

Final report of the GET project

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Name, title and organisation of the scientific representative of the project's coordinator:

Jorge Gonzalez, Managing Director of TICBioMed

Tel: +34 657 847 238

Fax: +34 902 539 222

E-mail: jorge.gonzalez@ticbiomed.net

Project website address: www.get-ehealth.eu



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Executive summary

The GET project has delivered four high-impact services to eHealth SMEs and entrepreneurs in order to boost their growth and move them to the next level of competitiveness. Each life-transforming service has been designed to provide cross-border value to a different target group of companies. It executes on those services by offering training, mentoring, market intelligence and quality contacts.

These services are:

- **Get on Track:** Targets early-stage companies, start-ups and entrepreneurs. It supports them to optimize their business model and commercialization strategy.
- **Get Funded:** Designed for SMEs looking for a second round of funding. It provides training, resources and networking opportunities with investors at European level.
- **Get Global:** Helps mature SMEs to access international markets by putting them in contact with foreign commercialization partners and potential customers.
- **Fill the Gap:** Bridges between healthcare purchasers with 'market gaps' and SMEs with the required technological skills.

The main results achieved by the project have been:

- The GET on Track service has supported **111 early-stage eHealth companies**, start-ups and entrepreneurs to optimize their business model and commercialization strategy with the support of 66 experts and stakeholders.
- The GET Funded service has helped **34 SMEs** looking for a second round of funding (between 0.5-2M€) with training, resources and networking opportunities with a network of 50+ investors at the European level.
- The GET Global service has engaged with **91 SMEs** to access international markets by facilitating them the matchmaking and networking with foreign contacts.
- The Fill the gap service has collected **111 unmet needs**: 23 of them have been published in the website, and 4 of those were moved to "solved requests" section after find suitable solutions in the market. Consortium has promoted the traction among IT companies to push the demand-driven development and **14 companies** are now working on unmet needs collected by the project.
- GET project has created its corporate image, web site and social media channels, while actively disseminating relevant information about the delivered services. The web site contains 45 articles, 43 repository items and was visited by **16.764 unique visitors**. The repository items were downloaded and viewed 8093 times. The social media channels attracted 512 followers on Twitter.

An on-line repository collects guidelines, commercial intelligence, best practices, lessons learnt, business opportunities and a listing of investors interested in Digital Health. These resources are freely available on the project public website: www.get-ehealth.eu.



Summary description of project context and objectives

Project concept and main ideas

The GET project has delivered 4 services to companies, SMEs and start-ups in order to highly impact its growth and business success. These services support business plan development, acquisition of cross-border relational capital (i.e. quality contacts), access to international funding, penetration in foreign markets and identification of potential customers and business opportunities.

The project focuses in just one market: eHealth (Information Technology for Healthcare) to maximize impact on SMEs. The services have been designed with an international vision from the very beginning, and have been delivered to a pan-European selection of the best of breed. They have exchanged cross-border resources and market knowledge, and provided international access to investors, partners and potential customers.

The services have been delivered in parallel during the project lifetime. Though there are synergies among them it was not expected that the same company benefited from the four of them simultaneously, since they focus on different business-maturity stages.

Finally, there is a clear commitment from the partners to give continuity to the services on a market basis after the implementation in this project. Exploitation approaches and short terms actions are included in this report.

Objectives of the project

1. Support early-stage eHealth companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy.
2. Provide SMEs looking for Series B funding (between 0.5-2M€) with training, resources and networking opportunities with investors at European level.
3. Help mature SMEs to access international markets by putting them in contact with foreign partners for commercialization and implementation.
4. Facilitate to Healthcare procurers with 'market gaps' to get in contact with highly innovative SMEs with the required technological capability.
5. Disseminate publicly the resources, best practices and lessons learned so other companies and intermediate organizations can benefit in the future, for the selected market u others.

The initial project indicators were:

1. Support 24 early-stage eHealth companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy.
2. Provide 15 SMEs looking for Series B funding (between 0.5-2M€) with training, resources and networking opportunities with 10-15 investors at European level.
3. Help 25-30 mature SMEs to access international markets by putting them in contact with foreign partners for commercialization and implementation.
4. Identify 15 unmet needs/market gaps.
5. Create its corporate image, web site and social media channels.
6. Submit the planned deliveries.



GET project was initially expected to directly impact at least 90 beneficiaries, with a bigger number of influenced ones due to the resources disseminated and the organizations of events.

Why only one market?

Given the economic conditions of the funding scheme, the project promoters decided to maximize delivered impact to companies by focusing in just one market.

