Sometimes an IT project is too large or technical to plan without an experienced team of IT professionals. If that’s the case, hiring your IT service provider for consulting services may be the solution. They can work with multiple departments or contractors to tackle projects like large-scale hardware and infrastructure overhauls or business-wide software and operating system updates, ensuring that no technical detail is overlooked.</p>

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Legal Services

<p>Pro Bono Services</p>	<p>Attorneys working in private practice and in firms often set aside a portion of their time to work on pro bono cases. As with community legal aid clinics, pro bono services typically are offered to individuals/ students free of charge</p> <p>The idea of working pro bono. The primary goal is to encourage students' commitment to pro bono service as part of their professional lives - starting in law school; For law students, pro bono work supports their legal education; Doing "hands-on" legal work provides students an opportunity to develop fundamental lawyering skills, as well as professional role identity; Support the law school's culture of commitment to community; It is a way for our students to recognize and address the need for access to justice; as law-related work that benefits persons of limited means; not-for-profit organizations and teaching students the values of the profession.</p>
<p>Legal Aid Clinics</p>	<p>The Legal Clinic provides students with a unique opportunity in the course of legal studies at the Faculty of Law and Administration to gain practical skills in providing advice to clients and solving legal problems.</p> <p>The opportunities to enhance the Legal Education are: as another way students can gain critical, hands-on legal experience; Experiential learning allows students to learn and develop skills such as counselling, negotiating, and problem solving, while feeling the weight and reward of working with actual clients</p> <p>Working in legal clinics is to promote access to Justice because working in a clinic is a part of legal education, where the core value is providing meaningful access to justice. In addition to encouraging students to make a commitment to do pro bono work in practice, students' providing legal services right now, in law school, helps meet unmet legal needs in the community</p>

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Finance, accounting, administrative services

<p>Bookkeeping</p>	<p>Bookkeeping is a process of recording and organizing all the business transactions that have occurred in the course of the business. Bookkeeping is an integral part of accounting and largely focuses on recording day-to-day financial transaction of the business. ... are recorded in books of accounts</p>
<p>Payroll</p>	<p>Payroll refers to the process of compensating employees for their work. Every pay period, an employer must calculate and distribute employees' wages. The employer is responsible for accurately adding up the hours an employee worked and calculating their gross wages.</p>
<p>Management of company assets</p>	<p>Asset management is the practice of increasing total wealth over time by acquiring, maintaining, and trading investments that have the potential to grow in value.</p>
<p>Tax preparation and planning,</p>	<p>Tax planning is an important element of the tax preparation process. By making tax planning part of your overall business strategy, our experience and access to the most current developments in the tax laws will help you minimize your current and future tax liabilities</p>
<p>Inventory control and corporate budgeting.</p>	<p>Inventory control is the process of keeping the right number of parts and products in stock to avoid shortages, overstocks, and other costly problems.</p>

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Pricing of the services (or is it free?)

Do customers or partners pay anything for the services? What and how? If there are similar services given in your surroundings what are the pricing in these?

Benefits

These services improve healthcare access, enhance the quality of care, and modernize health-care education in Kosovo, addressing critical gaps in both sectors.

Lifecycle

The initial focus is on establishing core services, with plans to expand offerings based on user feedback and evolving needs. New services will be introduced as the center grows and HEIs introduce new academic programs i.e., MSc and other specialized digital health programs and advanced educational resources.

Research and Development

The center is actively involved in research on digital health technologies, user experience, and educational methodologies, with plans to develop new tools and services in collaboration with academic and industry partners.

Intellectual Property

The center is exploring opportunities for intellectual property development in digital health tools and educational content, with a focus on open access and collaboration.

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Marketing and Sales Strategy

Marketing Plan

The Dissemination Strategy and channels co-created and implemented during the lifetime of the SIAHDPC project are planned to be further exploited and upgraded, in line with the Sustainability Plan. The center will use a multi-channel marketing approach, including social media, partnerships with health care providers, academic conferences, and community outreach to raise awareness and attract users.

Sales Strategy

While many services are provided free of charge or at a low cost to ensure accessibility, revenue will be generated through consultancy services, partnerships, and specialized training programs, grants, donations.

Customer Acquisition

The center will focus on building trust and credibility through community engagement, testimonials, and case studies that demonstrate the impact of its services. Also, word of mouth and credibility of its staff members, who are also students and licensed professionals of respective disciplines will contribute to this regard, given the local context.

