D5.1 First review of Fill the Gap, service model and assessment of outcomes

[WP5 Fill the gap]

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0. Introduction

This report is the deliverable 5.1 in the GET project and constitutes a first review of the Fill the Gap service model and service outcomes.

It reviews progress made in Year 1 –from October 2013-. This includes a recap on service objectives and provides a review of the service set up.

The report takes into account the activities undertaken in the first half of the project and includes details of the methodology, execution and all needs collected until the moment, listed at the end of the document (section 4).

The results of Year 1 are considered, as well as feedback received, lessons learnt and outcomes expected. Three event reports are included as an Annex to this deliverable.

This report was compiled by the TICBioMed, the WP leader for WP5: Fill the Gap.

We connect unmet needs with solutions

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1. Fill the Gap service: objectives and description

1. Objectives of the service and description

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1.1 Objectives

OBJECTIVES as in DoW

- Systematic identification of healthcare actors with unmet needs that are effective "market gaps".
- Search for the right expertise at EU level for filling those gaps, and deliver the relevant information back to the proposers of the needs.
- Organize the cost-effective exchange of information between procurers and potential suppliers.
- Facilitate the participation of supplier companies and provide periodic support for their matchmaking with procurers.

New OBJECTIVES

The implementation of the service has resulted in the definition of additional objectives that should be taken into consideration in order to achieve successful results

- Assess different methods for unmet need identification with their advantages and disadvantages.
- Awareness raising among entrepreneurs and SMEs on the importance of connecting with potential customers to identify market gaps, avoiding the technology-push.

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1.2 Service Description

Stakeholder Identification

Needs identification: ongoing and events

Needs evaluation

Unmet need published in GET website

Dissemination campaigns

Feedback received

The Fill the gap service aims to systematically bridge, in-between Health actors, unmet needs and the desired expertise to solve them. If the desired functionality is already delivered as a solution, the consortium facilitates the contact to speed up commercialization. If not, European companies and entrepreneurs are made aware of a potential market gap in order to promote a new business lines based on the needs of the Health actors.

It has been designed as a demand-driven service and, therefore, starts with the **identification of Health stakeholder** that are close to the problem as they are in the best position to highlight unmet needs in the Health market. This includes not only traditional healthcare stakeholders working at public and private organizations at management level but also patients and Health experts.

Within the time span of the project, **several approaches** have been tested in order to evaluate cost-effectiveness, together with the advantages and disadvantages of each one (i.e. the lessons learnt). The idea is to make this information publicly available so other organizations can choose and replicate in the future the best option.

After interacting with the above mentioned stakeholders, their **answers are evaluated** in order to identify the real gaps as some of the findings are too generic and some others address issues where there are already good-enough solutions in the market. Those needs that, according to the criteria of the consortium, are relevant market gaps are publicly **published in the GET web site.**

Then **dissemination campaigns** are planned in batches. This dissemination aims to make ICT companies aware about a potential market gap but also collect feedback in case solutions already exist but were unknown to the proposer.

Relevant **feedback** is collected and published in the GET website and directly sent to the need proposers that has to contact the solution developers. The consortium will do a follow-up. One of the secondary objectives of this service is to serve as ´food for thought´ so the consortium may not get immediate feedback on the need, but still related eHealth initiatives can be launched in the future.

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1.2 Service Description

Regarding the identification of unmet needs, the following approaches have been tested in the first half of the project:

1. **One to one interviews with stakeholders**. The consortium has mainly targeted Chief Information Officers (CIOs) of local public and private healthcare organizations for this approach.

2. **Focus groups**. Focus groups aim to produce qualitative data (e.g.. preferences and beliefs) to a discussion instead on individual responses. Patients have been selected for this approach. The GET partners have followed an adaptation of the methodology designed by Sandra Bates, expert in need identification for social challenges, and member of the GET Advisory Board.

3. **Matchmaking and table discussions at events**. This strategy aims to leverage events where eHealth experts participate, and as part of the event agenda there are matchmaking and table discussions. In the first iteration, an European wide eHealth Matchmaking event with table discussions was leveraged to try to identify unmet needs among participants, with the support of the table speakers.

4. **Unmet need corner**. As the previous one, this approach aims to take advantage of eHealth events to capture new unmet needs. Attendees at the same event were asked to propose unmet needs using an innovative visual format to attract attention.

Regarding need dissemination, the communication actions and strategies tested in the first period of the project have been:

1. **Publication in the GET web**. Identified needs and news of interest (for example Pre-Commercial Procurement opportunities) have been published in the project portal.

2. **email dissemination**. Through the mailing lists of the partners.

The following chapters explain in detail the service set up (including the methodological approach for each of these strategies), the execution (the actions that were taken) and the preliminary results.

2. Service set-up

2.1 Stakeholders identification

2.2 Recruiting Criteria

2.3 Communication strategy

2.4 Methodology

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2. Service set-up

2.1 Stakeholders Identification

Patients & Patients Associations

Healthcare organisations

eHealth experts

ICT companies

In order to implement the service, Fill the gap addresses an heterogeneous group of stakeholders that includes:

- **Managers of healthcare organizations**. These include CIOs, CEOs and Medical Directors of private and public healthcare providers .

- **Patients, caregivers & patients associations.** The people living with one of several illnesses themselves, but also their carers and relatives. We also interact with personnel of patient associations that are very close to the day to day challenges of the patients. The identification of needs in this case does not only target solutions to be acquired by traditional Healthcare (e.g.. Hospitals), but also technology that the people can purchase directly to manage their own health (e.g.. eHealth apps).

- **Health experts,** among others Healthcare professionals, representatives of Pharmaceutical and Medical Devices companies, Health insurers, eHealth consultants and policy makers to provide information on how to unlock the full potential of eHealth for safer, better and more efficient healthcare in Europe.

- **ICT companies and entrepreneurs**. Their role is not to spot needs but to propose technological solutions that solve the identified unmet needs. The overall Fill the gap approach is to avoid the technology-push and provide knowledge and tools to search for demand-driven opportunities. Obviously, the promotion of a new business has to follow an exhaustive market analysis of the opportunity prior to any technological development.

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2.1 Stakeholders Identification

The below table shows the implication of the identified stakeholders in the different initiatives undertaken so far:

	Patients & patients Associations	Healthcare organisations	Ehealth experts	ICT companies
SomosPacientes Madrid. 27th Nov 2013	■		■	■
Need identification in obesity patients Murcia. 29th Jan 2014	■			
Fill the gap, Helsinki 16th Sept 2014	■		■	
EU Marketplace for eHealth & EIP on AHA 22th Sept 2014	■	■	■	■

Stakeholders have been contacted leveraging the existing networks of the GET partners, combined with desktop research and open dissemination via email, social media and other channels.

In order to maximize value and access to new networks of stakeholders, some initiatives have been executed in cooperation with partners external to the consortium. That is the case of the Somos Pacientes initiative, the event in Helsinki and the EU Marketplace, as described in their respective sections.

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2.2 Recruiting Criteria

Once the typology of the major stakeholders have been identified, the first step is to systematize the identification of the demand-side.

- Regarding **Healthcare organizations**, the criteria refers to:
    - Nature of the organization (public, private)
    - Innovativeness (degree of implementation of ICT solutions)
    - Knowledge (in-house development or experts)
    - Network (interaction with other stakeholders of the eHealth ecosystem)
    - Autonomy in the decisions making

- **Patients and patients associations** have been recruited according to:
    - Nature of the events (face-to-face meeting, on-line meeting)
    - Need interest area (management, adherence)
    - Pathology (obesity, chronic diseases, cancer, etc.)

- As for e **eHealth experts**, the selection has been based on
    - Proved expertise in the Health market
    - Knowledge of the ICT opportunities within the health sector

After a market gap is identified, the consortium launch a search for **ICT SMEs and entrepreneurs** with matching expertise at European level. Expressions of interests are collected, grouped and submitted to the Healthcare customer. It is its responsibility to decide whom to contact for further information, though the consortium partners is doing the follow up to support a successful outcome.

The recruiting criteria for SMEs deals with:
    - Experience in the development of ICT solutions
    - Knowledge of the health sector

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2.3 Communication Strategy

1. Recruiting
2. Dissemination of the service
3. Communication of the events

The communication strategy with stakeholders include open dissemination combined with personalized messages to key contacts.

The main project communication channels are the GET website, the mailing list (managed with mailchimp) and social media (twitter & Linkedin). The equivalent resources from the partners were used to multiply the dissemination, including the personalized contact of key actors.

1. Recruiting

Depending on the specific Fill the gap action, both individual contacts and open dissemination campaigns were used.

- For the "one to one meetings" and the focus groups personalized emails were sent to the relevant actors. A follow up call to provide further information and set up the meeting usually followed.

- For public events the recruitment is open to the interested stakeholders informed via dissemination campaigns, mainly email and social networks. On-line registration tools were used to manage the available seats (Google docs and B2match) depending on the event.

2. Dissemination of the service

The dissemination has been executed in periodic waves, with the objective to maximize its effectiveness but without saturating the targets. After the first actions taken to select and contact the relevant stakeholders, a massive campaign was sent to open the research to all kind of publics within the eHealth market to promote the Fill the Gap service. For this purposes, all the available channels have been used, from the project and partners: website, social media, mailing…

Regarding need identification, the GET web site incorporates a devoted web form where needs/gaps can be directly incorporated and an open dissemination campaign has been launched.

Besides, the GET web portal enables to receive periodic updates to those that sign up for the mailing list.

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2.3 Communication Strategy

1. Recruiting
2. Dissemination of the service
3. Communication of the events

3. Communication of the events

In order to increase impact, leverage the presence of stakeholder, combine dissemination reach and reduce costs, Fill the Gap events have often been organized in collaboration with another event.

- The promotion of the Fill the Gap events starts at least one month prior to the event start date. Massive email campaigns are created to invite the main actors to each event and to encourage them to attend.

- In order to recruit stakeholders for a specific event, the project channels are used and the partners amplify the message by retweeting, sending emails and promoting the event in their networks.

This are the selected tools for the dissemination of the events:

Channel	Tools selected
Website	· GET project www.get-ehealth.eu · Consortium partner websites
Twitter	· @GET_ehealth · Consortium partner Twitter accounts
Mailing	· Mailings to those subscribed to the GET newsletter (80 subscribers) · Mailings to the contact lists of the consortium partners

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2.4 Methodology
Overview

One to one interviews

Focus groups

Table discussions

Unmet needs corner

As already mentioned, Fill the gap has tested different in the first half of the project regarding the identification of unmet needs that are listed below:

1. **One to one interviews with stakeholders**. The consortium has mainly targeted Chief Information Officers (CIOs) of local public and private healthcare organizations for this approach.

2. **Focus groups**. Patients have been selected for this approach. GET partners have followed an adaptation of the methodology designed by Sandra Bates, expert in need identification for social challenges, and member of the GET Advisory Board.

3. **Table discussions**. In the first iteration, an eHealth event with table discussions was co-organized to identify unmet needs among participants.

4. **Unmet need corner**. Attendees of an eHealth event were asked to propose unmet needs using an innovative visual format to attract attention.

For the **matchmaking**, an eHealth event was co-organized to deliver the service.

The methodological approach of each strategy is discussed below.

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2.
Service set-up

The setting of this approach is as follows:

1. Key Healthcare stakeholders are identified. As a starting point we have selected Chief Executive Officers (CIOs) of local Private and Public Healthcare organizations.

2. Each stakeholder is contacted via email explaining the purpose of the visit, additional information regarding the project, an estimation of the duration and a proposal of a time slot. To those that did not responded in a reasonable time, a phone call followed.

3. A detailed script is then prepared to serve as the guide for the conversation.

   - **Explanation of the objectives** in the context of the GET projects.

   - **Characterization.** Questions regarding the dimension of the Healthcare organization, and current eHealth solutions in operation (e.g.. Electronic Health Records, Medical Image Management systems, etc...). These initial questions also serve as an ice-breaker.

   - **Organization strategy.** What are the priorities of the Healthcare organization in the near and mid-term future, including the ones of the IT department.

   - **Unmet need identification.** Directly address if there are unmet needs that they do not know good enough eHealth solutions in the market.

   - **Recap and farewell.** Highlight of the most relevant findings and follow up actions. Thank for their contribution.

4. The interview takes place, usually at the premises of the stakeholder. Conversation is not recorded, but notes are taking.

5. The collected information is assessed. For those needs that there is already solutions in the market, the connection is made. The truly market gaps are formulated and incorporated in the dissemination. Relevant feedback collected regarding these gaps is shared with the stakeholders.

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2.4 Methodology

2. Focus group based on Sandra Bates approach.

In the eHealth sector, even the best of ideas will struggle to bear fruit if they are not aligned with a clearly defined problem that patients are trying solve. Therefore an idea-first approach to innovation often leads to many false starts, iterative trial and error, and inefficient use of creative energy and innovation resources.
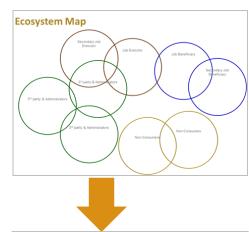
By contrast, Fill the Gap need-first approach to innovation begins with framing each patient's innovation challenge around a patient ecosystem, and the needs of each player in that ecosystem.

The idea is to identify and prioritize the unmet needs of patients and others in the ecosystem, and use these priorities as guardrails for guiding and shaping the patient's innovation initiative.

Fill the gap process is organized into action-oriented steps to help eHealth SMEs to follow to meet their goals effectively and in the most efficient manner possible.

- **Investigate** – THE NEEDS: Define the social challenge, determine unmet needs jointly with the patients and major stakeholders, and examine opportunities for addressing them in order to provided added value to the users

- **Innovate** – THE SOLUTION: Set strategy, devise a workable solution for the identified need, and develop a powerful social business model that will have impact in the market.

The methodology applied has been developed by Sandra Bates, member of the GET Advisory Board (http://www.theinnovationpartners.com/bates.html)

Ecosystem Map

The Opportunity Spectrum

Business Model Canvas

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2.4 Methodology

2. Focus group based on Sandra Bates approach.

1. Once the ecosystem is defined, the first step is **framing each innovation challenge** around a patient ecosystem to develop the framing guide but also some additional information such as:

   - Existing contexts involving different needs
   - Description of existing platforms (systems, people, processes, technology, etc....)
   - Current ways of tackling core and related challenges
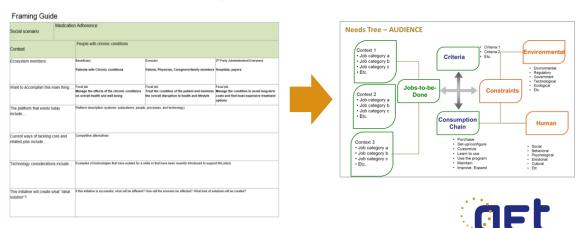   - Main barriers for achieving good results
   - Technology considerations
   - Characteristics of the "ideal solution": . these are the criteria of the solution. (What will de different, how the scenario be affected, what solution will be created, etc....)
   - Environmental and human constrains that the patient faces as he/she attempts to meet the need

2. Once the framing guide is developed, we will use the need tree to think through **the major need categories** for the different contexts. The objective is to identify the primary needs for each context and then the need steps that would be involved in accomplish the challenge.

3. Once the categories have been identified, it is important to think through the **criteria** that people use to access the value of one solution over another, having in mind that customers will be asked directly for these inputs. Given the knowledge of the customer and the space of the GET partners, much of this info will be known from existing experience, however, ALWAYS have to get the final data from the customers directly.

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2.4 Methodology

2. Focus group based on Sandra Bates approach.

4. For each context, a **need blossom** will be created to put in the major need categories. The need categories can either be steps in the process of accomplishing the overall challenge, or large topic areas for exploration.

   Once the categories are listed out, begin capturing detailed needs about each category:

   - While conducting this step, what must be accomplished?
   - For this step to be successful, what things are you trying to get done?
   - To improve this step, what would have to happen? What do you want to avoid?
   - What is an ideal situation for this need?

   As the answers to these questions are received, concrete needs are identified. *For example, in the chronic condition example, we might have detailed needs under the category of 'understand the condition' which might include:*

   - *Learn what symptoms are from this condition*
   - *Learn what causes this condition*
   - *Learn what makes this condition worse*
   - *Understand what impact this condition has on my health, etc.*

   For the emotional needs, explore how the patient wants to feel (and what feelings he/she is trying to avoid) as they execute the job to overcome the need. The social aspects are how they want to be perceived as they go about trying to execute the job to overcome the need.