This focus has the advantage that all produced content will be relevant to the beneficiaries, enabling to deep quicker into specifics while avoiding 'coffee-for-all' approaches or trade-offs. This means that in-depth insight can be made actionable faster by the companies, which makes the services more attractive and favours the recruitment of SMEs.

Furthermore, the search of resources and expertise can be performed more efficiently, since the audience is more homogeneous. For this very same reason, the opportunities for synergetic collaboration among beneficiaries increase, for instance, by the exchange of knowledge, useful contacts or even by becoming partners.

Finally, the reach capabilities greatly increase by combining the contact networks of partners in the same market (by reaching critical-mass), with a similar effect on dissemination.

Scope of targeted companies

A definition of eHealth can be obtained from the Commission staff working document 'eHealth Action Plan 2012-2020 – innovative healthcare for the 21st century' created by the European Commission:

eHealth means ICT tools and services for health. eHealth covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals. Examples include health information networks, electronic health records, telemedicine services, wearable and portable systems which communicate, health portals, and many other ICT-based tools assisting disease prevention, diagnosis, treatment and follow up.

SMEs and entrepreneurs working in Wellbeing, Ambient Assisted Living and e-Inclusion also qualify for support from GET. However, not Bio-tech related companies as their market conditions differ notoriously from eHealth.

Why eHealth?

eHealth is one of the six Lead Market Initiatives supported by European policy. It is a Lead Market because it is highly innovative, responds to customers' needs, has a strong technological and industrial base in Europe, and depends more than other markets on the creation of favourable framework conditions through public policy actions.

Europe is a worldwide reference in the eHealth market, as concluded in the 2009 report "Explaining international IT application leadership: Health IT" from The Information Technology and Innovation Foundation. The combination of social and policy factors in EU has created the basis for a strong European demand for eHealth services and applications.



According to an analysis published by McKinsey, the average annual growth rate of health expenditures in the OECD-countries has been 2% above the corresponding growth rate of the Gross Domestic Product. This is further supported by estimates from the OECD Health Data that predicts further growth of health expenditures as a proportion of GDP by 2-4 percentage points in the period up till 2050.

With aging populations, European countries will spend an increasing percentage of their GDP on health care in the future. At the same time, Healthcare is one of the sectors where innovation is expected to have the biggest impact. This is why it has been more resistant to the current crisis than other industries and continued to attract investments. Partners reasonable expect that making health access, management and delivery more efficient by the use of Information Technology produced by highly-innovative SMEs, will make Europe more competitive.

However, it is still a very fragmented market, with big corporations dominating the scene and a myriad of very innovative, though relatively small, companies addressing similar needs in each EU country. In order to benefit their scale-up their development and increase benefits, companies must be able to expand their home market and become world-class references in their area of expertise.

SMEs, start-ups and entrepreneurs in this space tend to be very technology-driven rather than focusing on the unmet needs and pain points of their customers. Besides, their business models and commercialization strategies are not always optimal for the market conditions specific to the Healthcare sector. Even for those that do well, it is still a challenge access private funding to fuel their growth and reach international markets.

To address these needs, the GET project has set up 4 high-impact services addressing different stages of company maturity:

- **Get on Track:** Targets early-stage companies, start-ups and entrepreneurs. It supports them to optimize their business model and commercialization strategy.
- **Get Funded:** Designed for SMEs looking for a second round of funding. It provides training, resources and networking opportunities with investors at European level.
- **Get Global:** Helps mature SMEs to access international markets by putting them in contact with foreign commercialization partners and potential customers.
- **Fill the Gap:** Bridges between healthcare purchasers with 'market gaps' and SMEs with the required technological skills.

1 Main results and foregrounds

The GET consortium main results and foregrounds obtained after the set up and execution of the four services launched during the project lifetime are detailed below. Note that more detailed explanations about methodologies, activities, companies engaged, lessons learnt and outputs have been included in the project final deliverables and on-line resources, accessible from the GET web site.

1.1 GET on track

The GET on track service was developed to support early-stage eHealth companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy. The service provided high level expert feedback from different fields of digital health - representing clinicians, insurance sector, medical, eHealth consulting, and venture capital.

Initially, this service was provided via events and follow-up of participating companies. In the beginning of the project GET on track service had the following objectives:

- Support early-stage eHealth companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy.
- Organize 4 events with a selection of early-stage companies, start-ups and entrepreneurs.
- Follow up the companies' progress and provide periodic support to facilitate their development and growth.