Distribution Channels

Services will be delivered primarily through digital platforms, including a dedicated website, mobile apps, and online learning portals. Partnerships with local and international health care providers will also be key to service delivery.

Other marketing channels: Social Media Advertising (Web: <https://siahdpc.com>, Fb: <https://www.facebook.com/profile.php?id=100063888862194>, Insta: https://www.instagram.com/siahdpc_project/?hl=en), Direct Mail, Telephone Solicitation, Joint Advertising with other partners, Word of Mouth, Free Initial Consultation, Health Group Seminars and Meetings, etc.

Partnerships

Strategic partnerships with digital health care and education/training providers (organizations, clusters, associations, networks) educational institutions, and technology companies will be pursued to enhance service offerings and expand reach.

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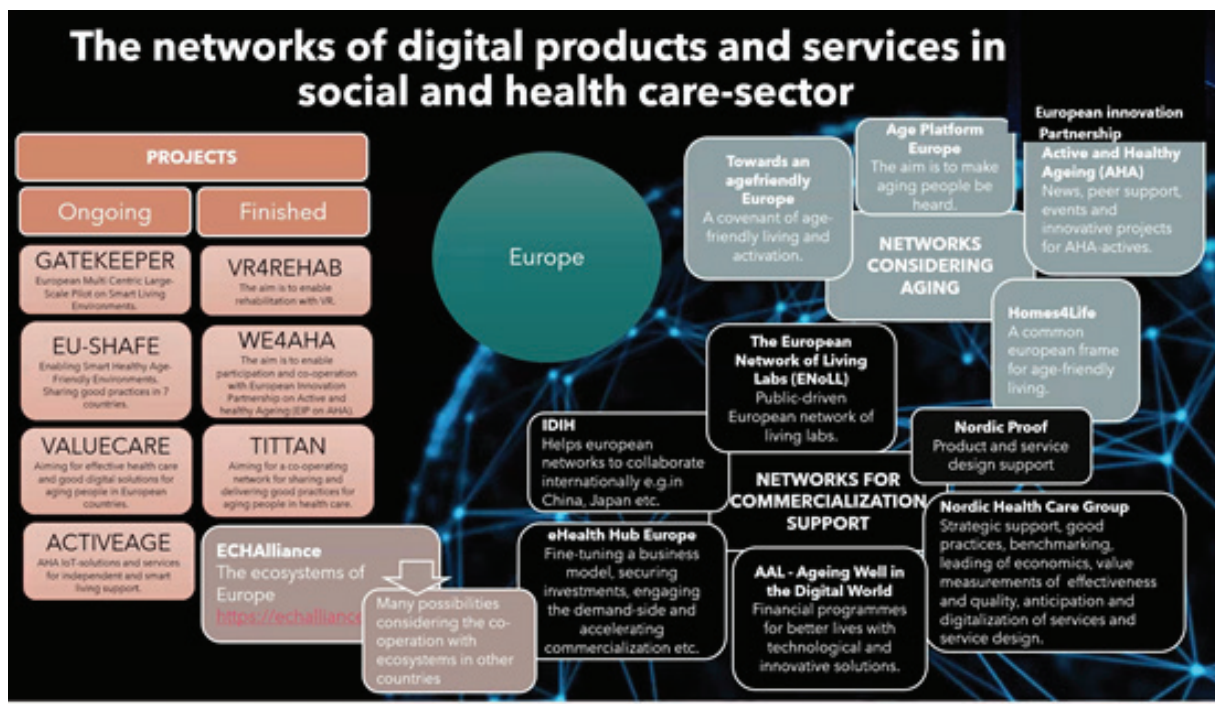


Relevant possible partners

The leading partner of the SIAHDPC Project has already been able to sign multiple Memorandum of Understanding for cooperation with the following partners, and is constantly seeking to expand the list of partners at the institutional and individual levels:

1. Innoskart (DONE), Hungary
2. Atlantic Infinty, Portugal.
3. Cluster Portugal, Portugal
4. University of Lübeck, Germany
5. Innostars Ecosystem, Germany

Other possible partners are presented on the Picture below:



Picture: Relevant networks/partners

Source: authors

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Financial Plan

Revenue Model

Revenue streams will include consultancy services, grants, and partnerships with health care providers and educational institutions. Additional incomes are expected to be generated through specialized training programs and digital content licensing.