5. Then these unmet needs will be used to help SMEs, mainly technology developers, to develop growth strategies, create a development roadmap, and begin developing innovative new product and service concepts (that's where the brilliant ideas come in!).

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The "table discussions" strategy aims to leverage events where eHealth experts participate, and that as part of the event programme, there are table discussions or working groups around a topic.

The objective is to collectively identify unmet needs among the eHealth actors that participate in the table. This approach is different from a Focus Group because the topic of the table is not chosen by the GET consortium, it is the speaker who moderates the session and introduces the unmet need topic (one more in the broader debate of the table).

Conceptually, it tries to ´delegate´ the work in a third party, and leverage that the gathering of stakeholders is already in place. The idea is to try to reduce the burden of the focus group (specially the recruitment and mobilization on a specific place and time), while maintaining the multi-actor open discussion approach.

The challenge is to incorporate a new discussion topic in the table when the speaker already has his/her own goals and interests. If there are a lot of topics and/or participants, time constrains are also a drawback.

Since the speakers themselves are eHealth experts, they can also be asked for unmet needs prior to the event. Apart from expressing their opinion, their answers can be used then as a starting point in their table discussion of this topic.

The table speakers are then later contacted to comment on the discussion and highlight relevant information regarding the identification of unmet needs.

To take advantage of the stakeholders concentration in a single event, a new action was designed to collect unmet needs for Fill the Gap service. This strategy is based in the guests' book idea.

Every event has *hot points* that attract the attendees in the moments between sessions/activities. As most events have different points of interest, there's always someone waiting for the next session, or just working or having a rest. Those *hot points* use to be the catering or snack bar, the resting area and the entrance.

To make the corner interactive and engaging to the audience, a system with envelopes and cards was designed to make it like a game. The appearance of the corner has to be very visual and the corner should be located in a hot point, where the fluency of visitors is higher.

The envelopes have to be sticked to a wall or a panel, one after the other in rows – to create a big structure-, and inside every envelope, a blue card (blue because is the GET corporate color) displayed in vertical, so it keeps the flap of the envelope up, and part of the content can be read. The cards are easy to pull out to see what's written inside. A poster with the instructions to the attendees is appreciated and a person who explain the service and what is the corner for, is a must.

It's very important to give visibility to the corner to attract as much people as possible. As decoration, a table and chairs for visitors to sit&write is a good idea but optional. A starting point is recommended, like fill some cards with unmet needs previously collected from other sources to inspire and give examples of what is the focus.

Wherever possible, the identity of the person who share a need should be attached to the card or the envelope, to have a contact name and email for future matchmaking if a solution for that need is found.

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Matchmaking aims to systematically connect a relative big number of actors in a limited time, but still with enough quality time as to exchange information and identify collaboration opportunities.

Since it is impossible time wise that all participants meet, each participant is given a number of slots that can manage for his meetings. Then, that person can invite or accept invitations from the other attendees. In order to know whom to meet with, profile information has to be exchanged to assess if the meeting is of mutual benefit.

For supporting the exchange of profile information, and manage the sending invitations and acceptance of invitations, the use of an on-line tool that support the process is almost compulsory. Otherwise, the needed human resources are too high.

At the time of the physical event, it is key that each participant knows the schedule of their meetings, and where each of them will take place. It is also important that meeting times are respected by all pairs, in order not to distort the dynamics of the whole initiative.

3. Service execution: activities undertaken

3.1 Communication activities: recruiting and dissemination

3.2 One-to one interviews

3.3 Needs identification events

3.4 Matchmaking events

3.5 Training

3.6 Follow-up of the companies and support provided

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3. Service execution

3.1 Communication activities

1. Recruiting
2. Dissemination of the service
3. Communication of the event
4. Other activities

1. Recruiting

To get in touch with the stakeholders identified for one to one meetings, 5 emails were sent. From those, we received positive responses and the meetings were organized to start the dissemination and the unmet needs collection.

The recruiting of stakeholders for each event is specified in the next section *communication of the events*.

2. Dissemination of the service

The first wave of dissemination was released by the end of the first period of the project. In the communication we explained the service, what we were doing, what we had and what we were looking for. To push the interaction through the website, a form tool to collect unmet needs was placed in the Fill the gap service section.

The information and the form was shared with over 1.500 mail addresses of stakeholders, SMEs, patient associations and physicians to collect, select, filter and create a spreadsheet with the identified needs that can become a market gap.

Also in the website section, a number of needs already approved as good unmet needs have been published with its corresponding description to inspire visitors and help suppliers in the spreading for the solutions already existing.

All the communication channels had issued information about Fill the Gap service in different moments of the service execution: to promote events and to promote the service itself. The second type of communication started by the end of the first year of the project, once the first five interesting needs were collected and published on the website.

<div style="float: left;">

3.
Service execution

</div>

3.1 Communication activities

1. Recruiting
2. Dissemination of the service
3. Communication of the event
4. Other activities

3. Communication of the events

- **Somos pacientes**

  Pharmaindustria, Somos pacientes manager, was in charge of the recruitment process and collecting all the applications. Once all the expected patient association were invited, from TICBioMed helped to build the sessions attending to the different topics for tables and the type of association. The recruitment process to enrol participants in the workshop was issued during November through different channels:

  - o Mailing to key patients associations and pharma companies members of Somos Pacientes was sent requesting them to register in the website form.
  - o News on the Pharmaindustria website as well as TICBioMed and GET project website
  - o A video was developed for this event (http://youtu.be/LiXsVnyQsLg)

- **Need identification in obesity patients**

  This event wasn't promoted as it was part of the Sandra Bates' training in her methodology and it was organized as a closed session.

- **Fill the Gap in Finland**

  Forum Virium was the organizer of this event and they were in charge of communications. For the focus group discussions we recruited elderly people over 65 years old who has some constant medication and live independently at home. The focus group recruitment was done at Kamppi service center on the promotion desk where the event was promoted. Elderly people could ask about the event and register personally at the desk. We received a high level of interest and all together 24 people registered for the focus group discussions. They promoted the event to all 650 doctors who work at the City of Helsinki health centers. Pharmaceutical Information Center promoted the event on their newsletters and via their channels we received doctors working on big hospitals and private clinics in Helsinki area. We got all together 11 doctors who registered for the event.

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3.1 Communication activities

1. Recruiting
2. Dissemination of the service
3. Communication of the event
4. Other activities

- **EU Marketplace for eHealth & EIP on AHA**

  The leaders of the communication of the event were the ECHAlliance, partners and co-organizers of the event. A call for SMEs to apply to participate in the EU Marketplace for eHealth & EIP on Active and Healthy Ageing was issued on 24th July 2014 and remained open until 8th September, via the project website, mailing, social media and B2Match. An open registration process was adopted for the 'EU Marketplace for eHealth & EIP on Active and Healthy Ageing' in Brussels. This meant that the event was open for registration by any SMEs, as well as other interested stakeholders from industry, policy, academia and buyers. Registration was via the event website where the participants can interact with others, scheduling matchmaking meetings and finding the most interesting profiles to get in contact during the event day.

4. Other activities

Apart from the communication tailored to each event related to the project, we have also gave space in the project website to promising leads: public bodies who organized Pre-Commercial Procurement initiatives and/or those applying for EU funding under eHealth PCP calls.

In the project website we have published 2 news articles related to PCP, one from project Decipher and the second one from NHS in Northern Ireland.

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3.
Service execution

3.1 Communication activities
1. Recruiting
2. Dissemination of the service
3. Communication of the event
4. Other activities

Also, those needs that, according to the criteria of the consortium, are relevant market gaps are publicly published in the GET web site.

http://www.get-ehealth.eu/fill-the-gap/

3.2 One to one interviews

In June 2014 , the Fill the Gap work package leader TICBioMed conducted 4 one to one interviews with Chief Information Officers (CIOs) of public and private hospitals in the region of Murcia (Spain).

• CIO Hospital Molina

• CIO Hospital de la Caridad (Cartagena)

• CIO SMS (Region of Murcia Healthcare System)

• CIO Mesa del Castillo Hospital

The candidates were chosen based in their profiles as open-minded and receptive to innovation. They were contacted by email explaining the objectives and context of the interview, and a follow up call was used to close the time of the meeting. Interviews were conducted in the premises of the CIOs.

At the time of the interview the script was followed. The topic of unmet need identification was the central topic of the interview, and a number of needs were collected. It was also stated that we were mainly interested in needs that they are willing to purchase if they find them, not merely a wish list. Therefore they had to be important enough for their organization.

Some of the CIOs were mainly interested in short-term purchase of technology and did not know providers or wanted to know more. That was the case with ´hot´ topics in the market like electronic signature (to get rid of paper), Business Intelligence, remote Medical Image managing systems and digital marketing tools.

Since for this kind of needs there are currently mature solutions, TICBioMed leveraged its network of contacts and connected the CIOs with providers covering the required functionality. For other needs, no reliable provider was known. Some needs in this category include:

• Affordable system to manage the pool of mobile devices in healthcare organizations.

• Telemonitoring system of cardiac failure patients that requires minimal user interaction

• Secure and convenient user identification for mobile access to online content provided by Healthcare organizations.

• Enable to cost-efficiently creation of apps to exchange data with the Electronic Health Record.

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3.3 Need identification events

All events are centered in the identification of patient and health organizations needs that could be met using ICT solutions. In these events, the needs were shared with ICT entrepreneurs and SMEs so they can have information to transform them into business opportunities.

In the first period, four meetings and interactive sessions have been arranged with different stakeholders in order to meet the objective of identifying unmet needs.

	Needs Identification	Needs communication	Matchmaking
SomosPacientes Madrid 27.11.2013	Focus groups		Matchmaking with SMEs
Obesity patients Murcia 29.01.2014	Focus groups		
Fill the gap Helsinki 16.09.2014	Focus groups		
EU Marketplace Brussels 22.09.2014	Table topics Unmet needs corner	Unmet need corner	Matchmaking

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3.3 Need identification events

1. SomosPacientes
   Madrid. 27th Nov 2013

The first Fill the Gap event was organised at the Somos Pacientes Annual Assembly in order to gain visibility and optimise the use of resources as most attendants were patients from a associations or patient association managers, as well as pharma industry representatives which were interested in Fill the Gap objectives, and that makes easier the recruitment phase.

Due to the high attendance of the session, four different topics were identified and the attendants chose the one they were interested when registering for the event. We divide them into working groups as follows:

- Group 1: Medication adherence
- Group 2: Disability and dependence
- Group 3: Patients Associations management
- Group 4: Access to best treatments

3.3 Need identification events
1. SomosPacientes
   Madrid. 27th Nov 2013

The 4 working groups run in parallel and had a common agenda:

- **WHAT'RE WE GOING TO DO?** Presentation of the driver of the working group as well as the objectives and how the session will move forwards (5 min.)
- **WHO'S GOING TO DO?** Short introduction of the participants the table (5 min.)
- **FRAMING GUIDE**. Determination of the framework decision (15 min)
  - Ecosystem stakeholders involved, a priori, in the working group topic.
  - Secondly, answer a number of questions on the topic to identify the content needs categories. The answers will be provided on post-it
  - The answers are collected and regrouped and organised around the printed guide Framing structure in A0.
- **EMOTIONAL AND SOCIAL ASPECTS** (10min)
- **IDENTIFICATION OF WORK TO BE DONE (NEEDs)**. Identification of concrete needs within each category (20min)
  - First a series of questions will be posed to the participants and allowed time for participants to contribute, writing the answers on post-it
  - The answers are collected and are regrouping and organizing around the print in A0.
- **TECHNOLOGICAL COMPONENTS** (8 min)
  - Interaction with technology companies
- **CONCLUSIONS** (5 min)

After the event, the results were further analysed by the organizers and different potential need categories were identified. They are listed in the result section at the end of the document.

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3.3 Need identification events

2. Need identification in obesity patients with Sandra Bates

Murcia. 29th Jan 2014

After Sandra Bates' training to implement her methodology, TICBioMed organized a closed session with obesity patients in Murcia. The patients were from an association created from the Expert Patient Programme in the region of Murcia, promoted by the doctor Manuel Serrano.

During the meeting, Sandra Bates was supporting GET partners in the identification of the main topics as well as providing training on how to group those findings and make the precise questions in order to obtain the desired answer: how to ask, what to ask, how to transform the patient's answers into jobs (according to methodology) and how to convert them into relevant information to extract the unmet needs and the profitable market gaps that can be covered with the use of Information Technology.

The event counted with the participation of 4 patients and the TICBioMed team (3 people) and Sandra Bates, so 8 people for that session.

The meeting started with the classic round of presentations to meet everyone in the table. After presentations, TICBioMed managing director guided the first part of the meeting, explaining the purpose and the GET project, focusing on the Fill the Gap service. Then the event focused in the definition of the framing guide and the emotional and social aspects of their disease.

The main conclusion of that session, expressed by the patients, is that empathy and human support with no pressure is more effective than the applications that help them counting calories in what they eat. All their group sessions (once a week) are to motivate the members, to encourage them to have willpower and to achieve their own goals without losing the faith but sharing the achievements.

Note: As this was a closed session, there's no event reporting for this activity. There were no communication for this and neither are no pictures to preserve the identity of the patients in this case.

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3.3 Need identification events

3.   Fill the gap, Helsinki

16th Sept 2014

Patient driven eHealth needs identification focus group on **medication adherence**.

This Fill the gap event was managed by Forum Virium and took place in Helsinki (Finland). The dynamics was based on a patient-driven, bottom up approach that started with the identification of needs in the daily life of patients, their relatives and carers. The thematic area in this event was defined as medication adherence, especially focused on communication and dialog between doctors and patients related to constant medication.

The event was a half-day event. We organised first 2 parallel focus group discussions with patients to identify their needs, and later in the afternoon a workshop with doctors.

The focus group consisted of elderly people over 65 years old who has constant medication and live independently at home, because this type of elderly people use typically a lot of medication and are motivated to be active and give feedback related to their medical care.

The 75 minutes group discussion were held in two separate groups of 8 and 8 people. The focus group discussions were led by medication experts from the Pharmaceutical Information Centre of Finland, which supported the organization and management of the meeting.

Prior to the event, a script with a list of relevant discussion topics and questions was prepared in collaboration with the experts. During the discussions relevant information was written down by a rapporteur. At the end of the session results from each group were compared and discussed with all participants.

Doctor's workshop in the afternoon was structured as follows:

- **WHY ARE WE HERE AND WHAT ARE WE GOING TO DO?** Presentation of the driver of the workshop as well as the objectives and how the session will move forwards

- **WHO IS WHO?** A short presentation of each participating doctor

- **WARM-UP TASK:** Doctors define the most critical problem(s) related to patient doctor dialog in the context of medication adherence. Problems discussion and evaluation

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3.3 Need identification events

3. Fill the gap, Helsinki
    16th Sept 2014

- **THE PATIENT NEEDS:** The needs identified from focus group discussions were presented to the doctors. The needs were discussed and evaluated from the doctor's perspective

- **RANKING OF NEEDS**. All identified needs were evaluate the within two different dimension (x = impact, y = solved)

- **CONCLUSIONS**

After the event, the results were further analysed by the organizers and five potential need categories were identified. They are listed in the result section at the end of the document.

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3.3 Need identification events

3. EU Marketplace for eHealth & EIP on Active and Healthy Ageing 22th Sept 2014

The event organised within the EU Marketplace for eHealth & EIP on Active and Healthy Ageing held 3 actions related to the Fill the Gap service:

- **Meet&Debate** tables to discuss and support
- **Unmet needs corner** to invite the attendees to share the knowledge, find market gaps and solutions to collected needs
- **Matchmaking** to promote the exchange of information between procurers and potential suppliers in 1to1 meetings (view the next point of the document)

The focus of the EU Marketplace for eHealth & EIP on AHA was bringing together procurers, large industry, SMEs, policy makers, researchers, care professionals, service providers, buyers and consumers through formal and informal meetings.