The content and focus of the service model evolved during the project. New objectives and activities were added in order to achieve more successful results and wider impact. The new objectives were:

- Support larger number of eHealth entrepreneurs with online resources, eg. a practical eHealth business guide, and share lessons learnt by experienced eHealth entrepreneurs.
- Provide support outside of the events via one-to-one coaching

Whether entrepreneurs were just starting with a good idea or new technology, or they already had a product in early stage of commercialization or implementation, the GET team has supported them with insight and resources to move on to their next maturity level.

Types of actions promoted

Get on track service was delivered via two types of actions:

- Get on track events: Over two years seven events in six countries provided direct support for business model and commercialization strategy development.
- One-to-one coaching: Get team worked one-to-one with almost 40 early-stage companies to help them to optimize their business model.

Events

The service has been designed to communicate existing knowledge of eHealth experts and share cumulated experience from Healthcare managers, professionals and other stakeholders to early stage companies. Common goal to the events is that entrepreneurs discussed and solved together with experienced experts challenges related to eHealth business. The event concept was each time adapted to local circumstances. Working methods included active hands-on bootcamps, time-efficient startup-clinics, interactive mentoring and workshops.

After Get on track event the participating SME's and entrepreneurs have worked and improved on:

- improvement of their current business model
- Insight in the most appropriate innovation route towards sustainable business
- A strategy on how to engage with key stakeholders
- A prepared and practiced a pitch

The promotion of the event and recruitment was done via the networks of the GET partners. The recruitment usually started 2-3 months prior to the event and, when possible, in a close collaboration with the main eHealth conference. The recruitment and selection process of the companies was adopted from the EU SME eHealth Competition (www.ehealthcompetition.eu) initiative, and based both on the innovation and potential impact of the proposed solution.

For recruitment, two categories were identified:

- Entrepreneurs: without VAT number but with a prototype or pilot concept
- SMEs: with VAT number and a business concept launched within the past two years.

The applicants were asked to present briefly this information on online application: Elevator pitch /Description of the solution/ Team / Market / Business model/ Commercialization strategy.

All but one Get on Track events were organized as a satellite event of a major European eHealth conference. Connecting to third party conferences provided an opportunity for entrepreneurs and SMEs to pitch their solution to a wider audience. At the same they got valuable networking and matchmaking opportunities during and after the event.

Interactive sessions on the Get on track event helped entrepreneurs identify the improvement potential for the current business model. The feedback from the team of experts helped to analyse the current status of the business model and find the ways and tools to improve it. Common goal to all the events is that entrepreneurs discussed and solved together with experts the challenges related to eHealth business. The event concept was each time adapted to local resources. Working method varied from active hands-on bootcamps, to time efficient startup-clinics, interactive mentoring and workshops.

One-to-one coaching

Partners involved into Get on track service also provided tailored support to entrepreneurs for business model development and suggestion of go-to-market approach on individual bases. Communication took typically place over the phone or Skype, but also with face-to-face meetings.



Via this coaching entrepreneurs were able to have personalized support on their specific needs in individual sessions.

Direct impact and traction

In order to maximise the impact the Get on track service was actively promoted to eHealth entrepreneurs in Europe.

Get on track service created concrete direct impact to 111 early-stage companies and entrepreneurs. That is, they received personalized feedback on their business model and commercialization strategy via the types actions described above:

1. 49 early stage companies and entrepreneurs participated in one of the 7 GET on track bootcamps and workshops. A total of 66 e-Health experts and stakeholders participated in those events, and networking was actively promoted between event participants for added value.
2. One-to-one coaching supported 62 early-stage companies by delivering tailored feedback via teleconferences (telcos) or physical meetings.

After the Direct impact of participating on the events or on the one-to-one coaching, 36 companies got Traction on improving their business model or commercialisation strategy, according to the follow up carried out by the GET partners.

The GET on Track events were:

1. Emprendex Bootcamp, Madrid (ES), November 28th, 2013

This event was a satellite event of the eVIA's annual assembly in Madrid. The event was workshop based with the panel of experts providing support to entrepreneurs. 8 teams participated.

2. Workshop to boost eHealth business, Helsinki (FI), June 11th, 2014

This event was organised together with Upgraded Life Festival. The event was workshop based with the teams of experts providing support to entrepreneurs in specific themes. 7 companies joined.