Funding Requirements

Initial funding for technology infrastructure, staff salaries, marketing, and operational costs are secured by the SIHADPC Project grant and co-funded by the Kosovo HEIs. Grants and investments from health and education stakeholders will be sought from a variety of identified public, government, and international sources.

Financial Projections

The center expects to break even within three years, with steady growth in revenue from consultancy and partnership services. Projections will be adjusted based on actual performance and market conditions.

Break-even Analysis

The center aims to achieve break-even by the third year of operation, with a focus on managing costs and maximizing efficiency in service delivery.

Profitability and Growth

The center's growth will be driven by expanding its service offerings, increasing partnerships, and tapping into new markets within and beyond Kosovo.

Risks and Assumptions

Key risks include slow adoption of digital services, regulatory challenges, and competition. Assumptions include continued demand for digital health care and educational services and successful partnership development.

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Operations Plan

The center operates through an integrated digital platform that supports both health care services and educational resources. Operations include service delivery, user support, content development, and research activities. The Operational Plan is presented below.

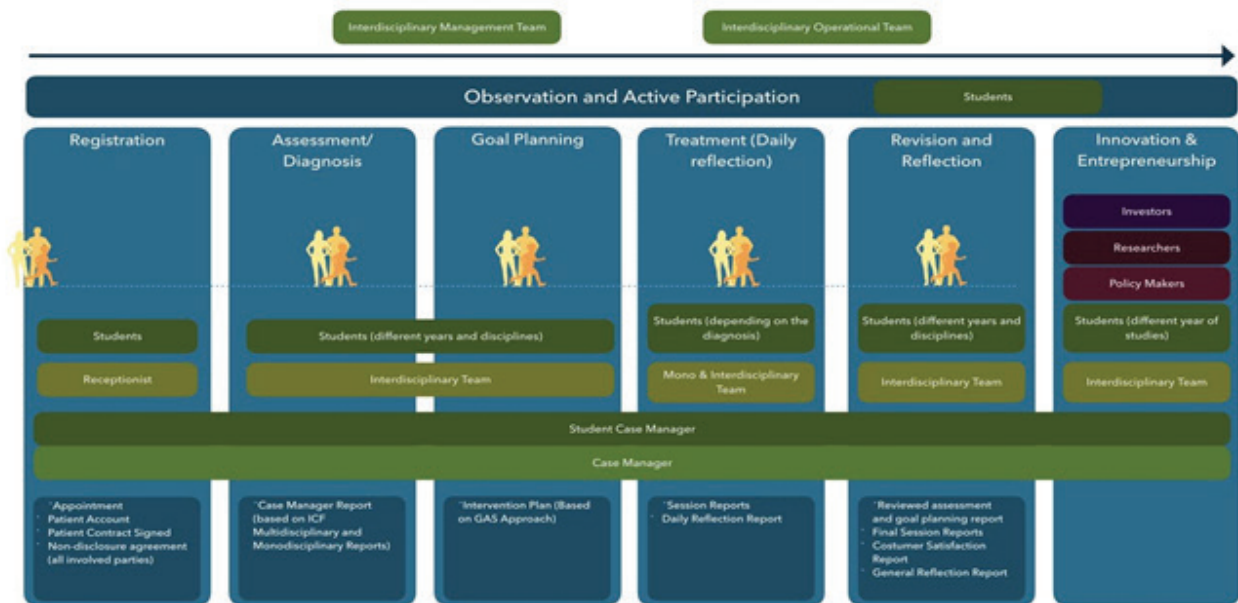


Figure 1 SIAHDPC Operating Model

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Step-by-step description of the Model