The objective was to provide a platform for all stakeholders in connected health and Active and Healthy Ageing actors' to meet, share best practices and develop effective collaborations leading to new projects and business opportunities. The event also provided a platform for the exchange of information between procurers and potential suppliers. Through the European project **GET - Global e-Health Transforming Services**, the event proposed sessions to:

- Support the internationalisation of European companies (especially SMEs) - GET Global service
- Identify eHealth market opportunities across Europe – Fill the gap service

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3.3 Need identification events

3. EU Marketplace for eHealth & EIP on Active and Healthy Ageing 22th Sept 2014

"Meet & Debate" table sessions

The "Meet & Debate" table sessions focused on important subjects that are influencing the eHealth and the EIP on AHA challenges (Regional strategies for eHealth and AHA, National market insights, Connected Health Ecosystems, Reference Sites dynamics, Innovative Procurement methods, AAL projects, Age friendly environment, Building workforce skills, SME internationalisation and identifying market gaps etc....)

The speakers were experts in the field, but due to capacity limitations of the organizers, it was not possible to include a moderator related to GET project in the tables. That means that it was up to the moderation skills of the speaker to make sure that the topic was in focus and everybody had the chance to speak. Therefore different tables had different dynamics and outputs.

As an added value of the matching initiative, there were 2 tables about Pre-Commercial Procurement: "Success factors and best practices in Pre-commercial Public/Private Procurement" and "International Innovative Public Procurement & Business Models", to support the procurement of needs by healthcare organizations.

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3.3 Need identification events

3.   EU Marketplace for eHealth & EIP on Active and Healthy Ageing
22th Sept 2014

The unmet needs corner

The unmet need corner during the EU Marketplace was our first try and for it we used a structure of 28 envelopes in three rows with the blue cards inside and a guidance of using on the top of the display. We put 7 inspirational needs in the blue cards as starting point.

The corner was located in the main catering area, in the room step between the main entrance to the building and the access to the main room for meetings, where the fluency of people was higher. As it was close to the tables' panel, most of the visitors saw the corner before choose the table topics and going to the different meeting rooms.

When people got closed to the corner, they were very interested in knowing what that display was for. After explanation, most of people felt it was a really good idea and wanted to share their ideas with us. Some of them agreed totally with one or more of the needs already written, so we put stars in the cards to give them more relevance.

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3.4 Matchmaking event

1. EU Marketplace for eHealth & EIP on Active and Healthy Ageing 22th Sept 2014

Matchmaking actions promote the cost-effective information exchange between procurers and suppliers and pre-arranged matchmaking sessions facilitate networking and connections between SMEs and potential partners and buyers. The EU Marketplace event included an intensive matchmaking action to connect demand and offer.

For managing the appointments and the individual agendas of the attendees, the B2MATCH.COM web based conference and event management platform was selected. The tool helped to manage the registration for both the event and the matchmaking.

On registration for the Marketplace event, attendees were invited to opt in to the Matchmaking sessions by completing a 'cooperation profile'. The profile described what they could offer and what they were looking for in a potential partner/ buyer.

Before the event, attendees could view the cooperation profiles of all other attendees, and select those that looked suitable and send them a meeting request. Attendees were in complete control of their meeting agenda, and could accept/ reject requests as they wished. Attendees had access to their meeting schedule online, and were also issued with a paper copy on arrival at the event.

The Matchmaking sessions took place in the main hall of the venue, with Table and chairs paired off and numbered for easy identification. At their meeting time, attendees arrived at their allocated table number to meet their partner. The short 15 minute meetings provided enough time to make initial contact and decide if the attendee is a potential partner or buyer for future follow up. 55 companies took part, with 195 pre-arranged meetings taking place, and attendees benefitting from 4,000+ profile views before and after the event on the event website.

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3.5 Training session

At the beginning of the project TICBioMed invited Sandra Bates, an US expert on the topic of "need discovery", to become part of the GET Advisory Board. Later in January, the project coordinator organized a training session on the **28-29th January** in Murcia (Spain). The content covered theory, discussions and identification of needs.

Sandra M. Bates has worked with more than 50 companies, spanning dozens of industries, and more than 100 innovation initiatives, helping executive teams launch award-winning products, services, and programs. She most recently founded The Innovation Partners, a group focused on generating social impact through innovation. Bates was also the executive director and cofounder of the Strategyn Institute, where she engaged and trained hundreds of executives in the Outcome-Driven Innovation methodology, allowing her to enjoy both consulting and teaching others.

She has spent the last decade helping major corporations create new markets for technology, consumer goods, and services. Now, she turns her attention to the social sector. Her book, *The Social Innovation Imperative*, begins by explaining why innovation in social sectors, such as health care, conservation, and education, is unique and then provides the framework and tools that create a best practice for driving innovative change that will impact our world.

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3.5 Training session

Bates organizes the process into action-oriented steps you can follow to meet your goals effectively and in the most efficient manner possible. Learn how to:

- **Investigate the Needs**—define the social challenge, determine unmet needs, and examine opportunities for achieving them
- **Innovate the Solution**—devise a workable solution and develop a powerful social business model

In her book *The Social Innovation Imperative*, Bates combines everything she has learned as a high-level business consultant to offer a refreshing new approach for developing breakthrough products, programs, and services to meet society's needs.

The Framework for Social Innovation outlined in her book provides a systematic approach anyone can adopt. *The Social Innovation Imperative* offers essential wisdom for innovators everywhere—whether nonprofits, government agencies, or corporations—who wish to generate meaningful social value.

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3. Service execution

3.6 Follow-up of the companies and support provided

Due to its nature, there is no precise follow-up activity regarding ICT entrepreneurs and SMEs in this first year of the GET project as The Fill the gap service has been devoted to the needs identification and methodologies testing.

Once the needs are identified, the second year will do an effort in the matchmaking activity and the follow up of the development of solutions regarding the need identified.

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4. Results

4.1 Feed-back received

4.2 Lessons learnt

4.3 Indicators

in terms of companies (indicators)

Other results

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4.1 Feed-back received

Most of the feedback we have, comes from the experience we had with the different stakeholders and informal communications, as far as we directly interact with them and, afterwards, had no sense to ask for a feedback survey or similar.

The overall impressions about this Fill the Gap service are very engaging. Once we explain what the service aims for, the audience agree with us: technology must cover real needs because it's the only way to have useful eHealth.

Following, the feedback received from the Marketplace event in Brussels event – the only event with different activities for which a feedback survey was sent.

EU Marketplace for eHealth & EIP on Active and Healthy Ageing. Brussels

An online feedback survey was issued to all attendees at the EU Marketplace for eHealth & EIP on Active and Healthy Ageing on 30th September 2014. At the time of event reporting, 45 responses had been received (19 from SMEs).

The overall impression of the event was 'Good' or 'Excellent'. 27 attendees indicated that their overall impression of the EU Marketplace was 'excellent'; 18 described it as 'good'.

The 'Meet & Debate' Tables and Matchmaking sessions were the most popular elements of the event, with 91% and 89% of attendees respectively rating them "excellent" or "good".

What was your overall impression of…	% attendees rating Excellent / Good (n=45)
Table Topics	91%
Matchmaking sessions	89%
Speakers' Corner	67%
Exhibition space	49%
Unmet needs corner	44%

SMEs valued matchmaking and networking opportunities

Informal feedback from SMEs following the EU Marketplace in Brussels indicated that it was very effective in facilitating connections and networking between SMEs and potential partners/ buyers.

4.
Results

Liked the interactive, being-on-your-feet character of the event. Much better than sitting in a conference room pretending to listen to speakers while checking your email.

EU Marketplace Brussels Feedback Survey

I think this format is excellent for the events. It facilitates the conversations among the people and the attitude. Really well done!

EU Marketplace Brussels Feedback Survey

I especially liked the speed of the whole organization. We were constantly active and contributing this way. Very good event.

EU Marketplace Brussels Feedback Survey

"…we found the EU Marketplace for eHealth & EIP on Active and Healthy Ageing event extremely beneficial. The **INNOVATIVE MATCHMAKING FORMAT ENABLED US TO MEET FACE-TO-FACE WITH A WIDE RANGE OF POTENTIAL COLLABORATORS.** We also gained valuable insight into EU policy and strategy through the table discussions."

Email feedback, SME attending EU Marketplace in Brussels

"The **MATCHMAKING SESSIONS WERE EXTREMELY VALUABLE FOR US**, we met some great contacts and the format made for a much more inter-active experience."

EU Marketplace Brussels Feedback Survey, SME response

…and of course it was so great to be able to **ACCESS TO VISIBILITY**, in presenting my company in a very constructive arena.

Email feedback, SME attending EU Marketplace in Brussels

…it was a great **OPPORTUNITY TO FIND POTENTIAL B TO B CUSTOMERS** and providers and even **SETUP FOLLOW UP MEETINGS FOR THE COMING WEEKS.**

Email feedback, SME attending EU Marketplace in Brussels

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4.2 Lessons learnt

Difference between need and solution

Henry Ford said : *"If I had asked people what they wanted, they would have said faster horses."*

In some cases, the current solution to solve a need is so fixed in people´s mind-set that efforts are made to it incrementally, rather than looking for disruptive alternatives. Therefore it is critical to isolate the deep motivation behind the first verbalization of an unmet need, and keep on asking questions till is clear what the person is trying to achieve and why.

One good practice is to always phrase the identified need as solution-independently as possible, referring to the objectives rather than the means. As a reference, a need is something relatively stable in time not depending of the technological state of the art; solutions to that need will vary as technology progresses.

Provide more context when you ask

The concept of ´unmet need´ in Health means different things to different people depending of their knowledge, professional context and capacity for verbalization. As a consequence, collected answers vary along different parameters like actionability, granularity and usefulness (for the purposes of the GET project).

So when asking stakeholders on-line it is important to provide them with enough context about the motivation and the intended use of the information, so they can reply with valuable needs.

However, there is a trade off between giving enough information and not delivering too much text, as some people will not then read and reply.

The use of examples is tricky because they can alienate the responder to just reply in the line of the example, but it is also true that humans are better at recognizing patterns that figuring them out by themselves

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4.
Results

For good quality, quantity is relevant.

Building on the previous point, it is always better to collect more answers and then assess, filter and prioritize. It is safer to assume that only a (small) % of the feedback will be of real value after each interaction, so several of them should be planned to increase the chances of identifying your target number of good unmet needs.

For the purposes of GET a ´good unmet need´ is very close to a profitable market gap. That is, a problem, bottleneck or desire of functionality that has a big enough market, a relatively clear business model and, currently, there are not good enough solutions addressing it or at affordable prices.

Watch out for unmet needs in all your interactions

Serendipity can be a very good ally in your search. It is a question of being with the ´need radar´ always on and detect potential unmet needs when interacting in different contexts: e.g.. at casual conversations with stakeholders, attending presentations at events or when reading the news.

It usually requires a second round of interaction to gain enough information to understand correctly the unmet need, but it is key to prepare yourself to always be attentive for spotting them

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4.2 Lessons learnt

ONE TO ONE INTERVIEW LESSONS

People tend to be open when asked about their needs, however when they know and trust each other it is faster to get into the chase.

The use of a script can help to optimize the time of the interview (avoiding making it too long) and gives confidence to both parties.

The ´goodbye´ time after the interview has theoretically ended can be very productive. The interviewee is more relaxed and sometimes comes up with very interesting information that was not mentioned before, even when asked directly.

As advantages, one to one interviews are very instructive and pedagogical, and usually count with enough time as to assess the needs in detail, following a sequential and synchronous question-answer iteration.

However they are intensive in terms of preparation and logistics if a big number of people has to be interviewed. The identified needs still need to be confronted against other stakeholders to assess if it is a need of only that organization or a wider opportunity.

FOCUS GROUPS LESSONS

Focus groups have the advantage that several actors can build on initial ideas proposed by others, and it is possible to get an immediate idea of the overall importance of the need within the same action.

The main disadvantage is the logistic effort. To have a number of people to gather at specific time and place requires a lot of resources

If in one to one interviews a script is useful, in a focus group is a must. Otherwise time passes quickly and little progress is done. The script helps the moderator to move on and put ´time pressure on the conductor of the session. It is important for that person to have moderation skills to maximize the outputs (e.g.. avoiding that someone speaks all the time or others do not contribute).

Also, unless you record the conversation (a potential alienating factor and source of problems during the meeting) it is a good practice to have a rapporteur that only takes notes. Otherwise some pieces of information can be lost after the meeting, even if you use auxiliary material like flipcharts, post-its, etc....

4.2 Lessons learnt

As with ´goodbye time´ in One to One interviews, networking times (e.g.. coffee breaks) can be very fruitful. Some people take the opportunity during those times to approach the organizers and share ideas in private, or contributions just pop up in conversation without the tension of a guided approach. It is good practice to have something to write to remember them during those times.

MEET and DEBATE LESSONS

The table sessions did not work as expected. Since the GET partners were not the speakers, and there were no third party moderators, there were few needs identified at the tables themselves.

Our conclusion is that it does not work to delegate a "job" to someone that is not part of its priorities. When the need identification is carried out so it is the central topic (like in the first Fill the Gap event with Somos Pacientes) the format works.

What worked better was the prior response of the speakers that replied to the question submitted to them. However, most of the submitted needs where very high level and had little action-ability in terms of eHealth solution development. That was due probably to the lack of explanation and context in the wording of the question.

Regarding responses from the speakers to the unmet need question, it is probably good to include more context and what is the intended use of the information collected, so it can better serve the aims of the GET project. The high response rate is a good sign towards trying to identify needs in less expensive scenarios than events or interviews.

UNMET NEEDS CORNER LESSONS

The experience with the unmet needs corner have been very positive and well accepted by the public. At the Marketplace event in Brussels, our first try, around 35 people came to the corner to play with the blue cards and to share ideas and knowledge.

Our first idea was to make the people fill the online form we had in the project website to collect the needs together with the contact details, but the digital component doesn't really work. People losses interest because the "cool factor" were the cards and the gamification around them.

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4.2 Lessons learnt

Is hard for people to share ideas immediately, that's why some people come, listen to the explanation, read the cards, play a little and go before leaving a need because they argue that they need time to think. However, part of the attendees that used this method did not come back to fill the cards.

MATCHMAKING LESSONS

Matchmaking meetings are not designed to systematically identify unmet needs, but rather are a first step to find synergies and collaboration opportunities among the participants (though in some way needs are covered by the other party)

The conversation among the participants is not script-based but rather casual, and only a relatively small percentage of them may end up in short-term collaborations. However, it is cost-effective mechanism to get to know people of potential interest participating in an event, and those that are successful can be of great value.

In terms of organization, it is critical to have the right digital tools. Otherwise it can be very problematic and resource intensive to set meetings for a reasonable number of people. Using an on-line tool tailored to the job, like the one used in the Marketplace event in Brussels, it is really worth the investment.

At the event, meeting time has to be strictly enforced (15 minutes in our case) otherwise people will have to wait and the risk of no-shows increases.

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4.3 Indicators
Priority identified unmet needs

After several iterations a selection of 5 "quality needs" have been made and published through the website. The selection criteria is based in the potential profitability and go-to-market potential of the market gaps.

N.	Need + description
1	Affordable system to manage the pool of mobile devices in healthcare organizations Type proposer: **Healthcare organization** The system has to control and manage the mobile devices handed to the personnel of the healthcare organization (mainly clinicians). Among other funtionalities, it has to support the configuration, installation and update of software, access permissions and restrictions, localization etc... Ideally, it should provide also anti-theft measures. There is a solution by a large IT corporation, but its price makes it unaffordable. Related information: http://www.sysaid.com/asset-management/sysaid-mdm https://www.novell.com/products/zenworks/mobile-management/
2	Get personalized answers to patient´s non-critical issues from trusted sources Type proposer: **Patient** Specially after diagnosis, patients may have questions or issues (for example, about nutrition or activities compatible with treatment) after interacting with his/her clinician in their visit. These questions typically are not critical as to request an immediate new visit, but enough as to bother them. Because its non-urgent nature, the communication does not need to be synchronous (answers could be received after several hours). Though some patients would only interact with their clinician of reference, others will welcome the opportunity to get responses from other sources. If interacting with their clinician, what is very important for patients is that the possibility to use the digital communication channel has been agreed in advance, so they do not feel that are ´bothering´ the clinician. For example, some clinicians encourage their patients to use WhatsApp to make them questions, till corporate tools are provided to them. If accessing another source (another clinician or an information system), it is critical that the patient perceives the source as trustable. Usually the questions are very specific to the patient condition, so accessing a general, non-structured repository of content is unlikely that delivers value. Therefore the solution has to be able to manage personalized responses. Related information: https://www.healthtap.com/ http://medwhat.com/

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4.3 Indicators

Priority identified unmet needs

N.	Need + description
3	Support conditions specific to older people, like sarcopenia in the context of physical frailty Type proposer: **Pharma + academic partners** Fighting sarcopenia, thereby improving muscle function, should translate in a decrease of associated outcomes like falls and fractures. However it is currently an underdiagnosed geriatric condition, and there is a need to develop innovative treatments including with the support of ICT solutions. Related information: http://www.mysprintt.eu
4	Telemonitoring system of cardiac failure patients that requires minimal user interaction Type proposer: **Healthcare organization** Cardiac Failure (CF) is one of the most prevalent conditions in Europe, and it is expected that will keep on growing in the future. There is already technology available to telemonitor CF patients in order to prevent episodes that end up in hospitalization. However, current methods and sensors usually require the pro-active participation of the patient, which may end up with patient abandonment due to the daily extra effort required, among others. It would be desirable that the monitor technology is as transparent as possible to the patient (ie requiring minimal intervention from her side, ideally none), while effectively informing when an action is needed.
5	Technology to overcome the sensation of solitude Type proposer: **University researcher** There is a massive amount of gadgets to control and monitor elderly chronic patients without human interaction, and this sometimes makes them feel alone and disconnected from human touch. Once they feel the human interaction is not need to keep them alive, they lose the interest in their own lives, some of them stop treatment or become reluctant to the use of technology. We need to find empathic technology, and pay more attention to this group as life expectancy keeps on increasing in our society.