3. Boot-camp on Business models & eHealth Innovation Routes, Zwolle (NL) August 22nd, 2014

This event was individual session and unfortunately ended-up with only few registrations and many cancellations. Finally only one company could participate at this session and it was decided to take it as an eHix¹ methodology pilot session for GET project. As a consequence of the low registration and cancellation, a risk management protocol was implemented to augment recruitment and minimize cancellations.

4. Workshop for Start Up SMEs seeking to do business in Health, Belfast (UK), March 25th, 2015

This session was held at The Northern Ireland Connected Health Ecosystem event in Belfast. The event had a panel of experts providing support to entrepreneurs. 9 companies participated.

5. Boot-camp on Business models and eHealth Innovation Routes, Riga (LV), May 11th, 2015

This boot-camp was organised in conjunction with eHealth week conference in Riga. This event used eHix methodology and focused on business models and innovation routes. 9 participants.

¹ [An eHealth Innovation Map for Small and Medium-sized Enterprises.](#)

6. Boot-camp on Business models & eHealth Innovation Routes, Luxembourg, April 21st, 2015
This boot-camp was organised in collaboration with Med-e-Tel forum in Luxembourg. eHix methodology was used focusing on business models and innovation routes. 7 companies joint.

7. Business model clinic for eHealth start-ups , Barcelona (ES), May 19th, 2015
This clinic was organised together with Health 2.0 Europe conference in Barcelona. The event concept was more compact and the expert panel feedback session was public to the conference audience. 8 companies presented at the event.

Online resources

Successful entrepreneurs need right knowledge and tools for business model and commercialization strategy development. Get on track service provided three types of online resources to support early-stage companies with successful business modelling:

In the practical eHealth business guide "eHealth Start-up Guide for business success" produced and published by GET project three different key tools and approaches are presented individually. Together these approaches provide tools to outline structure and a fundamental level of understanding, along with links to resources, literature and case studies for further detail and references to help an entrepreneur consider and apply these methods to help achieve best success to the eHealth start-up.

We interviewed experienced eHealth entrepreneurs and published two interviews to share their accumulated knowledge on the way to success. These business cases share lessons learnt while finding a successful business model in eHealth.

We have also produced 'Lean start-up in eHealth' presentation which provides introduction how to apply Lean development principles for eHealth business development and commercialization strategy.

These resources combined the most interesting existing eHealth business knowledge and experiences from successful eHealth entrepreneurs. These online resources reached high interest and were downloaded by 2167 individual readers.

Lessons learnt

Lessons learnt from the organization of events:

Commercialisation strategy

During the events the focus was on business modelling and commercialisation strategies. The key learnings were:

- The value proposition must be concrete, based on exact numbers and clearly communicated to all stakeholders
- When commercializing an eHealth innovation if regulation concerns your product be aware about all requirements from the beginning. Think for possible ways to avoid regulation.
- Some entrepreneurs learned that no one really wants the product. Or that there are barriers they didn't understand.

- Many entrepreneurs learned that it would require 10 times more money to commercialize than expected.
- Almost 100 per cent of the teams realized they needed to 'pivot' at least once, which means a substantive change to one or more business model assumptions.
- The big challenge for some entrepreneur were that although they had funding for idea X, perhaps idea X wasn't where they should end up. Some of the teams totally changed their core product based on the customer feedback they had gathered.
- In some cases, it's not clear whether the customer is the grandma that's going to put this product in her hip, the doctor, the hospital, or the insurance provider. The entrepreneur needs to consider all of these customers and think about regulation and reimbursement options too.
- Entrepreneurs need to check intellectual property or hire someone to do so.

Pitching

Even experienced pitchers got valuable feedback from the versatile mix of experts involved to the events. For the less experienced, an opportunity to pitch in a public eHealth event gave them concrete feedback about their proposal, and helped them to gain a view on how to present it to different stakeholders. Generally it is important to pitch quickly and concisely. Based on the experience from the pitching events, the following steps should be considered:

- Refine your idea - ensure you explain the problem you are trying to solve
- Shape your pitch - explain who the target market is aimed at and why.
- Start with their perspective - use the patient journey
- Be clear about your business model
- Evidence. What are the measures and outcomes
- After the pitch when listening to feedback really think about which points made and consider if you agree or disagree with them

Improvement ideas from participants:

- Future boot camps could use more time to go more in-depth into individual cases.
- A specific and informative session followed to offer SMEs an insight into how they can best position themselves for doing business in Health. (e.g. Procurement and Logistics Service).

Improvement ideas from organisers:

- Entrepreneurs could be better prepared for the coaching event. Organisers should give better instructions beforehand and emphasize the importance of doing the homework. When an entrepreneur is well prepared, with right information and relevant questions, in even short discussions with experts can be very valuable.