1. Registration

PHASE 1| REGISTRATION

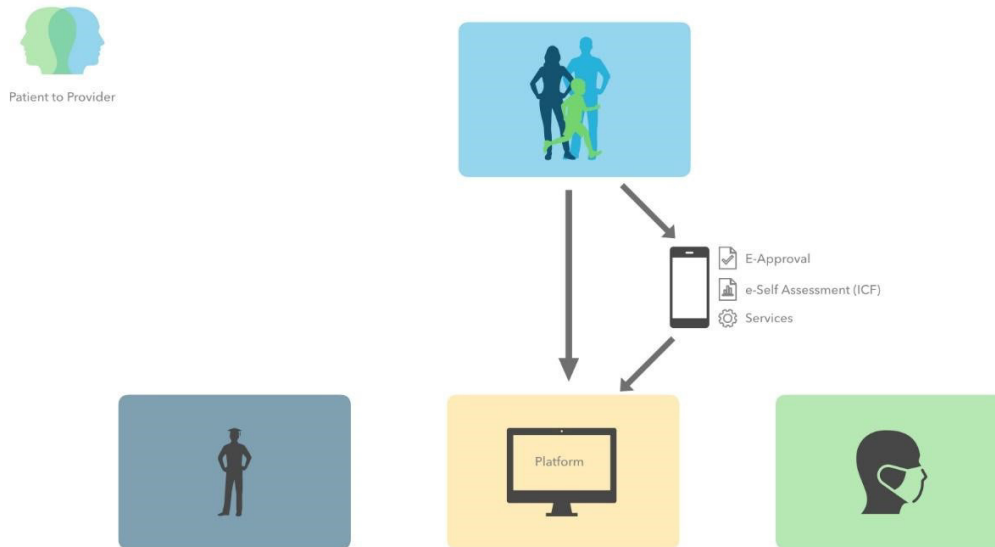


Figure 2 Registration Process

- 1.1. The client applies in the centre through the website, application or in-physical level.
- 1.2. The client gives consent to the centre for storing and protecting their information, as well as receiving treatment from the Centre's therapists through the application, by filling the E-Approval document.
- 1.3. The client shares their concerns over their health through the application form on the e-self Assessment Document, which applies to the ICF Model and Principles.
- 1.4. The client selects the preferred services he would like to receive during the application process.
- 1.5. The client's application gets stored on the digital platform.
- 1.6. The receptionist archives the documents on the client's digital and physical file.

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2. Identifying the needs

PHASE 2 | IDENTIFYING THE NEEDS

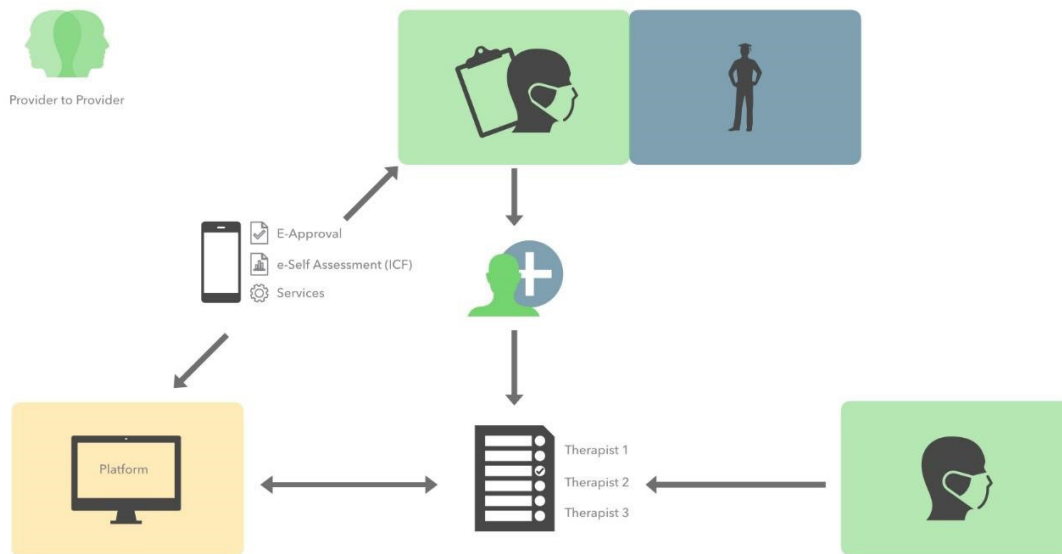


Figure 3 Process of Needs Identification Phase

- 2.1. The service providers access the client's application form, consisting of their concerns, and assess the need for their presence in the interdisciplinary team; meanwhile the case manager assesses the need for additional/ external experts and contacts the external partners.
- 2.2. The case manager and the service providers assign themselves on the case, by filling out the check-list. The case manager may add external partners.
Note: The external partners must be given the particular documents to fill out, in order to protect patient confidentiality.
- 2.3. The assigned service providers get automatically assigned to the case in the digital platform.