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4.3 Indicators
Unmet needs identified in the events

Despite the 5 priority needs, fill the gap service has identified unmet needs in all the events that are shown below

1. SOMOS PACIENTES EVENT.

Group 1 – Medical Adherence. Needs and barriers faced by patients with chronic conditions, identifying possible alternatives or initiatives to help resolve and define the characteristics of technological tools that could support the proposed actions.

Understand the condition

- Know the impact of the condition on my overall health
- Know how the condition has been affecting my life, e.g., fatigue, weight gain, etc.
- Know what causes the condition to get worse
- Understand the progression of the disease
- Learn what others have done to manage the disease, e.g., live with the disease

Determine treatment options

- Figure out what choices there are for treatment
- Decide which treatment is best for me, e.g., my lifestyle, my temperament, my schedule, etc.
- Evaluate the side effects of the treatment options
- Determine which treatment option treatment will produce the best results
- Get questions answered on the plan

Adhere to Plan

- Remember to take medications
- Reduce impact of missing a dose
- Know what to do if I miss a dose
- Remember when follow up appointments are due
- Know what is needed for the next follow up appointment, e.g., lab work, x-rays, fasting, etc.

4.3 Indicators

Unmet needs identified in the events

Group 3 – Patient Associations management. To identify needs and barriers faced by patient organizations in managing, locating possible alternatives or initiatives to help resolve and define the characteristics of technological tools that could support the proposed actions.

TRANSPARENT and efficient management

- Set up clear objectives
- Define a clear value proposition
- Recruit new members (pro-active)
- Improve patients management: data base to set up critical mass (ICT)

SUSTAINABLE financial resources

- Count with own premises
- Access to resources to provide services/execute projects: fee, sponsor…
- Commit with transparency in management (ICT solution

PROFESSIONAL human resources

- Foster volunteering recruitment able to assume management activities
- Introduce professional management
- Introduce on-going training

VISIBILITY AND REPRESENTATIVENESS communication

- Improve external communication (newsletters, multichannel tools, ICT platforms), including social media
- Introduce expertise in awareness raising campaigns
- Introduce internal communication tools at a different levels: technical team, members, volunteers, collaborators

SERIOUS interaction with the environment

- Identify synergies and affine collaborators
- Involve health professionals
- Learn what others have done to manage successfully
- Act as a lobby to communicate needs and make thinks happen

Provide QUALITY SERVICES: gain credibility

- Patients training: self-management tools
- Share experiences with patients
- Develop projects in cooperation, R&D projects included

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4.3 Indicators

Unmet needs identified in the events

2. Needs collected from the **FILL THE GAP EVENT IN FINLAND**.

Medication side effects (real and imagined)

- Challenge to communicate medication benefits vs. potential side effects
- Patients difficult to know what is relevant for them in the large amount of side effect information

Pre-information about ALL patient's questions

- Patient's are typically asked one reason for a doctor visit but often have "a hidden agenda" for a GP's appointment
- Doctor's struggle to help a patient with several hidden surprise needs within a short visit (typically 20 min.)
- Often in the end of visit patient's are ready to reveal "a hidden agenda" and ask about sensitive problems - may be a question of trust created during the visit

Communication channel between doctor-pharmacists

- Pharmacist lack the quick way to contact the doctor about questions related to patient's medication
- Pharmacists may give patients misleading advices as they don't know patients medical information

Reliability of online information

- Patient's use a lot of online sources but are not able to evaluate the reliability of information
- Patient's use actively online peer group discussions but cannot trust the reliability of information

Low usability of medication information

- Patients struggle to manage and identify relevant medication information
- Poorly presented critical instructions about the use of medication

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4.3 Indicators

Unmet needs identified in the events

3. Needs collected from the **EU MARKETPLACE IN BRUSSELS** speakers' survey

Need	Table topic
The opportunity to enable innovative existing innovation to reach end-users through appropriate organizational/technological infrastructures	The Health&Wealth program at University of Brescia: an interdisciplinary education model for leading innovation in Healthcare and Industry-Academia interoperability.
User centred design and development of all the eHealth solutions. Usable, accessible and adaptive interactive system for all the stakeholders involved.	Success factors and best practices in Pre-commercial Public/Private Procurement
eHealth technology is growing fast, but it seems that the actual achievements are already capable of generating a drastic improvement in health whether they were sufficiently implemented. A gap between implementation and technical potential exists and keeps growing. Efforts in implementation, the actual aim of this meeting, seem warranted.	The city of Valencia. Initiatives, opportunities, and progression.
Connection of the person to their local care economy, both public and private provision, social care and health. And for this to be done in a way which is 'everyday', integrated into their life, using the tools, networks, services and channels that they are familiar with.	Can we affect the rate of technology adoption in Public Sector care service delivery?
- Electronic Access to Patient Records - Consumer services for patients especially appointment booking, information services & test results - Regular use of health analytics to design services/treat patients	International Innovative Public Procurement & Business Models
1. Existing and not existing legal framework. 2. Big data management: the management of large information pools (that vary from mobile devices to data from ICT services such as the Electronic Health Record) for the use of healthcare organisations and the ability to re-use this information. 3. Interoperability Framework to allow the sharing of information and knowledge. 4. Chronic disease management and integrated care services. 5. Provision of more patient-centred and personalised care.	Composition of the Greek e-ecosystem

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4.
Results

4.3 Indicators

Unmet needs identified in the events

Need	Table topic
The national regulatory environment has not sufficiently acknowledged and facilitated the use of eHealth services as a "normal" part of healthcare delivery and therefore reimbursement. The investment and deployment risk is additionally hampered by missing European and national reference standards for interoperability on all levels. As a result, health insurance companies (in Germany) can currently only deploy eHealth as part of "selective care contracts." AOK Rheinland/Hamburg actively engages in this field as a central pillar of future integrated care delivery.	Integrated and connected care: the perspective of a German public health insurer
Connecting patients with all elements of the health system so they and their careers do not have to repeat the same story over again to differing professions and services.	Financial Incentives to Drive Investment
- How do I choose between all the options in the market? - Who can demonstrate impact (e.g., user engagement and behaviour change)? - Who can deliver population-level scale-up?	Delivering impact in population health and well-being programmes
The creation of a single EU market, bringing research results to market, facilitating sustainable reimbursement schemes, awareness and comprehension of the new economy emerging	The eHealth manifesto: a call to action for a healthier Europe
How to solve the problem of liability (who is responsible for what) and reliability of the information	From research to the market in the field of AAL: The innovation impact of the AAL Programmes
Real interoperability for sharing patient information among institutions and countries. As a consequence of this, one of the biggest unmet needs is the possibility of offering the patients their own history in mobile devices. The possibility that the patient access her own medical info from her smartphone. Health gadgets for smartphones: this field has just started and will have a lot of opportunities for SMEs in the future. You can now measure your blood pressure and the hearth rate with your iPhone, but in the near future you could measure glucose in blood, detect infectious diseases, etc..	From projects to products: aligning assets for Active and Healthy Ageing in the Silver Economy

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4. Results

4.3 Indicators

Unmet needs identified in the events

Need	Table topic
The necessary organizational changes in the health and social care organizations	It is possible to accelerate the implementation of mHealth?
- Inclusion: Surveys of economically marginal people across the world indicate that mobile or WI-FI enabled table or laptop possession is valued as highly as food or shelter. This population are the true "digital nomads". Recent specific studies of mHealth amongst homeless people have found it to be a powerful medium to connect with this group. Thus mHealth provides a huge opportunity to tackle long-standing health inequality in European society. Understanding how to design core services so the excluded want to access them and how to enable bottom-up growth of support groups and experience sharing are key R&I issues that could open up a market for mHealth services enabling significant reductions in the number of (very costly) unhealthy life years suffered by the most disadvantaged groups in our societies.	'Digital Health as a Market, opportunities and possibilities. Digital Health as the key enabler for the Active and Healthy Ageing Challenge'
Dedicated support for personalised nutritional interventions are not available. Such supports could also exploit the value of European culinary tradition as cultural heritage to be transmitted from one generation to the other, by storing information on loco-regional culinary tradition. How and why a recepy or a menu developed over time, how they relate to locally available ingredients, whether they are still sustainable for their impact on health and from the economic point of view etc. might also encourage cultural exchange between different cultural backgrounds, based upon practical activities, at the same time supporting socialization, providing datasets in multiple languages. EHealth solutions to support adequate nutrition should be interoperable with different platforms, and provide easy to access information on applicable regulatory frameworks, available functional foods, cost etc..	Nutrition as a determinant of frailty
- eHealth (or more broadly ICT-based) innovations are still overwhelmingly "eHealthcare" solutions. They offer incremental innovation within fairly traditional paradigms and tend to focus on a narrow section of older citizens' daily lives - eHealth/ICT-based innovations tend to be technology-driven and geared towards sharp-end solutions (a device or service to solve one particular problem). Holistic and adaptive innovations to support older citizens in maintaining social participation, quality of life and health over time and over different domains are needed, but they are thin on the ground	Promoting large scale deployment of smart ICT solutions that support healthy ageing through age-friendly environments

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4.3 Indicators

Unmet needs identified in the events

4. Needs collected from the UNMET NEEDS CORNER IN THE EU MARKETPLACE IN BRUSSELS

Type of proposer	The need	Support
eHealth company	Education module to teach people medical stories, technology and how to manage the eHealth, and also apps and devices to purchase once they've learned	
Patient asociation	More trusted information on internet with non-critical answers to common questions	2
SME	Real user and challenge driven innovation	1
Healthcare company	More clarity in regulations to move forward (ex: what is MD, what does it include). And promote more "interoperability" to make things work everywhere	
SME	Understanding people the technologies are developed for	
University researcher	To overcome the sensation of solitude	
HL7 expert	Shape expectations for standard-based interoperability in mobile health. Shape expectations for standard-based interoperability in silver economy.	
University researcher	Teach better pain medicine at university level	
Healthcare company	Prevent falls and fractures for elderly women	
eHealth company	Engage the medical device with medical technology industry	
Anonimous	A partner who wants to take/share risk on new thinking (out of the box)	
Anonimous	Social innovation + social enterprise. Local community activation for personal empowerment <-- Tools for support?	
Table topic moderator	Real interoperability for sharing patient information among institutions and countries.	1
Solutions	Solution for: Telemonitoring system of cardiac failure patients that requires minimal user interaction.	

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5.
Outcomes expected

Overall, it is expected that around 15 "market gaps" will be identified by the Fill the Gap service, each gap with a potential impact in several companies and entrepreneurs.

A first definition of service model of the service and assessment of its outcomes is delivered by mid-project and a Final version of the service model, assessment of its outcomes and sustainability actions will be delivered at project completion.

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Annexes

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Annex 1:
WAP Matchmaking with Somos Pacientes
[WP5 Fill the gap]

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Index

This report provides an overview of the 'WAP Matchmaking with Somos Pacientes' session held at the BBVA Innovation Centre, on 27th November 2013.

This event marked the beginning of the Work package focused on needs identification: Fill the gap (WP5)

The report is structured as follows:

- Agenda
- Participants
- Recruitment
- Methodology
- Event
- Photos
- Conclusions

This report was compiled by TICBioMed.

Myriam Martín
TICBioMed
Myriam.martin@ticbiomed.net

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Agenda

EVENT

WAP Matchmaking within the Somos Pacientes Event

DATE

27 Nov 2014

VENUE

BBVA Innovation Centre - Madrid

Somos Pacientes 2013

fundación **farmaindustria**

ticbiomed

somos pacientes

JORNADA SOMOS PACIENTES 2013

27 de noviembre de 2013 - Centro de Innovación BBVA

(Plaza de Santa Bárbara, 2 – Madrid)

8:30 Recepción de asistentes

9:00 Inauguración
- Pilar Farjas. Secretaria General de Sanidad y Consumo. Ministerio de Sanidad, Servicios Sociales e Igualdad
- Elvira Sanz. Presidenta de FARMAINDUSTRIA

9:30 Diálogo 'La salud como un reto: la visión de pacientes y familiares'
- Isabel Gemio. Presidenta de la Fundación Isabel Gemio para la investigación sobre las Enfermedades Neuromusculares
- Bartolomé José Martínez. Jefe del Área de Sanidad y Política Social de la Oficina del Defensor del Pueblo
- Ramón Sánchez Ocaña. Periodista

10:30 Mesa redonda: Las asociaciones de pacientes hoy: actividades, representatividad, influencia, nuevos modelos de comunicación
- Pedro Pastor Villegas. Defensor de Usuarios del Sistema Sanitario Público de Extremadura
- Juan Carlos Julián. Coordinador General de la Federación de asociaciones de enfermos renales (ALCER)
- Jesús Mª Rodrigo. Director ejecutivo de la Confederación de Asociaciones de Familiares de Personas con Alzheimer y otras Demencias (CEAFA)
- Antonio Bernal. Presidente de la Federación Nacional de Enfermos y Trasplantados Hepáticos (FNETH)
- Yolanda Quintana. Periodista y escritora, experta en Internet y redes sociales

12:00 Coffee break

12:30 Encuentro WAP: Web, aplicaciones y pacientes

Encuentro-debate entre organizaciones de pacientes para la identificación de necesidades de los pacientes, sus familiares y las asociaciones que les representan. Posible búsqueda y desarrollo posterior de iniciativas tecnológicas (aplicaciones para ordenadores, Internet, dispositivos móviles, etc.) Cuatro mesas de trabajo paralelas:
- Grupo 1: Adherencia al tratamiento* - Sala Create
- Grupo 2: Discapacidad y dependencia – Sala Innovate
- Grupo 3: Gestión de las asociaciones de pacientes – Sala Formación
- Grupo 4: Acceso a medicamentos – Sala Auditorio

14:15 Cierre de la jornada

*Esta iniciativa forma parte del proyecto GET, enmarcado en el Programa FP7-ICT-2013 de la Comisión Europea

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EVENT

WAP Matchmaking within the Somos Pacientes Event

DATE

27 Nov

VENUE

BBVA Innovation Centre - Madrid

Somos Pacientes 2013

farmaindustria   etrbiomed

somos pacientes

JORNADA SOMOS PACIENTES 2013

27 de noviembre de 2013 - Centro de Innovación BBVA

(Plaza de Santa Bárbara, 2 – Madrid)

12:30 Encuentro WAP: Web, aplicaciones y pacientes

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- Grupo 1: **Adherencia al tratamiento*** - *Sala Create*
- Grupo 2: **Discapacidad y dependencia** – *Sala Innovate*
- Grupo 3: **Gestión de las asociaciones de pacientes** – *Sala Formación*
- Grupo 4: **Acceso a medicamentos** – *Sala Auditorio*

14:15   Cierre de la jornada

The WAP (web, applications and patients) will support matchmaking for four working groups, between patients and developers of technological applications. Patients will first put on the table the needs arising in different fields and the latter, developers can provide technological solutions to those needs. The four workshops will focus on the following issues:

WORKING GROUPS:

- Group 1: Medication adherence
- Group 2: Disability and dependence
- Group 3: Patients Associations management
- Group 4: Access to best treatments

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Participants

We split the session into four working groups with one moderator for each session, depending on the topic they prefer to discuss about.