Lessons learnt from project partners while delivering one-to-one online coaching via telcos:

- Get early respect. Prove that you are knowledgeable about the topic, can add value and be trusted. Only after getting to this point your counterpart will start paying attention to your message. Besides, you should challenge entrepreneurs existing mind set when necessary,

and take them out of their area of comfort. They are usually very busy in day-to-day and devote little time to periodic strategic update. The telco should make them aware of the relevance of periodically thinking about the big strategic picture.

- *Get to the point quickly.* Do not let the entrepreneur explain the whole story of their company or waste time explaining why they are different from the rest of start-ups. Avoid also spending too much time on the functionality details. Have a script ready with sharp questions related to critical aspects of the business model (eg. who is your customer, why will they pay, which channel has proved to work best etc) to spot the business maturity of the company and their main weaknesses. A coaching call should not last more than 60 minutes, otherwise it starts to fade away. Take the most out of it.
- *Recap and homework.* Always leave some time at the end of the telco to recap the main insights, and make them explicit again. It is important also to propose what should be the next actions (homework) to be done by the entrepreneur and what resources can be leveraged to fulfil them.
- *Do follow up.* After the first contact with an entrepreneur it is good to maintain periodic contact. That would remind them about the key take-aways and the actions that need to be taken to improve the project. Adjustment to the strategy after the feedback from market should be discussed in the follow up.

KPI summary table

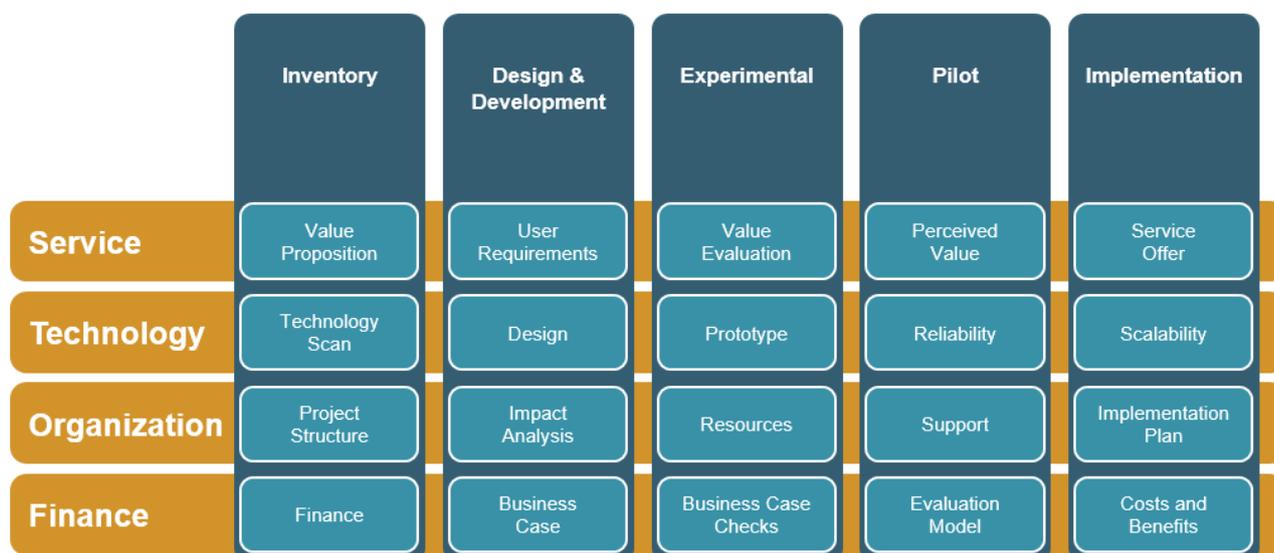
The Key Performance Indicators of GET on Track service are summarized in this table. The #DOW column refers to the target set in the original Description of Work proposal approved by the European Commission. The #Goal was the internal project goal set up after mid-term feedback. The last column aggregates the number achieved for each of the indicators.