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3. Assessment and Diagnosis

PHASE 3 | ASSESSMENT AND DIAGNOSIS

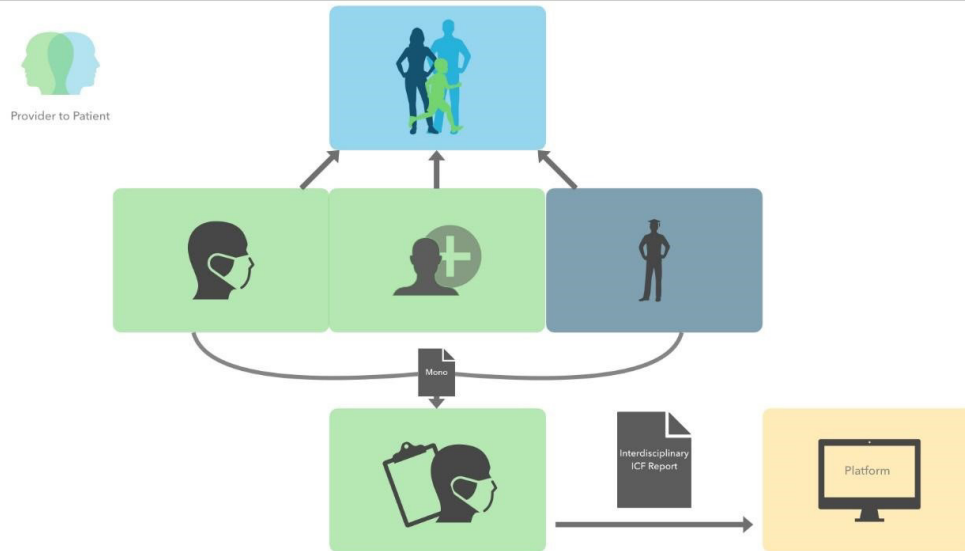


Figure 4 Assessment and Diagnosis Process

3.1. Academic Procedures

- 3.1.1. The respective teacher welcomes the passive participation students in the observation room/classroom, before the session begins.
- 3.1.2. The teacher presents to the students on what they will be observing in the particular session.
- 3.1.3. The teacher and the students observe the ongoing therapeutic/diagnostic session from the observation room/ classroom, by following the protocol XY.
- 3.1.4. By the end of the session the teacher encourages the students to discuss, make questions and draw conclusions.

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3.2. Service Provision Procedures

- 3.2.1. The Case Manager and Student Case Manager make the first assessment/ evaluation of the client, based on the ICF Guidelines.
- 3.2.2. The Case Manager and Student Case Manager uploads the first Patient Overview on the Patients Profile in the Digital Platform
- 3.2.3. The competent professionals (Service Providers) to offer treatment to the particular concerns of the patient, presented in the first overview submitted by the Case Manager, assign themselves to the case
- 3.2.4. The self-assigned Service Providers and their assigned Students meet with the patient in individual sessions to further evaluate the client and his concerns (constructs) by using their professional field's instruments.
- 3.2.5. By using the Monodisciplinary Reports of each part-taking Service Provider, the Case Manager, assisted by the Student Case Manager will generate a new Interdisciplinary Report of the Clients' Overall State and Condition, based on the ICF Model.
- 3.2.6. The Case manager submits of the abovementioned materials to the Client's Profile in the Digital Platform.