74 participants

- 30 Access to the best treatments
- 14 Medication Adherence
- 7 Disability and dependence
- 23 Patients Associations Management

NAME	SURNAME	WORKSHOP
DANIEL	GIL PÉREZ	Acceso a los mejores tratamientos
Antonio	Bernal	Acceso a los mejores tratamientos
SOLEDAD	ALONSO MOSTAZA	Acceso a los mejores tratamientos
ANTONIO	ALVAREZ MARTINEZ	Acceso a los mejores tratamientos
CAMINO	BARROCAL GALAN	Acceso a los mejores tratamientos
ANGELES	BRAVO VILLEGAS	Acceso a los mejores tratamientos
AMPARO	CABALLERO RODRÍGUEZ	Acceso a los mejores tratamientos
ALBERTO	CARBALLO	Acceso a los mejores tratamientos
ANTONIO	CHICO CAMPOS	Acceso a los mejores tratamientos
ISAAC	CHOCRON	Acceso a los mejores tratamientos
RAQUEL	CONTRERAS CABEZON	Acceso a los mejores tratamientos
GREGORIO	CUEVAS SANCHEZ	Acceso a los mejores tratamientos
JUAN	FERNANDEZ MORENO	Acceso a los mejores tratamientos
TOÑY	GIMON REVUELTA	Acceso a los mejores tratamientos
CARMEN	GONZALEZ SANTOS	Acceso a los mejores tratamientos
ISABEL	HURTADO FUENTES	Acceso a los mejores tratamientos
JOSEFA	MADRID CASTELLANOS	Acceso a los mejores tratamientos
EMILIA	MENENDEZ	Acceso a los mejores tratamientos
LETICIA	MUÑOZ CABANZO	Acceso a los mejores tratamientos
ANNA	OLIVA	Acceso a los mejores tratamientos
SARA	PASCUAL ALFONSO	Acceso a los mejores tratamientos
CONCEPCIÓN	PEÑAS MORENTE	Acceso a los mejores tratamientos
CRISTINA	PÉREZ ARIAS	Acceso a los mejores tratamientos
ROBERTO	RUIZ CAPELLAN	Acceso a los mejores tratamientos
BELÉN	RUIZ DE MIGUEL	Acceso a los mejores tratamientos
ESTHER	SABANDO RODRÍGUEZ	Acceso a los mejores tratamientos
MAITE	SANZ	Acceso a los mejores tratamientos
CARMEN	USERO OLLO	Acceso a los mejores tratamientos
JOAN	VILALLONGA	Acceso a los mejores tratamientos
NURIA	ZÚÑIGA SERRANO	Acceso a los mejores tratamientos
JORGE	GONZALEZ OLALLA	Adherencia al tratamiento
CARLOS	ALBAJAR VIÑAS	Adherencia al tratamiento
JUANJO	CABANILLAS OLMO	Adherencia al tratamiento
MARÍA	GÁLVEZ	Adherencia al tratamiento
JESUS	GARRIDO POLVORINOS	Adherencia al tratamiento
MARIANO	HERNANZ DE LAS HERAS	Adherencia al tratamiento
MONICA	LOPEZ ALONSO	Adherencia al tratamiento
JIMENA	MARTÍNEZ-PITA ZEMBORAIN	Adherencia al tratamiento
JUAN MANUEL	ORTIZ CARRANZA	Adherencia al tratamiento
YOLANDA	RUEDA FALCON	Adherencia al tratamiento
GRACE	SAMPAIO FERREIRA	Adherencia al tratamiento
MIGUEL	TSUCHIYA BLASCO	Adherencia al tratamiento
ELENA	VACA GARCÍA	Adherencia al tratamiento
JORGE	VÁZQUEZ	Adherencia al tratamiento
ANA	ORMAETXEA	Discapacidad y dependencia
ROSA	JABONERO TARAVILLO	Discapacidad y dependencia
TOMÁS	MAINAR GÓMEZ	Discapacidad y dependencia
CHARO	MARCO	Discapacidad y dependencia
MANUEL	MARTÍNEZ TORREJÓN	Discapacidad y dependencia
MANUEL	MEDIAVILLA HERRERA	Discapacidad y dependencia
MONTSERRAT	ROIG BONET	Discapacidad y dependencia
JUAN JOSE	SANCHEZ MARTIN	Discapacidad y dependencia
MYRIAM	MARTIN DELGADO	Gestión de una asociación de pacientes
Pedro	Pastor Villegas	Gestión de las Asociaciones de Pacientes
EMMA	BERNARDO SAMPEDRO	Gestión de una asociación de pacientes
JOSE LUIS	BLANCO AVILA	Gestión de una asociación de pacientes
RUTH	CORDOVA MARTIN	Gestión de una asociación de pacientes
COVADONGA	FERNÀNDEZ GONZÀLEZ	Gestión de una asociación de pacientes
ISABEL	DE RON RODRÍGUEZ	Gestión de una asociación de pacientes
PAZ	FERRERO	Gestión de una asociación de pacientes
MANUELA	GARCIA CADABON	Gestión de una asociación de pacientes
CARMEN	GUIJARRO DE LA VILLA	Gestión de una asociación de pacientes
MARÍA JOSÉ	HUERTAS GARCÍA	Gestión de una asociación de pacientes
JUAN CARLOS	JULIÁN MAURO	Gestión de una asociación de pacientes
MARIA DEL PILAR	LÓPEZ ACUÑA	Gestión de una asociación de pacientes
ESPERANZA	LÓPEZ MAQUIEIRA	Gestión de una asociación de pacientes
MERCEDES	MADERUELO LABRADOR	Gestión de una asociación de pacientes
PILAR	MONTIEL LLORENTE	Gestión de una asociación de pacientes
AMELIA	MUÑOZ HERRERO	Gestión de una asociación de pacientes
OLGA	ORTEGA	Gestión de una asociación de pacientes
AURORA	PIMENTEL	Gestión de una asociación de pacientes
PEDRO	PLAZUELO RAMOS	Gestión de una asociación de pacientes
FRANCISCO JOSÉ	RODRIGUEZ RODRIGUEZ	Gestión de una asociación de pacientes
ELENA	RUIZ DE LA TORRE	Gestión de una asociación de pacientes
CARMN	SÁNCHEZ CHICHARRO	Gestión de una asociación de pacientes

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Participants

Access to the best treatments

- 30 participants from the main patients associations as well as pharma industries

Medication Adherence

- 14 participants from pharma companies and 4 patients associations

Working group: Better access to treatments

- ABBVIE
- ASTRAZENECA
- BMS
- CELGENE
- EXCEM
- GILEAD
- GSK (2)
- LABORATORIIO FARMACEUTICO JUSTE S.A.Q.F
- MSD
- NOVO NORDISK, S.A.
- PRAXIS PHARMACEUTICAL
- ROCHE FARMA
- SANOFI
- UCB
- ACCIÓN PSORIASIS
- ASOCIACIÓN ESPAÑOLA DE ICTIOSIS
- ASOCIACIÓN MADRILEÑA FIBROSIS QUISTICA
- ASOCIACION TRASPLANTADOS CORAZON COMUNIDAD DE MADRID
- ASSCAT ASOCIACION DE ENFERMOS DE HEPATITIS (2)
- ASSOCIACIÓ DE DIABÈTICS DE CATALUNYA
- FECMA (Federación de Mujeres con Cáncer de Mama)(2)
- FEDERACION ESPAÑOLA TRASPLANTADOS CORAZON
- FEDERACIÓN NACIONAL DE ENFERMOS Y TRASPLANTADOS HEPÁTICOS (FNETH)
- FELUPUS (Federación Española de Lupus)
- FENAER (Federación Nacional de Asociaciones de Enfermedades Respiratorias)
- FEDERACION ASEM (Federación española de enfermedades neuromusculares)
- Managed by FARMAINDUSTRIA

Working group: Medication adherence

- AMAC (Asociación madrileña de pacientes anticoagulados y cardiovasculares)
- APACOR (Asociación de Pacientes Coronarios)
- FEDERACIÓN ESPAÑOLA DE PÁRKINSON (2)
- AMGEN
- ESTEVE
- FLOWLAB
- LOGISTA PHARMA (2)
- NEPHILA CONSULTORÍA Y GESTIÓN
- NOVO NORDISK
- UCB
- VIRTUALWARE GROUP
- MANAGED by TICBIOMED

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Participants

Disability and dependence

- Integrated by 5 patients associations and experts in the health-legal services

Patients Associations Management

- Main participation came from 15 patients associations, but also had the participation of media and intermediate organisations responsible of dealing with the patients interests.

Working group: Disability and dependence

- AFA PARKINSON Y OTRAS DEMENCIAS DEL CORREDOR DEL HENARES
- AFAEM-5 (ASOC.FAMILIARES ENFERMOS MENTAL
- ASOCIACIÓN ESPAÑOLA DE NARCOLEPSIA (AEN)
- ESCLEROSIS MÚLTIPLE ESPAÑA
- FORO ARAGONÉS DE PACIENTES
- MARCONIA LEGAL, SERVICIOS MÉDICO-JURÍDICOS
- Managed by PERIODISTA

Working group: Patients Association Management

- ADECYL (Asociacion de escoliosis)
- AEOMC (Asociación española de osteocondromas múltiples congénitos)
- AESPI (Asociacion española de sindrome de piernas inquietas) (2)
- ENFERMEDAD DE WILLIS-EKBOM (2)
- ALIANZA AIRE
- ASACO (Asociación de afectados por cáncer de ovario)
- AOMA (Asociación de ostomizados de Madrid)
- ASOCIACIÓN ESPAÑOLA CONTRA LA OSTEOPOROSIS
- ASOCIACIÓN ESPAÑOLA DE PACIENTES CON CEFALEA
- CEADE- COORDINADORA ESPAÑOLA DE ASOCIACIONES DE ESPONDILITIS
- CONESPACAR (Confederación Española de Pacientes Cardiovasculares)
- FEDE (Federación de diabéticos españoles)
- FEDERACION ESPAÑOLA DE LUPUS
- FEDERACIÓN NACIONAL DE ASOCIACIONES ALCER
- FENAER. FEDERACION DE ASOC. DE ENFERMEDADES RESPIRATORIAS
- TAKEDA FARMACÉUTICA ESPAÑA, S.A.
- JF MAGUIRE
- AGENCIA EFE
- DEFENSOR DE USUARIOS DEL SISTEMA SANITARIO PÚBLICO DE EXTREMADURA
- FUNDACIÓN PARA LA FORMACIÓN E INVESTIGACIÓN SANITARIA (FFIS)
- Managed by TICBIOMED

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Participants

In order to do the matching we counted with 2 companies per working groups specialised in the topic. These developers provided technological solutions to the needs identified.

The participant SMEs were:

Access to the best treatments

- Julian Lorenzo - HEALTHTECH SOLUTIONS S.L. (CEO)
- Aquilino garcía Martos - HEATH POINT EUROPE S.L. (CEO)

Medication adherence

- Ana Romero - INTERSYSTEMS IBERIA. (Marketing Programs Manager)
- Miguel Tsuchiya - FLOWLAB (CEO)

Patients Associations Management

- Antonio Carrión. CARRIÓN Y ASOCIADOS (Director)
- Carmen Murcia - SOCIAL MEDIA PHARMA (CEO)

Disability and dependence

- Pablo Pantaleoni - MEDTEP (COO)
- Emilio Iborra - AMI2 (CEO)

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Recruitment

The first Fill the Gap event was organised at the Somos Pacientes[1] Anual Assembly in order to gain visibility and optimise the use of resources as most attendants were patients from a associations or patient association managers, as well as pharma industry representatives which were interested in Fill the Gap objectives, and that will make easier the recruitment phase.

Due to the high attendance of the session, four different topics were identified and the attendants chose the one they were interested when registering for the event.

Pharmaindustria, Somos pacientes manager, was in charge of the recruitment process and collecting all the applications.

The recruitment process to enrol participants in the workshop was issued during November through different channels:

- Mailing to key patients associations and pharma companies members of Somos Pacientes was sent requesting them to register in the website form.

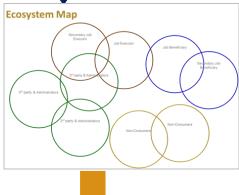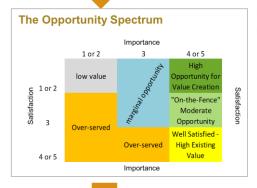 News on the Pharmaindustria website as well as TICBioMed and GET project website

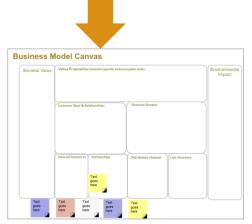 A video was developed for this event (http://youtu.be/LiXsVnyQsLg)

(1) Somos pacientes is a community managed by PharmaIndustria that provides a shared information space, participation, training, services and collaborative work led to all patient (and disabled) groups in Spain.

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Methodology(2)

Ecosystem Map

The Opportunity Spectrum

Business Model Canvas

In the eHealth sector, even the best of ideas will struggle to bear fruit if they are not aligned with a clearly defined problem that patients are trying solve. Therefore an idea-first approach to innovation often leads to many false starts, iterative trial and error, and inefficient use of creative energy and innovation resources.

By contrast, Fill the Gap need-first approach to innovation begins with framing each patient's innovation challenge around a patient ecosystem, and the needs of each player in that ecosystem.

The idea is to identify and prioritize the unmet needs of patients and others in the ecosystem, and use these priorities as guardrails for guiding and shaping the patient's innovation initiative.

Fill the gap process is organized into action-oriented steps to help eHealth SMEs to follow to meet their goals effectively and in the most efficient manner possible.

- **Investigate** – THE NEEDS: Define the social challenge, determine unmet needs jointly with the patients and major stakeholders, and examine opportunities for addressing them in order to provided added value to the users

- **Innovate** – THE SOLUTION: Set strategy, devise a workable solution for the identified need, and develop a powerful social business model that will have impact in the market.

(2) The methodology applied has been developed by Sandra Bates, member of the GET Advisory Board (http://www.theinnovationpartners.com/bates.html)
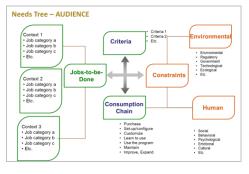
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Methodology

Framing Guide

Social scenario	Medication Adherence		
Context	People with chronic conditions		
Ecosystem members	Beneficiary	Executor	3rd Party Administrators/Overseers
	Patients with Chronic conditions	Patient, Physician, Caregivers/family members	Hospitals, payers
Want to accomplish this main thing...	Focal job Manage the effects of the chronic conditions on overall health and well-being	Focal job Treat the condition of the patient and minimize the overall disruption to health and lifestyle	Focal job Manage the condition to avoid long-term costs and find least expensive treatment options
The platform that exists today include...	Platform description (systems, subsystems, people, processes, and technology)		
Current ways of tackling core and related jobs include...	Competitive alternatives		
Technology considerations include...	Examples of technologies that have existed for a while or that have been recently introduced to support this job(s)		
This initiative will create what "ideal solution"?	If this initiative is successful, what will be different? How will the scenario be affected? What kind of solutions will be created?		

Needs Tree – AUDIENCE

1. Once the ecosystem is defined, the first step is **framing each innovation challenge** around a patient ecosystem to develop the framing guide but also some additional information such as:
   - Existing contexts involving different needs
   - Description of existing platforms (systems, people, processes, technology, etc.)
   - Current ways of tackling core and related challenges
   - Main barriers for achieving good results
   - Technology considerations
   - Characteristics of the "ideal solution": . these are the criteria of the solution. (What will de different, how the scenario be affected, what solution will be created, etc.)
   - Environmental and human constrains that the patient faces as he/she attempts to meet the need

2. Once the framing guide is developed, we will use the need tree to think through **the major need categories** for the different contexts. The objective is to identify the primary needs for each context and then the need steps that would be involved in accomplish the challenge.

3. Once the categories have been identified, it is important to think through the **criteria** that people use to access the value of one solution over another, having in mind that customers will be asked directly for these inputs. Given the knowledge of the customer and the space of the GET partners, much of this info will be known from existing experience, however, ALWAYs have to get the final data from the customers directly.