KPI	Name	#DOW	#Goal	#Achieved
Direct Impact	Number of companies that have received personalized feedback on their business model and commercialization strategy.	32	60	111
Knowledge Sharing	Number of downloads of 'GET on track with eHealth' on line documentation.	N/A	500	2046
Traction	Number of companies or entrepreneurs that have created or improved their eHealth business model and commercialization strategy.	N/A	30	36

List of recommendations & requirements for a successful Innovation methodology/model to support early-stage Digital Health entrepreneurs and SMEs

eHealth Innovation Matrix (eHIX). To support the Digital Health Entrepreneurs and SMEs during the process of fine tuning their business model, the eHealth Innovation Matrix (eHIX) methodology was used. eHIX enables the entrepreneur to quickly assess the business model of the eHealth innovation and detect blind spots that can jeopardise the success. The eHIX matrix consists of two areas of

assessments: the five stages of the innovation process and the four aspects of the STOF business model. By combining both areas, you assess the innovation from idea to implementation.



Each of the 20 crossroads (cell) describes the essential steps and choices in the innovation process for each phase. Each cell is supported by a knowledge base containing best practices and templates to be used to assess or develop the innovation.

eHIX can be used for two applications:

- eHIX can be used to guide the entrepreneur through the innovation process
- eHIX can be used to assess an existing innovation and identify blind spots in the development that can block the success of the innovation

During the GET project, the entrepreneurs were offered multiple bootcamps they could join to learn more about eHIX and use the methodology on their own innovation.

More on eHIX: http://www.digitalezorg.nl/digitale/uploads/2015/02/etelemed_2013_6_10_40203.pdf

Though eHIX was the methodology used during the project lifetime, another approach that the consortium finds very interesting is 'Customer Development' developed by Steve Blank and Bob Dorf in their book [The Startup Owner's Manual](#).

In particular, the [i-Corps](#) training program that has been set up by the authors in collaboration with the US National Science Foundation is a very good example on how to support that scientific outcomes become a commercial reality, and therefore impact society beyond the publication of paper.

As requirement for success, we strongly believe that the flipped classroom concept of i-Corps, together with a continuous and intensive follow-up of the projects during several months are critical for improving the business model and commercialization strategy of entrepreneurs and start-ups.

1.2 GET funded

The GET Funded service was designed for SMEs looking for Series B (or follow up) funding - typically between 0.5 and 2M€. It provided start-ups with training, resources and networking opportunities with private investors at the European level. A cross-border service made more sense for these amounts, since lower ticket amounts (seed funding) are usually raised at national level with the support of local or national organizations.

This second-round of funding is often used for securing human resources, which in turns supports job creation within the EU. On top of the SMEs' own development, these investments also generate added business for satellite and partner companies supporting their activities.

Private funding partners of the service included Venture Capital groups (VCs) and large organizations interested in eHealth and having a corporate venture arm - such as pharma/medical device groups, telecom companies, and large providers.

The service has helped SMEs refine the presentation of their solutions and engage in serious conversations with investors to secure the funding that would allow them to focus on their core business and scale up their activities.

Types of actions promoted

Investors' Recruitment

The consortium started by identifying and recruiting the most relevant partners in the investors' community, including Venture Capital groups (VCs) and large organizations interested in eHealth corporate ventures. We started by reaching out to the investors we knew in our network as being highly interested and active in digital health. In addition to these pre-established relationships, a call for investors' interest was advertised in several communication campaigns. The GET partners' participation in selected digital health investment events (Digital Health Forum, Health Tech Summit and Innovation + Investment in Healthcare Summit) has also allowed us to increase the number of active investors in our pool to 50+ (instead of the proposed 10 to 15 in the original scope of work).

Investors were recruited according to their level of activity and interest in the digital health space. Some of them had a specific fund dedicated to digital health and they were obviously the most responsive and the most active. Following the EU's recommendation, we have given a priority to EU-based investors. Of course, the number of digital health investors in Europe being on the rise but remaining relatively low, we have allowed some flexibility with the following main selection criteria:

- Private investment companies;
- Headquartered or having a main office in a European country;
- Having a dedicated fund, being in the process of setting one up or having expressed a very strong interest in eHealth;
- Having already made some investments in the eHealth space or planning to participate in a round over the next few months (still rare in Europe);
- Offering tickets that correspond to what we described as follow-up investment – typically between 0,5 and 2M€.

Investors' Criteria Survey

To establish the list of our investors' criteria, an in-depth survey of the European VC community was carried out at the very beginning of the project. 15 investors participated in this survey. We later used these criteria to select the SMEs accepted to participate in the programme.

SMEs/Start-ups Recruitment

Through the many activities of its members targeting eHealth SMEs and start-ups, the GET Consortium managed to reach out to a large number of companies in this community. A description of the service and a call for applications was widely advertised through the GET website and consortium partners' communication campaigns. Interested SMEs were asked to check that they qualified against most of our investors' criteria, and if they did, they were accepted in the programme.