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4. Goal Planning

PHASE 4 | GOAL AND TREATMENT PLAN

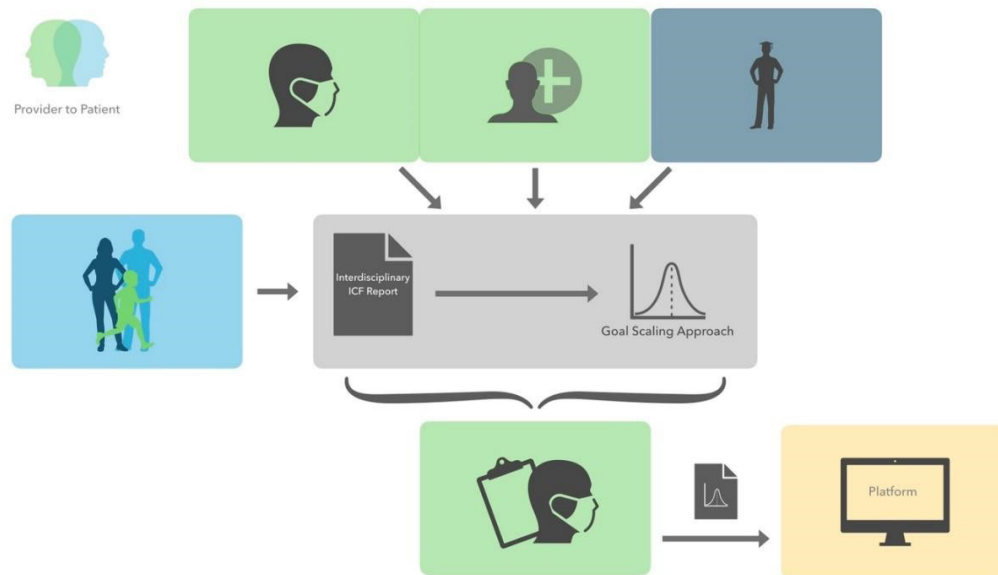


Figure 5 Goal Planning Process

- 4.1. With the completion of the ICF Interdisciplinary Report, The Student Case Manager, supported by the Case Manager steers the Interdisciplinary Team and the Student Service Providers in a Goal Setting Meeting
- 4.2. The Interdisciplinary Team sets the Long-Term and Short-Term Goals based on the SMART Method Principles
- 4.3. The Interdisciplinary Team scales these objectives according to the Goal Attainment Scaling Approach (GAS Approach).
- 4.4. The Case Manager gathers and concludes the information in a Final Intervention Plan based on GAS Approach.
- 4.5. This information are gathered through the digital platform, and stored in the Client's Profile.

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5. Treatment

PHASE 5 | TREATMENT

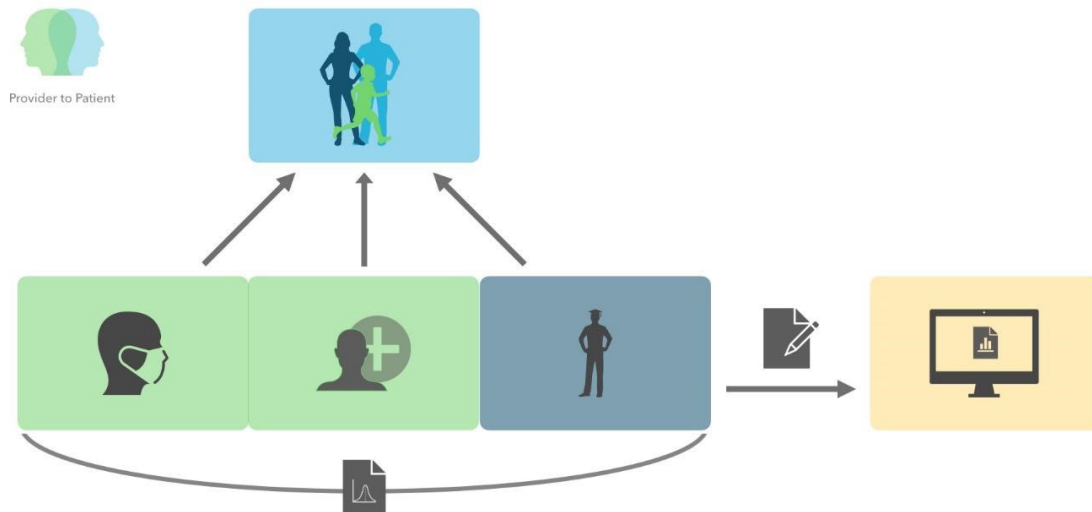


Figure 6 Treatment Procedures

5.1. Academic Procedures

- 5.1.1. The teacher of a respective subject and discipline hosts the Students on the Observation Room/ classroom, providing them with information regarding the clients' condition, goals and planned activities.
- 5.1.2. The teacher and the students observe the ongoing therapeutic/diagnostic session from the observation room/ classroom, by following the protocol XY.
- 5.1.3. By the end of the session the teacher encourages the students to discuss, make questions and draw conclusions.
- 5.1.4. The teacher and the students will generate the Daily Reflection Report.