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Methodology

Job Blossom

4. For each context, a **need blossom** will be created to put in the major need categories. The need categories can either be steps in the process of accomplishing the overall challenge, or large topic areas for exploration.

Once the categories are listed out, begin capturing detailed needs about each category:

- While conducting this step, what must be accomplished?
- For this step to be successful, what things are you trying to get done?
- To improve this step, what would have to happen? What do you want to avoid?
- What is an ideal situation for this need?

As the answers to these questions are received, concrete needs are identified. *For example, in the chronic condition example, we might have detailed needs under the category of 'understand the condition' which might include:*

- *Learn what symptoms are from this condition*
- *Learn what causes this condition*
- *Learn what makes this condition worse*
- *Understand what impact this condition has on my health, etc.*

For the emotional needs, explore how the patient wants to feel (and what feelings he/she is trying to avoid) as they execute the job to overcome the need. The social aspects are how they want to be perceived as they go about trying to execute the job to overcome the need.

5. Then these unmet needs will be used to help SMEs, mainly technology developers, to develop growth strategies, create a development roadmap, and begin developing innovative new product and service concepts (that's where the brilliant ideas come in!).

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Event

Working groups run in parallel and had a common agenda:

- **WHAT'RE WE GOING TO DO?** Presentation of the driver of the working group as well as the objectives and how the session will move forwards (5 min.)
- **WHO'S GOING TO DO?** Short introduction of the participants the table (5 min.)
- **FRAMING GUIDE**. Determination of the framework decision (15 min)
  - Ecosystem stakeholders involved, a priori, in the working group topic.
  - Secondly, answer a number of questions on the topic to identify the conteneeds categories. The answers will be provided on post-it
  - The answers are collected and regrouped and organised around the printed guide Framing structure in A0.
- **EMOTIONAL AND SOCIAL ASPECTS** (10min)
- **IDENTIFICATION OF WORK TO BE DONE (NEEDs)**. Identification of concrete needs within each category (20min)
  - First a series of questions will be posed to the participants and allowed time for participants to contribute, writing the answers on post-it
  - The answers are collected and are regrouping and organizing around the print in A0.
- **TECHNOLOGICAL COMPONENTS** (8 min)
  - Interaction with technology companies
- **CONCLUSIONS** (5 min)

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The objective of the Group 1: Medication Adherences was to identify needs and barriers faced by patients with chronic conditions, identifying possible alternatives or initiatives to help resolve and define the characteristics of technological tools that could support the proposed actions.

Once all participants introduces themselves, the first action was to agree on the ECOSYSTEM.

Ecosistema: Adherencia al tratamiento

Ejecutor secundario — **Medico responsable del cuidado del paciente**

Ejecutor principal — **Paciente crónico**

Beneficiario secundario — **Sistema hospitalario y pagadores**

Beneficiario — **Cuidadores y familia del paciente**

Otros agentes — **Asociaciones de pacientes**

Otros agentes — **Compradores y empresas farmaceuticas**

No-consumidor

Qué quiere conseguir cada uno de los actores del ecosistema definido

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The next step was to define the FRAMING GUIDE by answering the below questions

- What's in the current solutions regarding medication adherence?
- Why some patients do not comply with treatment? Psychological, social, information, knowledge, etc.
- What are the main obstacles? Barriers, gaps, etc.

For the overall challenge of 'managing chronic conditions', the 'steps' identified were to understand the condition, obtain a diagnosis, etc. and/or a list overall topic areas such as 'understand how to pay for the treatment', 'learn about the condition', etc. raised up. These overall topic areas are less associated with the process flow and more to do with exploring the overall need.

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Once the framing guide was defined, and main categories established, the final step was to identify the unmet needs for each category:

Understand the condition

- Know the impact of the condition on my overall health
- Know how the condition has been affecting my life, e.g., fatigue, weight gain, etc.
- Know what causes the condition to get worse
- Understand the progression of the disease
- Learn what others have done to manage the disease, e.g., live with the disease

Determine treatment options

- Figure out what choices there are for treatment
- Decide which treatment is best for me, e.g., my lifestyle, my temperament, my schedule, etc.
- Evaluate the side effects of the treatment options
- Determine which treatment option treatment will produce the best results
- Get questions answered on the plan

Adhere to Plan

- Remember to take medications
- Reduce impact of missing a dose
- Know what to do if I miss a dose
- Remember when follow up appointments are due
- Know what is needed for the next follow up appointment, e.g., lab work, x-rays, fasting, etc.

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Event: working group 3

The objective of the Group 3: Patients Associations management was to identify needs and barriers faced by patient organizations in managing, locating possible alternatives or initiatives to help resolve and define the characteristics of technological tools that could support the proposed actions.

Once all participants introduces themselves, the first action was to agree on the ECOSYSTEM.

The next step was to define the FRAMING GUIDE by answering the below questions.

Ecosistema: Gestión de Asociaciones de pacientes

Qué quiere conseguir cada uno de los actores del ecosistema definido

- Current status and framework
- Patients Associations objectives
- Main management areas
- Concrete needs and actions to be addressed

The Patients Association are a collective voice for patients, independent of the government and medical profession, that aims to improve patients' experience of healthcare

- Act as a lobby group communicating patients needs to the healthcare system and looking for support of the public and private stakeholders.

- Raise public awareness

- Empower patients

- Provide help and advice to individuals and signposts to the most relevant organisations.

- In terms of communication, publish a range of patient information literature on a range of topics - for example, some medical conditions, self-help groups, access to records, access to services, etc.

- Raise funding to undertake projects, including research projects.

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Event: working group 3

Once the framing guide was defined, and main categories established, the final step was to identify the unmet needs for each category:

TRANSPARENT and efficient management

- Set up clear objectives
- Define a clear value proposition
- Recruit new members (pro-active)
- Improve patients management: clear data base to set up critical mass (ICT solution)

SUSTAINABLE financial resources

- Count with own premises
- Count with resources to provide services / undertake projects: fees, sponsorship, etc.
- Commit with transparency in management (ICT solution

PROFESSIONAL human resources

- Foster volunteering recruitment able to assume management responsibilities.
- Introduce professional management
- Introduce on-going training

VISIBILITY AND REPRESENTATIVENESS: communication & dissemination

- Improve external communication (newsletters, multichannel tools, ICT platforms), including social media
- Introduce expertise in awareness raising campaigns
- Introduce internal communication tools at a different levels: technical team, members, volunteers, collaborators

SERIOUS interaction with the environment

- Identify synergies and affine collaborators
- Involve health professionals
- Learn what others have done to manage successfully
- Act as a lobby to communicate needs and make thinks happen (services)

Provide QUALITY SERVICES: gain credibility

- Patients training: self-management tools
- Share experiences with patients
- Develop projects in cooperation, R&D projects included

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Photos

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Conclusions

Conclusion were recorded in streamline and can be accessed through https://www.youtube.com/watch?v=mmxj3Om1aVY&feature=youtube_gdata_player

MEDICATION ADHERENCE WORKING GROUP

(5:12:20 in the video)

Critical factors

- How information about medication (treatment complexity, forgetting tap, etc) is managed.
- The perception of side effects, including the effects of 'no treatment' is very relevant to level of motivation.
- Social integration adhesion barrier, in some cases resulting in overmedication point.
- Emotional state of patients plays an important role.
- Perceived risk of non-adherence, in particular the effectiveness of treatment in the short term, mainly immediacy to verify the favourable effects of treatment.
- The doctor-patient communication in both directions.

- **ICT solutions to overcome the actual needs**
  - Reminders of the treatment and/or medication intakes.
  - (Re-) education of patients.
  - Technologies that facilitate intervention when there is lack of adhesion.
  - Real-time communication with health professionals.
  - Tracking and monitoring by professionals.

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Conclusions

PATIENTS ASSOCIATION MANAGEMENT WORKING GROUP

(5:10:18 in the video)

common needs, different approaches

First we must take into account an important consideration: patients associations face a wide range of needs and barriers given their heterogeneity, from small partnerships to more structured Federations.

There are common areas such as communication, human resources, financial management, **use of ICT tools for managing databases and communication, not only for dissemination purposes, but also, among the members and internal**, but each has its own conditions relating to the characteristics of patients recruiting, because there are associations representing patients with low life expectancy and, therefore, with a high rotation in its membership.

patients associations goals are unique

It is important to identify the Association DNA, ie, what are your goals and objectives and which services will put in place to achieve them are. Accordingly, they have to define their own value proposition, ie, what is the added value to the partners, and will result on the re-structuring of the business model of the association.

volunteers vs professional

An important factor in management is the fact that the associations are managed, often voluntarily. While there are very professionalized associations, such as the Federations, a significant percentage of associations are run by volunteers. In this case, it is of great importance to be able to count on training and motivation to encourage greater volunteerism and involvement of members of the association management tasks to facilitate the rotation of those positions.

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Annex 2:
Medical adherence

Patient driven eHealth needs Identification [WP5 Fill the gap]

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Index

This report provides an overview of the Fill the gap event organised in Helsinki, on 16th September 2014.

The report is structured as follows:

- Agenda
- Participants
- Recruitment
- Methodology
- Event
- Photos
- Conclusions

This report was compiled by Forum Virium Helsinki

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EVENT

Fill the gap – Helsinki

DATE

16 Sep, 2014

VENUE

Kamppi service center - Helsinki

Agenda

Lääketietokeskus

FORUM VIRIUM HELSINKI

Kutsu lääkehoitokäytäntöjen kehitystyöpajaan 16.9.2014

Nyt voit konkreettisesti vaikuttaa lääkehoitoa tukevien palveluiden kehittämiseen. Helsingin kaupungin kehitysyhtiö Forum Virium Helsinki järjestää yhteistyössä Lääketietokeskuksen kanssa lääkehoitokäytäntöjen kehitystyöpajan. Tavoitteena on tunnistaa potilaan lääkehoitoon sitoutumiseen sekä lääkärin ja potilaan väliseen dialogiin liittyviä kehittämisalueita.

Työpaja järjestetään osana EU-rahoitteista GET-projektia, joka tukee eHealth innovaatiota ja yritysten kasvua. Projektin aikana tunnistettuihin lääkehoitoon liittyvien käytäntöjen ongelmiin haetaan markkinaehtoisia uusia ratkaisuja.

Kehitystyöpaja on kaksiosainen:
· Osa 1 (klo 13.00 – 15.30): Ohjatuissa kohderyhmäkeskusteluissa säännöllistä lääkitystä käyttävät henkilöt (n. 25 hlö.) kertovat kokemiaan lääkehoidon ongelmakohtia. Kohderyhmäksi on valittu yli 65-vuotiaat, itsenäisesti asuvat ja säännöllistä reseptilääkitystä käyttävät henkilöt.
· **Osa 2 (klo 16.00 – 17.30): Lääkäreistä koostuva asiantuntijapaneeli analysoi kohderyhmäkeskusteluissa tunnistettuja ongelmia. Lääkäreiden rooli on arvioida, kuinka kriittisiä ongelmat ovat lääkehoidon onnistumisen kannalta. Lisäksi pohditaan, onko ongelma tällä hetkellä riittävästi huomioitu lääkärin työssä ja miten sen ratkaiseminen tukisi lääkehoitoa.**

Lääkärit osallistuvat vain työpajan toiseen osaan klo 16.00 - 17.30!

Missä ja milloin
Kampin palvelukeskus   Tiistaina 16. syyskuuta 2014
Salomonkatu 21 B, 00100 Helsinki   -Kohderyhmäkeskustelut klo 13.00 – 15.30
Työtila Faija 1. kerros.   -Lääkäripaneeli klo 16.00 – 17.30

Tervetuloa mukaan konkreettisesti kehittämään lääkärin ja potilaan välistä dialogia tukevia uusia palveluita. Tarjoamme ennen tilaisuutta klo 15.45 välipalaa.

Ilmoittautuminen 29. elokuuta mennessä:
http://digiumenterprise.com/answer/?sid=1201820&chk=5PBUQQ8P
Lisätiedot sähköpostilla jaakko.ikavalko@forumvirium.fi tai puh. 040 – 7350569 .

SEVENTH FRAMEWORK PROGRAMME

The half day event was organised in two parts.

1st Part: FOCUS GROUP

@ 13.00 – 15.30

Facilitated discussions with 16 elderly people who have been described some constant medication.

2nd Part: DOCTOR WORKSHOP

@ 16.00 – 17.30

Medical doctors with a versatile background evaluated the needs related to doctor – patient communication in the context of medical adherence.

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Participants

Nine Medical Doctors and two Doctor's of Pharmacy participated to identification and evaluation of unmet needs.

16 people participated in the focus group discussion.

We split the focus group session into two 8 people discussion groups with one moderator for each group.

Doctors		
Heikki	Ylä-Jarkko	Yksityislääkäri
Leena	Jenkins	Helsingin soster/ terveyskeskus
Gunnar	Karttunen	Yksityislääkäri
Ulla-Marja	Louhija	HYKS vanhuspsykiatria
Antti	Lähteenmäki	Helsingin sosiaali- ja terveysvirasto
John	Söderholm	Psykiatria- ja päihdepalvelut
Ulla	Aarnio	Työterveyshuollon ja yleislääketieteen erikoislääkäri
Claudio	Kytölä	Yksityislääkäri

Medication experts		
Elli	Leppä	Lääketietokeskus
Petter	Tuderman	Lääketietokeskus

Focus group		
Salli	Aho	
Tuomas	Takalo	
Leena	Nurminen	
Martta	Luostarinen	
Marjatta	Hjorth	
Aini	Vuori	
Marja	Lindqvist	
Liisa	Veijalainen	
Sirpa	Torkkeli	
Leena	Juvonen	
Matti	Kauppinen	
Liisa	Linden	
Eino	Keinänen	
Yrjö	Roslund	
Aune	Kaasinen-Rissanen	
Sinikka	Jakonen	
Sirkka	Merisalo	
Raija	Pakarinen	
Ritva	Jokinen	

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Recruitment

Two kind of attendees was recruited for the Fill the gap event focusing on medication adherence.

For the focus group discussions we recruited elderly people over 65 years old who has some constant medication and live independently at home. The focus group recruitment was done at Kamppi service center on the promotion desk where the event was promoted. Elderly people could ask about the event and register personally at the desk. We received a high level of interest and all together 24 people registered for the focus group discussions.

For the doctor panel we recruited medical doctors with different kind of backgrounds. Forum Virium promoted the event to all 650 doctors who work at the City of Helsinki health centers. Pharmaceutical Information Center promoted the event on their newsletters and via their channels we received doctors working on big hospitals and private clinics in Helsinki area. We got all together 11 doctors who registered for the event.

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Methodology

FOCUS GROUP

Thematic area was communication related to medication adherence.

Workshop focused on a communication and dialog between doctors and patients.

In the eHealth sector, even the best of ideas cannot succeed if they are not aligned with a clearly defined need that patients are trying solve. This Fill the gap event focused on to collect and identify these needs directly from patients every day life and daily work of medical doctors.

This Fill the gap even is based on a patient-driven, bottom up approach that starts with the identification of needs in the daily life of patients, their relatives and carers.

The thematic area in this event was defined as medication adherence. Especially we focused on a communication and dialog between doctors and patients related to constant medication.

The needs were identified in focus group discussions. The focus group consisted of elderly people over 65 years old who has constant medication and live independently at home. We only asked the participants that they are minimum 65 years old and in practice the average age of attendees was around 70 years. This type of elderly people use typically a lot of medication and are motivated to be active and give feedback related to their medical care.

The 75 minutes group discussion were held in two separate groups of 8 and 8 people. The focus group discussions were led by medication experts from Pharmaceutical Information Center. With the experts we prepared the list of relevant discussion topics and questions. During the discussions all relevant information was written down by the assistant in each group. In the end of the session results from each group were compared and discussed together.

Right after the focus group discussions the results were analysed and all together five potential needs were identified.

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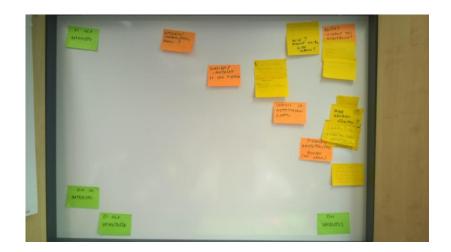
Methodology[2]

DOCTOR WORKSHOP

Nine experienced doctors with diverse backgrounds participated the doctor workshop.