The low number of SMEs meeting some of our investors' criteria (especially when it comes to commercial traction and being "at revenue"), prompted our decision to keep the call for application open until month 20 and to accept promising SMEs in the programme until that time.

Other SMEs in earlier stages of development were not accepted in the programme but still received personal advice on their investment plans and options.

Our recruitment efforts served to recruit 40+ SMEs in the programme and – leaving the call for application until month 20 – we were able to overachieve our initial objective to recruit and support a minimum of 20.

Once our 2 main stakeholder types were identified and recruited, we applied the following methodology to fulfil our objective to provide start-ups with training, resources and networking opportunities with investors at the European level:

Profile Creation and Dissemination

The information provided through the GET Funded SME Online Form was used to create SME Investment Profiles. With the information gathered, We checked for unclear or missing information, and quite often for language problems. This step – happening through phone conversations and/or email exchanges - also contributed to our training and coaching activities as we took this opportunity to check and work with the SMEs to make sure they presented their solutions in the best light for investors. Over 40 SME Investment profiles were created and distributed to selected investors in our GET Funded pool.

In a first round, we identified and disseminated the SME profiles via email to 3 or 4 investors, asking for an online screen share meeting to present the investment opportunity in greater detail. However, in year 2 we decided to send the entire pipeline to our entire pull of investors to increase the chances of a match. This way all the SMEs in programme had a chance to be visible with our entire pool of investors.

Presentation training and pitch coaching

The pitch coaching happened at several levels:

- During the SME Investment Profile creation: reviewing profiles one by one with the participating SMEs, Health 2.0 had a chance to provide detailed feedback to each SME.
- During rehearsals for companies invited to pitch at one of our investor events: pitching companies were asked to use a standard template that included the information investors wanted to see. Each SME was rehearsed a minimum of 2 to 3 times to make sure that they could deliver their message in under 4 minutes, and that they presented their initiative under a favourable light for investors.
- Direct feedback and questions from investors at the investor events: pitching SMEs had 4 minutes to present and 4 minutes to dialogue and answer questions from investors. Through this exchange, SMEs also had an opportunity to learn how to best present their solutions.
- During one-on-one meetings with investors: usually done online, these meetings were not 'training meetings' per se, but the investors' feedback provided invaluable information.
- Through the lessons learnt, interviews and articles that were published on the GET website and later gathered to be part of the GET Practical Guide to Getting Funded: the online resources allowed us to share our knowledge of the investment landscape and presentation advice with a greater number of European SMEs.

Networking opportunities

The EC2VC events gained a lot of momentum during the project, with always between 120 and 140 participants in total, between 8 and 12 pitching SMEs and 28 to 35+ active investors in the room. Building on the momentum, Health 2.0 is planning to continue hosting this event after the end of the GET Project. We are planning to sustain this event through sponsorship, allowing more SMEs a chance to benefit from intensive pitch coaching and live networking with cross-border investors.

Direct impact and traction

Training

The training and pitch coaching happened at several levels:

- During the SME Investment Profile creation: **Over 40 profiles were created.**
- During rehearsals for companies invited to pitch at one of our investor events: **34 SMEs in total were rehearsed 2 or 3 times for 30 to 45 minutes.**
- During the investor events via direct feedback and questions from investors: **34 SMEs in total had the opportunity to pitch and receive feedback.**
- Through the lessons learnt, interviews and articles that were published on the GET website and later gathered to be part of the GET Practical Guide to Getting Funded: the online resources allowed us to share our presentation advice with a greater number of European SMEs. **1351 downloads of our online resources.**

Networking opportunities

The networking opportunities mainly happened during live events where we were able to gather up to 35 active investors in the same room.

The Consortium organized 4 networking/pitching events over the last 2 years where a total of 34 SMEs were invited to pitch:



- GET Funded and GET Global event at eHealth Week – Athens May 2013
- EC2VC 1 – London November 2014
- EC2VC 2 and Investors' Breakfast – Barcelona May 2015
- EC2VC 3 at IIHC – Munich September 2015

The Consortium also partnered with the Health Tech Summit in Lausanne to propose an additional opportunity for SMEs in the programme to network with investors.

Over 45 SME Investment Profiles were created and disseminated to our most active investors, giving them a chance to engage with the companies that matched their investment focus and criteria.

Investment traction

12 SMEs in the programme either secured investments or are currently in serious conversations with investors (serious conversations are usually confidential until they are closed and a public announcement has been made).