5.2. Service Provision Procedures

- 5.2.1. The Service Providers and their Students will advance with the planned therapy based on the Intervention Plan.
- 5.2.2. Service Providers are expected to use their professional judgement to estimate the students' knowledge, skills and capacities to carry out a specific activity autonomously or under their guidance/assistance.
- 5.2.3. The Service Provider and the Student Service provider will generate the report of the session.

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6. Revision and reflection

PHASE 4 | GOAL AND TREATMENT PLAN

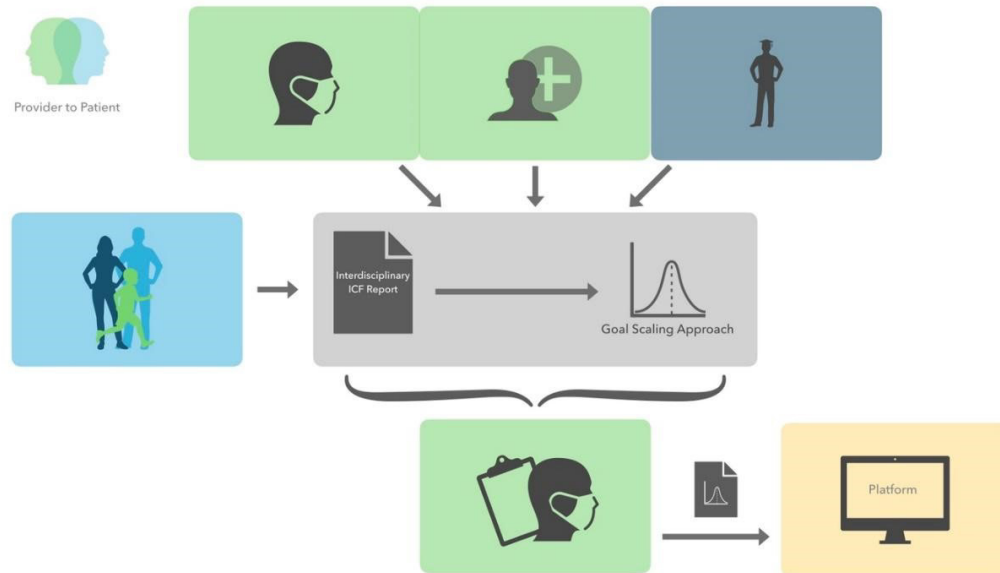


Figure 7 Revision Process

- 6.1. In a specific predefined interval, the Interdisciplinary Team, the students and the Case Manager regather to re-assess the current condition of the client, the goals achieved
- 6.2. The Interdisciplinary Team and the involved students, facilitated by the case manager and the student case manager reflect on the re-assessment session
- 6.3. The Case Manager gathers all the information and conducts a Review Report, following by a renewed intervention plan, or a Final Report (in case the Client does not need to continue the treatment).
- 6.4. This process requires the reflection of every actor throughout every step, in order to evaluate the state of the client, in order to re-new the intervention plan or the release report. Each of the scenarios require a continuous cooperation with the client and the family.
- 6.5. After the judgement call is made, the receptionist/case manager receives feedback from the client regarding their satisfaction with the services and the approach.
- 6.6. The Interdisciplinary Team, the Case Manager, Service Coordinator and the Students involved gather on a final reflective meeting.
- 6.7. The Case Manager conducts a General Reflective Report based on the successions of the Reflective Meeting

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7. Innovation and Entrepreneurship

- 7.1. Twice a year, the institution organizes an innovation day, where the all the actors present their innovative and research ideas to improve the service delivery on their community
- 7.2. The distinguished ideas will be mentored and further developed
- 7.3. The distinguished ideas will be connected with or apply for a grant to implement their innovative solution

Location

While services are primarily digital, the center will have a physical office at the campuses of the Kosovo HEIs for administration, meetings, and on-site training. Future expansion may include satellite offices or partnerships with local health facilities.

Technology

The center uses cutting-edge digital health technologies, online learning platforms, and secure data management systems to ensure high-quality service delivery and user experience.

Supply Chain

The digital nature of the center's services minimizes traditional supply chain needs. However, the center will continue to expand the list of collaborators i.e., technology providers and educational content creators to ensure the availability of necessary resources.

Quality Control

Continuous monitoring and evaluation of service quality will be conducted through user feedback, performance metrics, and regular reviews of processes and outcomes. The instruments, experiences, and overall Quality Plan of the SIAHDPC Project will be further exploited.

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