In the doctor workshop we used two different approaches. As a warm-up the doctors were asked to define the most critical problem(s) related to patient doctor dialog in the context of medication adherence.

In the second phase, the five needs identified from focus group discussions were presented to the doctors. Both the needs identified by patients and doctors were discussed and evaluated.

Once all the identified needs were discussed, the final step was to evaluate the needs within two different dimension (x = impact, y = solved): 1. How much impact the need has on medication adherence? ; 2. Is there currently a solution to the identified need? All identified needs were presented on post-it notes and the position on above presented x-y dimension were voted based on discussion and evaluation.

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Event

The goal of the first part was to identify needs from the focus group discussions with elderly.

The event was a half-day event. We organised first the focus group discussions and later in the afternoon the workshop with the doctors.

Doctor workshop

- **WHY ARE WE HERE AND WHAT ARE WE GOING TO DO?** Presentation of the driver of the workshop as well as the objectives and how the session will move forwards (10 min.)
- **WHO IS WHO?** A short presentation of each participating doctor. (5 min.)
- **WARM-UP TASK:** Doctors define the most critical problem(s) related to patient doctor dialog in the context of medication adherence (10 min.) The problems were discussed and evaluated (15 min.)

- **THE PATIENT NEEDS:** The needs identified from Focus group discussions were presented to the doctors (10 min.). The needs were discussed and evaluated from the doctor's perspective (25 min.)
- **RANKING OF NEEDS**. All identified needs were evaluate the within two different dimension (x = impact, y = solved) (10 min.)
- **CONCLUSIONS** (5 min)

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Identified needs

Five individual needs were evaluated to be clearly unsolved and at the same time enable to create a significant impact on medication care

Medication side effects (real and imagined)

- Challenge to communicate medication benefits vs. potential side effects
- Patients difficult to know what is relevant for them in the large amount of side effect information

Pre-information about ALL patient's questions

- Patient's are typically asked one reason for a doctor visit but often have "a hidden agenda" for a GP's appointment
- Doctor's struggle to help a patient with several hidden surprise needs within a short visit (typically 20 min.)
- Often in the end of visit patient's are ready to reveal "a hidden agenda" and ask about sensitive problems - may be a question of trust created during the visit

Communication channel between doctor and pharmacists

- Pharmacist lack the quick way to contact the doctor about questions related to patient's medication
- Pharmacists may give patients misleading advices as they don't know patients medical information

Reliability of online information

- Patient's use a lot of online sources but are not able to evaluate the reliability of information
- Patient's use actively online peer group discussions but cannot trust the reliability of information

Low usability of medication information

- Patients struggle to manage and identify relevant medication information
- Poorly presented critical instructions about the use of medication

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Conclusions

Elderly patients need user-friendly medication instuctions and reliable peer group information.

Doctors would benefit from new communication channels

In the discussions with patients and doctors several areas of development in patient – doctor communication were identified.

Doctors experience is that some areas of their daily work has not been scheduled into their work hours at all. Not that surprisingly, the lack of time seems to be the common factor behind many of the identified unmet needs. In the context of medication, the renewal of medication is one of the tasks which doctors has to do with very limited time resource and information about patients current situation.

New applications enhancing patient – doctor communication could significantly rise efficiency of doctor's working time and increase the quality of care. One concrete example of this type of need is a wish to know all patient's questions and concerns in the beginning of a doctor visit. Based on this information a doctor could focus on the most important questions and stay on schedule with all the patients over the day.

In general, elderly patients feel that basically they have access to all medication information what they need but usability and user-friendliness of information is low. The key points, like the time of the day when medication needs to be taken, should be very clearly presented and available.

Doctor's would benefit from new applications that help them better manage the limited time they have for face-to-face communication with patients. New application that support the communication related to medication before and after a doctor visit would increase the quality of care.

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Annex 3:
Fill the Gap at the EU Marketplace in Brussels
[WP5 Fill the Gap]

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This report provides an overview of the EU Marketplace for eHealth & EIP on Active and Healthy Ageing held in Brussels on 22 September 2014.

The EU Marketplace took place as part of the 'Growing the Silver Economy in Europe' event hosted by the European Commission, and was organised in cooperation with DG Connect and DG Sanco. It took place at Beaulieu 25 (EC building).

The event was supported by the GET project, with two Work Packages providing services at the event: Get Global (WP4) and Fill the Gap (WP5).

This event was a new experience for the Fill the Gap service.

The report is structured as follows:
- Agenda
- Participants
- Recruitment
- Event
- Methodology
- Execution
- Photos
- Conclusions
- Feedback

This report was compiled by TICBioMed.

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Agenda

Name of the event
EU Marketplace for eHealth & EIP on Active and Healthy Aging. Part of Growing the Silver economy in Europe event.

Date
22 September 2014

Place
Commission Building. Beaulieu, Brussels

AGENDA

EU Marketplace for eHealth & EIP on Active and Healthy Ageing

Monday 22nd September 2014

Time	Session
09:30	**Registration & Networking Coffee**
10:00	**Welcome and setting the scene** • Brian O'Connor, Chair, European Connected Health Alliance • Jorge Gonzalez, Managing Director TICBioMed – Co-ord GET Project • Ilias Iakovidis, Acting Head of Unit, Digital Social Platforms, DG Connect, European Commission • Raquel Fernandez-Horcajada, Programme Officer, AAL Programme • Anne-Sophie Parent, Secretary General, AGE Platform Europe
10:30	**"Meet & Debate" tables sessions A & B** Table discussions on a wide range of eHealth and EIP AHA related topics including Ecosystems, Action Groups and Reference Sites
12:00	**Networking Marketplace & Lunch** • Matchmaking meetings – up to 7 pre-arranged meetings • Speakers' Corner - opportunity to listen to 18 presentations (6mins each) • Popup exhibitions - from industry, EU projects, eHealth organisations and more
14:00	**"Meet & Debate" tables sessions C & D** Table discussions on a wide range of eHealth and EIP AHA related topics including Ecosystems, Action Groups and Reference Sites
15:30	**Networking Marketplace & Coffee** • Matchmaking meetings - up to 3 prearranged meetings • Speakers' Corner - opportunity to listen to 7 presentations (6mins each) • Popup exhibitions - from industry, EU projects, eHealth organisations and more
16:15	**Closing Plenary session – Conclusions** • Brian O'Connor, Chair, European Connected Health Alliance • Jorge Gonzalez, Managing Director TICBioMed – Co-ord GET Project • Peter Wintlev-Jensen, Deputy Head of Unit at European Commission
16:45	**Informal Networking**

ECHAlliance

European Commission

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📅 SCHEDULE

Registration	Jul 1 – Sep 8, 2014
Meeting Selection	Aug 26 – Sep 18, 2014
Event	Sep 22

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Participants

Attendees

184 people registered to attend the EU Marketplace from 27 countries, providing a truly international audience.

55 companies participated in the event, the target audience of the GET Global service – they are listed below.

A full list of participants is available on the event website http://www.b2match.eu/eu-marketplace-brussels2014/participants

Companies attending the EU Marketplace for eHealth & EIP on Active and Healthy Ageing, Brussels, 22 September 2014

Company	Country	Company	Country	Company	Country
ACCEPLAN	Spain	Intel-GE Care Innovations	England	Red Ninja Studios	England
Ageas	Belgium	Inventya Ltd	England	Santech	France
AGFA	Belgium	ISA Intellicare, Intelligent Sensing in Healthcare	Portugal	Seniorpolis Oy (Ltd)	Finland
Atos Spain	Spain	Janssen Healthcare Innovation	England	SoftServe Inc.	Netherlands
BlueWare	USA	JPKconsulting	Belgium	Spinverse Ltd	Finland
CA:s Sångskola/Singing Across Boarders	Belgium	KBC	Belgium	Sylver concept	France
CITARD Ltd	Cyprus	KSYOS	Netherlands	Synthesis-Net LLC	Hungary
Dataline Software Ltd	England	Kubiek	Netherlands	tioman & partners, s.l. - innovation for better ageing	Spain
Dynamic Health Systems Ltd	England	Lyse Energi AS	Norway	TotalMobile	UK
everis	Spain	Lyse Smart AS	Norway	TrustingtheCloud	Belgium
HealthStartup	Belgium	Maastricht Instruments B.V.	Netherlands	VIDAVO	Greece
Healthways, International	USA	Marand	Slovenia	VideoDoc	England
heart link online n.v.	Belgium	MedVision360	Netherlands	VitalinQ Healthy Lifestyle Support	Netherlands
HelpAging	France	Mensia Technologies SA	France	VITAnLINK	France
Hip Impact Protection Ltd	England	Moverim	Belgium	ZEUS CONSULTING S.A.	Greece
ICF International	Belgium	Norima Consulting Inc.	Canada		
Idea Finanza	Italy	ON MEDIO Silvereco.fr	France		
Impulser Group International	Romania	opensky Data Systems	Ireland		
INDRA	Spain	orange	Belgium		
INOVA+	Portugal	Ortelio Ltd	England		

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Recruitment

Issuing a call to SMEs

A call for SMEs to apply to participate in the EU Marketplace for eHealth & EIP on Active and Healthy Ageing was issued on 24ᵗʰ July 2014 and remained open until 8ᵗʰ September 2014.

The call was issued via:

- GET project website http://www.get-ehealth.eu/.

- Event website for EU Marketplace for eHealth & EIP on Active and Healthy Ageing http://www.b2match.eu/eu-marketplace-brussels2014

- Twitter @GET_ehealth

- Mailings to those subscribed to the GET newsletter (c. 70 subscribers)

- Mailings to the contact lists of the consortium partners (c. 10,500 on ECHAlliance mailing list)

Open registration

An open registration process was adopted for the 'EU Marketplace for eHealth & EIP on Active and Healthy Ageing' in Brussels. This meant that the event was open for registration by any SMEs, as well as other interested stakeholders from industry, policy, academia and buyers. Registration was via the event website.

184 people registered to attend the EU Marketplace from 27 countries, providing a truly international audience.

55 companies participated in the event, the target audience of the GET Global service – they are listed on slide 4.

A full list of participants is available on the event website http://www.b2match.eu/eu-marketplace-brussels2014/participants

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EU Marketplace for eHealth & EIP on Active and Healthy Ageing

22nd September, Brussels

The event

The EU Marketplace for eHealth & EIP on AHA took place on Monday 22nd September to complement the "Growing the Silver Economy in Europe" event held on Tuesday 23rd September.

The Marketplace event included:

- "Meet&Debate" table sessions with eHealth topics
- Speaker' Corner
- Pre-arranged matchmaking sessions
- Popup exhibition space
- Unmet needs corner

Organisation of the event
The event was organised by the European Connected Health Alliance, working in partnership with the European Commission, the AAL (Ambient Assisted Living) and AGE Platform Europe, and in cooperation with DG Connect and DG Sanco.

Support from the GET project
The event was supported by the GET project to support the internationalisation of European SMEs (GET Global) and to identify eHealth market opportunities across Europe (Fill the Gap).

Objectives of the Marketplace
The focus of the EU was bringing together large industry, SMEs, policy makers, researchers, care professionals, service providers, buyers and consumers through formal and informal meetings.

The objective was to provide a platform for all stakeholders in connected health and AHA actors' to meet, share best practices and develop effective collaborations leading to new projects and business opportunities. The event also provided a platform for the exchange of information between procurers and potential suppliers.

Supporting Partners

Event Supporters

Meet & Debate tables

This strategy aims to leverage events where eHealth experts participate, and that as part of the event programme there are matchmaking activities, as for example a table discussion around a topic.

The objective is to collectively identify unmet needs among the eHealth actors that participate in the table. This approach is different from a Focus Group because the topic of the table is not chosen by the GET consortium, it is the speaker who moderates the session and introduces the unmet need topic (one more in the broader debate of the table).

Conceptually, it tries to "delegate" the work in a third party, and leverage that the gathering of stakeholders is already in place. The idea is to try to reduce the burden of the focus group (specially the recruitment and mobilization on a specific place and time), while maintaining the multi-actor open discussion approach.

The challenge is to incorporate a new discussion topic in the table when the speaker already has his/her own goals and interests. If there are a lot of topics and/or participants, time constrains are also a drawback.

Since the speakers themselves are eHealth experts, they can also be asked for unmet needs prior to the event. Apart from expressing their opinion, their answers can be used then as a starting point in their table discussion of this topic.

The table speakers are then later contacted to comment on the discussion and highlight relevant information regarding the identification of unmet needs.

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Unmet needs corner

We designed a new form to collect needs during the event, trying to involve attendees in the process and giving visibility to the project service

To take advantage of the stakeholders concentration in a single event, a new action was designed to collect unmet needs for Fill the Gap service. This strategy is based in the guests' book idea.

Every event has *hot points* that attract the attendees in the moments between sessions/activities. As most events have different points of interest, there's always someone waiting for the next session, or just working or having a rest. Those *hot points* use to be the catering or snack bar, the resting area and the entrance.

To make the corner interactive and engaging to the audience, a system with envelopes and cards was designed to make it like a game. The appearance of the corner has to be very visual and the corner should be located in a hot point, where the fluency of visitors is higher.

The envelopes have to be sticked to a wall or a panel, one after the other in rows – to create a big structure-, and inside every envelope, a blue card (blue because is the GET corporate colour) displayed in vertical, so it keeps the flap of the envelope up, and part of the content can be read. The cards are easy to pull out to see what's written inside. A poster with the instructions to the attendees is appreciated and a person who explain the service and what is the corner for, is a must.

It's very important to give visibility to the corner to attract as much people as possible. As decoration, a table and chairs for visitors to sit&write is a good idea but optional. A starting point is recommended, like fill some cards with unmet needs previously collected from other sources to inspire and give examples of what is the focus.

Wherever possible, the identity of the person who share a need should be attached to the card or the envelope, to have a contact name and email for future matchmaking if a solution for that need is found.

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Matchmaking sessions

Pre-arranged matchmaking sessions facilitated networking and connections between SMEs and potential partners and buyers.

On registration for the event, attendees were invited to opt in to the Matchmaking sessions by completing a 'cooperation profile' that described what they could offer and what they were looking for in a potential partner/ buyer.

Before the event, attendees could view the cooperation profiles of all other attendees and select those that looked suitable and send them a meeting request. Attendees were in complete control of their meeting agenda, and could accept/ reject requests as they wished. Attendees had access to their meeting schedule online and were also issued with a paper copy on arrival at the event.

The Matchmaking sessions took place in the main hall of the venue, with Table and chairs paired off and numbered for easy identification. At their meeting time, attendees arrived at their allocated table number to meet their partner. The short 15 minute meetings provided enough time to make initial contact and decide if the attendee is a potential partner or buyer for future followup. 55 companies took part, with 195 pre-arranged meetings taking place, and attendees benefitting from 4,000+ profile views before and after the event on the event website.

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Execution

Matchmaking session

Snapshot of partner and buyer matchmaking at EU Marketplace

SME	Partner/ buyer matchmaking
Heart Link Online (Belgium)	• SoftServe Inc. (Netherlands) • Atos Spain (Spain)
Ortelio Ltd (UK)	• ISA Intellicare, Intelligent Sensing in Healthcare (Portugal) • Synthesis-NET LLC (Hungary) • Cetemmsa (Spain) • University Hospital Olomouc - National eHealth Centre (Czech Republic) • Association E-SENIORS (France)
Tioman & Partners (Spain)	• Universitat Politècnica de Catalunya (Spain) • Red Ninja Studios (England) • Puglia Region (Belgium) • Atos Spain (Spain) • Tuscany Region (Belgium) • Vall d'Hebron University Hospital - Research Institute (Spain)
Total Mobile (UK)	• Norima Consulting Inc. (Canada) • AGFA (Belgium) • SoftServe Inc. (Netherlands)
ISA Intellicare (Portugal)	• Ortelio Ltd (England) • Synthesis-NET LLC (Hungary)
HelpAgeing (Fr)	• KSYOS — Leonard Witkamp (Netherlands) • Healthways, International — Oliver Harrison (USA) • Alimentary Pharmabiotic Centre, University College Cork — Eileen O' Herlihy (Ireland) • AGE Platform Europe — ILENIA GHENO (Belgium)
Medvision 360 (Netherlands)	• Atos Spain (Spain) • Red Ninja Studios (UK) • Cetemmsa (Spain) • Norima Consulting Inc (Canada) • HealthStartup (Belgium) • AOK Rheinland/Hamburg - Die Gesundheitskasse (Germany)
Vitanlink (France)	• Healthways, International (USA) • VideoDoc (UK) • lifetech.brussels (Belgium) • International Society for Telemedicine & eHealth (Belgium) • Atos Spain (Spain)
INOVA+ (Portugal)	• Norima Consulting Inc. (Canada) • Red Ninja Studios (UK) • Cetemmsa (Spain) • CEN STIMCO (France)

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Execution

Matchmaking session

Snapshot of partner and buyer matchmaking at EU Marketplace

SME	Partner/ buyer matchmaking
Red Ninja Studios (UK)	• Synthesis-NET LLC (Hungary) • INOVA+ (Portugal) • tioman & partners, s.l. - innovation for better ageing (Spain) • Dublin City University (Ireland) • AGE Platform Europe (Belgium)
Impulser Group International (Romania)	• Digital Health Institute (UK) • Dynamic Health Systems Ltd (UK) • Alimentary Pharmabiotic Centre, University College Cork (Ireland) • Dublin City University (Ireland) • ADEC - Association pour le Développement des Entreprises et des Compétences (France) • AGE Platform Europe (Belgium)
Marand (Slovenia)	• HealthStartup (Belgium)
KSYOS (Neth)	• Idea Finanza (Italy) • Norima Consulting Inc. (Canada) • HelpAging (France)
VideoDoc (UK)	• VITAnLINK (France) • AGFA (Belgium)
Synthesis Net LLC (Hungary)	• ISA Intellicare, Intelligent Sensing in Healthcare (Portugal) • Ortelio Ltd (UK) • Red Ninja Studios (UK)
Dataline Software Ltd (UK)	• Norima Consulting Inc. (Canada)
Dynamic Health Systems Ltd (UK)	• Impulser Group International — Daniel Ghita (Romania)
Hip Impact Protection Ltd (UK)	• Maastricht Instruments B.V. — Jean-Paul Urlings (Netherlands)

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Meet & Debate tables

The EU Marketplace event hosted 4 "Meet & Debate" sessions at different times, each session including 8 tables. Information on the Sessions and Table topics is included in Appendix A. Each table included at least one speaker that talked about a topic of interest.

Speakers received prior instructions, and where asked to answer a number of questions before the event. One of the questions was: "**In your opinion, what are the main "unmet needs" in eHealth?** (*A relevant issue for healthcare organizations, professionals or patients where effective ehealth solutions are not available*)". The rate of response was very high. Their answers are collected (see Apendix A). After analysis .

In the tables, there was an initial round of presentations of the participants indicating name and position in organization. Then the speaker introduced the table topic. Depending on the speaker, the debate was more geared to open participation (so after 5-10 minutes the discussion was driven by participants´ interventions), while in others the format was oriented to a sequence of questions from the speaker, that were answered by the participants.

The speakers were experts in the field, but due to capacity limitations of the organizers, it was not possible to include a moderator related to GET project in the tables. That means that it was up to the moderation skills of the speaker to make sure that the topic was in focus and everybody had the chance to speak. Therefore different tables had different dynamics and outputs.

Speakers were asked to address the identification of unmet needs in their topics, but partly because of this lack of moderation and mainly because this job was not really their primary goal, few tables collected further needs.

As an added value, there were 2 tables about Pre-Commercial Produrement: "Success factors and best practices in Pre-commercial Public/Private Procurement" and "International Innovative Public Procurement & Business Models", to support the procurement of needs by healthcare organizations.

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- 28 envelopes
- 3 rows
- 7 inspirational needs
- Step room

Unmet needs corner

For the unmet need corner during the EU Marketplace, the space was very limited for the display so we used a structure of 28 envelopes in three rows with the blue cards inside and a guidance of using on the top of the display. We put 7 inspirational needs in the blue cards as starting point.
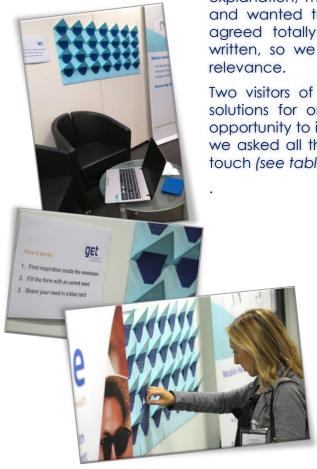
The corner was located in the main catering area, in the room step between the main entrance to the building and the access to the main room for meetings, where the fluency of people was higher. As it was close to the tables' panel, most of the visitors saw the corner before choose the table topics and going to the different meeting rooms.

When people got closed to the corner, they were very interested in knowing what that display was for. After explanation, most of people felt it was a really good idea and wanted to share their ideas with us. Some of them agreed totally with one or more of the needs already written, so we put stars in the cards to give them more relevance.

Two visitors of the corner let us know they had or knew solutions for one of the needs written. That give us the opportunity to introduce the matchmaking for the service as we asked all the visitors for their contact details to keep in touch *(see table of needs in conclusions).*

Our first idea was to make the people fill the online form we had in the project website to collect the needs with the contact details, but the digital component didn't work. People missed the interest because the hot spot were the cards and the game.

We noticed that is hard for some people to share ideas immediately, that's why they came, listened the explanation, read the cards, played a little and they went before leaving a need because they argue that time is needed to think. Part of the attendees that used this method did not come back to fill the cards but the overall impression was very positive.

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Photos

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Conclusions

MEET and DEBATE TABLE SESSIONS

The table sessions did not work as expected. Since the GET partners were not the table speaker, and there were no moderators, there were few needs identified at the tables themselves.

What worked better was the prior response of the speakers, that replied to the question submitted to them. However, most of the submitted needs where very high level and had little action-ability in terms of eHealth solution development.

THE UNMET NEEDS CORNER

The experience with the unmet needs corner have been very positive and well accepted by the public.

Around 35 people came to the corner to play with the blue cards and to share ideas and knowledge with us.

We collected a total of 12 needs, 4 people preferred to support one of the needs already collected and 2 people gave us solutions to one need collected from other sources.

* * * * *

The following table contains the unmet needs collected during the event. Some of them are duplicated and from now we will work on them to identify the real market gaps for future matchmaking.

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Conclusions

Table of needs from the corner

Type of proposer	The need	Support
eHealth company	Education module to teach people medical stories, technology and how to manage the eHealth, and also apps and devices to purchase once they've learned	
Patient asociation	More trusted information on internet with non-critical answers to common questions	2
SME	Real user and challenge driven innovation	1
Healthcare company	More clarity in regulations to move forward (ex: what is MD, what does it include). And promote more "interoperability" to make things work everywhere	
SME	Understanding people the technologies are developed for	
University researcher	To overcome the sensation of solitude	
HL7 expert	Shape expectations for standard-based interoperability in mobile health. Shape expectations for standard-based interoperability in silver economy.	
University researcher	Teach better pain medicine at university level	
Healthcare company	Prevent falls and fractures for elderly women	
eHealth company	Engage the medical device with medical technology industry	
Anonimous	A partner who want to take/share risk on new thinking (out of the box)	
Anonimous	Social innovation + social enterprise. Local community activation for personal empowerment <-- Tools for support?	
Table topic moderator *	Real interoperability for sharing patient information among institutions and countries.	1
Solutions **	Solution for: Telemonitoring system of cardiac failure patients that requires minimal user interaction.	

* Inspirational need. Not collected in the corner but supported
** Solutions proposed to one inspirational need proposed

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Feedback

Feedback
An online feedback survey was issued to all attendees at the EU Marketplace for eHealth & EIP on Active and Healthy Ageing on 30th September 2014. At the time of event reporting, 45 responses had been received (19 from SMEs).

The overall impression of the event was 'Good' or 'Excellent'
27 attendees indicated that their overall impression of the EU Marketplace was 'excellent'; 18 described it as 'good'.

The 'Meet & Debate' Tables and Matchmaking sessions were the most popular elements of the event, with 91% and 89% of attendees respectively rating them "excellent" or "good".

What was your overall impression of…	% attendees rating Excellent / Good (n=45)
Table Topics	91%
Matchmaking sessions	89%
Speakers' Corner	67%
Exhibition space	49%
Unmet needs corner	44%

Liked the interactive, being-on-your-feet character of the event. Much better than sitting in a conference room pretending to listen to speakers while checking your email.

EU Marketplace Brussels Feedback Survey

I think this format is excellent for the events. It facilitates the conversations among the people and the attitude. Really well done!

EU Marketplace Brussels Feedback Survey

I especially liked the speed of the whole organization. We were constantly active and contributing this way. Very good event.

EU Marketplace Brussels Feedback Survey

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Feedback

SMEs valued matchmaking and networking opportunities

Informal feedback from SMEs following the EU Marketplace in Brussels indicated that it was very effective in facilitating connections and networking between SMEs and potential partners/ buyers.

"The **MATCHMAKING SESSIONS WERE EXTREMELY VALUABLE FOR US**, we met some great contacts and the format made for a much more inter-active experience."

EU Marketplace Brussels Feedback Survey, SME response

"…we found the EU Marketplace for eHealth & EIP on Active and Healthy Ageing event extremely beneficial. The **INNOVATIVE MATCHMAKING FORMAT ENABLED US TO MEET FACE-TO-FACE WITH A WIDE RANGE OF POTENTIAL COLLABORATORS.** We also gained valuable insight into EU policy and strategy through the table discussions."

Email feedback, SME attending EU Marketplace in Brussels

…it was a great **OPPORTUNITY TO FIND POTENTIAL B TO B CUSTOMERS** and providers and even **SETUP FOLLOW UP MEETINGS FOR THE COMING WEEKS.**

Email feedback, SME attending EU Marketplace in Brussels

…and of course it was so great to be able to **ACCESS TO VISIBILITY**, in presenting my company in a very constructive arena.

Email feedback, SME attending EU Marketplace in Brussels

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Appendix A

TABLE	TOPIC	SPEAKER / MODERATOR
A **S1**	Delivering impact in population health and well-being programmes	Jean-Denis Cuvelier, Development Director Healthways France & Europe
B **S1**	From research to the market in the field of AAL: The innovation impact of the AAL Programmes	Speaker: Raquel Fernandez-Horcajada, Programme Officer, AAL Moderator: Karina Marcus, Director, AAL
C **S1**	Promoting large scale deployment of smart ICT solutions that support healthy ageing through age-friendly environments	Speaker: Menno Hinkema, Senior Research Scientist, TNO Moderator: Anne-Sophie Parent, Secretary General, Age Platform
D **S2**	Integrated and connected care: the perspective of a German public health insurer	Christoph Rupprecht, Head of AOK's policy and health economics department, AOK
E **S3**	Financial Incentives to Drive Investment: "How can the EIP create the correct financial incentives to attract the large investment needed to treat conditions of age such as dementia."	Ian Smyth, Commercial Leader – Director, Janssen
F **S8**	Composition of the Greek e- ecosystem	Christina Papanikolaou, General Secretary of Public Health, Greece Government
G **0/LT02**	From projects to products: aligning assets for Active and Healthy Ageing in the Silver Economy	Speaker: Rodd Bond, Director, Netwell Center, Dundalk Institute of Technology. Moderator: Blanca Jordan, Health Sector Manager at Research and Innovation, Atos
H **S10**	International innovative public procurement and business models	Bleddyn Rees, Head of Healthcare, Wragge Lawrence Graham & Co LLP

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Appendix A

TABLE	TOPIC	SPEAKER / MODERATOR
A **S1**	The initiatives and progression in the city of Valencia in the field of eHealth & EIPAHA	Antonio Cano, Professor of Obstetrics and Gynaecology, University of Valencia
B **S1**	Opportunities of Health, Active Ageing European work programmes - how to participate?	Ilias Iakovidis, Acting Head of Unit, Digital Social Platforms, DG Connect, European Commission
C **S1**	Digital Health as a Market, opportunities & possibilities. Digital Health as the key enabler for the Active & Healthy Ageing Challenge	Speaker: Justene Ewing, Chief Executive Officer, DHI Moderator: Toni Dedeu, Director of Research and Knowledge Exchange, DHI
D **S2**	The Health & Wealth program at University of Brescia: an interdisciplinary education model for leading innovation in Healthcare and Industry-Academia interoperability	Alessandro Monaco, Healthcare professional, University of Bresia, Italy
E **S3**	It is possible to accelerate the implementation of mHealth?: There are several barriers to implement mHealth. We need to know them , and to find the right enablers	Joan Cornet, Director mHealth Competence Center, Mobile World Capital Barcelona
F **S8**	The eHealth manifesto: a call to action for a healthier Europe	Pantelis Angelidis, Founder & President, Vidavo
G **0/LT02**	Success factors and best practices in Pre-commercial Public/Private Procurement	Speaker: Andreu Catala, Director Moderator: Nick Guldemond, Associate Professor Integrated Care & Technology Universitat Politècnica de Catalunya
H **S10**	International innovative public procurement and business models	Bleddyn Rees, Head of Healthcare, Wragge Lawrence Graham & Co LLP

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Appendix A

TABLE	TOPIC	SPEAKER / MODERATOR
A **S1**	Opportunities of Health, Active Ageing European work programmes - how to participate?	Peter Wintlev-Jensen, Deputy Head of Unit at European Commission
B **S1**	From research to the market in the field of AAL: The innovation impact of the AAL Programmes	Speaker: Raquel Fernandez-Horcajada, Programme Officer, AAL Moderator: Karina Marcus, Director, AAL
C **S1**	Integrated and connected care: the perspective of a German public health insurer	Christoph Rupprecht, Head of AOK's policy and health economics department
D **S2**	Promoting large scale deployment of smart ICT solutions that support healthy ageing through age-friendly environments	Speaker: Menno Hinkema, Senior Research Scientist, TNO Moderator: Anne-Sophie Parent, Secretary General, Age Platform
E **S3**	From projects to products: aligning assets for Active and Healthy Ageing in the Silver Economy	Speaker: Rodd Bond, Director, Netwell Center, Dundalk Institute of Technology. Moderator: Blanca Jordan, Health Sector Manager, Research and Innovation, Atos
F **S8**	Success factors and best practices in Pre-commercial Public/Private Procurement	Speaker: Andreu Catala, Director Moderator: Nick Guldemond, Associate Professor Integrated Care & Technology Universitat Politècnica de Catalunya
G **0/LT02**	Can we affect the rate of technology adoption in Public Sector care service delivery?	Ben Ramsay, Business Development Director, Care Innovations
H **S10**	The initiatives and progression in the city of Valencia in the field of eHealth & EIPAHA	Antonio Cano, Professor of Obstetrics and Gynaecology, University of Valencia

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Appendix A

'Meet & Debate' Table Sessions

Afternoon Session 4 - 14:45 – 15:30

TABLE	TOPIC	SPEAKER / MODERATOR
A **S1**	Delivering impact in population health and well-being programmes	Jean-Denis Cuvelier, Development Director Healthways France & Europe
B **S1**	Financial Incentives to Drive Investment: "How can the EIP create the correct financial incentives to attract the large investment needed to treat conditions of age such as dementia."	Ian Smyth, Commercial Leader – Director, Janssen
C **S1**	Can we affect the rate of technology adoption in Public Sector care service delivery?	Ben Ramsay, Business Development Director, Care Innovations
D **S2**	The Health & Wealth program at University of Brescia: an interdisciplinary education model for leading innovation in Healthcare and Industry-Academia interoperability	Alessandro Monaco, Healthcare professional, University of Bresia, Italy
E **S3**	The eHealth manifesto: a call to action for a healthier Europe	Pantelis Angelidis, Founder & President, Vidavo
F **S8**	"Nutrition as a determinant of frailty": Testing and implementing an integrated approach to nutrition for active and healthy aging: from assessment to personalized interventions	Maddalena Illario, Research & Development, and Translational Medical Sciences, Federico II University, Naples
G **0/LT02**	Digital Health as a Market, opportunities & possibilities. Digital Health as the key enabler for the Active & Healthy Ageing Challenge	Speaker: Justene Ewing, Chief Executive Officer, DHI Moderator: Toni Dedeu, Director of Research and Knowledge Exchange, DHI
H **S10**	It is possible to accelerate the implementation of mHealth?: There are several barriers to implement mHealth. We need to know them , and to find the right enablers	Joan Cornet, Director mHealth Competence Center, Mobile World Capital Barcelona

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