Of course, it is always difficult to trace the direct impact from the exposure we gave SMEs to the term sheets they ended up signing: they meet an investor, through an investor, through another investor. However, during the lifetime of the project the total investment raised by companies in the programme was: 5.35 M€ + 1.8 M€ + 6.5 M€ = **13,65 M€**.

We estimate this amount will continue to grow over the next few months.

Feedback and survey results

During the last month of the project, we lead a survey to gather SMEs' feedback. Below are some of the main findings showing an overall high level of satisfaction:

1. Overall, how would you rate on a scale of 1 to 5 (5 being very good) the level of support you have received with the GET Funded service? Response: **4,57/5**
2. More specifically, how would you rate on a scale of 1 to 5 (5 being very valuable) the training and/or pitch coaching you received throughout the programme? Response: **4,85/5**
3. How would you rate on a scale of 1 to 5 (5 being very good) the rehearsal sessions before the pitch event? Response: **4,85/5**
4. Do you have a better idea now on how to present to investors? **93,5% answered YES.**
5. How would you rate on a scale of 1 to 5 (5 being very good) the investor connections you made at the event? Response: **3,35/5**
6. How would you rate on a scale of 1 to 5 (5 being very good) the feedback you received from investors? Response: **3,85/5**
7. How would you rate on a scale of 1 to 5 (5 being very good) the conversations you were able to continue after the event? Response: **3,14/5**
8. How would you rate on a scale of 1 to 5 (5 being very useful) the Practical Guide to Getting Funded, and more generally the GET Funded Online resources (list of 250+ investors, articles, interviews, etc...)? Response: **3,92/5**
9. How likely are you to attend one of our EC2VC events in the future? Response: **4,5/5**

Online resources

A good number of interviews and articles were published throughout the 2 years of the GET programme, and finally were gathered along with additional resources into a Practical Guide to Getting Funded. Since the information was public on the internet and membership not required to access these resources, it is difficult to estimate the full impact of these resources. Some of these resources were also re-published on partner websites.

These resources have been promoted and disseminated using the Consortium's channels, including email and twitter campaigns, and have been downloaded 1.351 times.

These resources mainly included the following:

- Analysis of the European investment landscape
- Investors criteria
- Funded SME interviews
- Investors interview
- Double interview with an investor and an insurer
- Pitch coaching interview
- Comprehensive list of 250+ investors interested in digital health around the world

As the Consortium plans to maintain the GET web site live for at least two years after the end of the project, these online resources will remain available and public for this entire time.

Lessons learnt about the EU investment landscape

Below are the disseminated conclusions and lessons learnt from the various GET funded events and interactions with investors or successfully funded SMEs:

Digital health is young.

And the gap is wide between a fast-moving start up scene and the slow-moving health systems facing them and often missing an updated framework for the adoption of grass-root innovations. Successful exits are only starting to happen and investors are still shy and only considering companies at revenue level. The case for B2C solutions is slightly different if they can show very strong momentum in consumer engagement. Things are starting to move, but this is the very beginning.

No single recipe.

From health to wellness, and from consumer to professional facing solutions, the spectrum of digital health solutions is wide and diverse. So there is no single recipe for drawing investors' attention. However, successful SMEs have one thing in common: they identify their customers early in the game: they know developing a solid business model is as important as developing a cool new technology.

Fine-tune your pitch.

Many SMEs find themselves in a vicious circle: they need the validation and clinical evidence of large scale implementations to get the financing, but at the same time they need the financing to

get these large implementations up and running. What is the right approach? At some point, an investor or a buyer needs to trust your team. So the first step is to get your pitch right. One of the lessons learnt, from our side as organizers, is that SMEs need help with structuring their content. And the GET funded service was created exactly for that.

Know your unique value proposition.

SMEs are often asked '*what makes your solution unique and better?*' And their answers are often vague and ignore competition. Is it a new and better technology running in the background? Is it the integration and support system already in place? Is it the ease of implementation? Is it the team behind it and their networks? The chance of their being the only digital solution addressing a health care challenge is very slim nowadays, so spending some time thinking about their competitive advantage and value proposition is crucial.

VCs invest in teams, not in ideas.

Even in a 4 minute elevator pitch, you should not fail to mention the people behind your solution. So be prepared to answer the question: Why are you the best team to take this idea to the next level? What proof do you have of your expertise and credibility? The digital health landscape is evolving rapidly so at the end of the day, VCs invest in people not ideas. No matter how short the presentation is, SMEs need to convince investors they should spend some time getting to know them.

Where is the money?

SMEs reasons to build a digital health solution may be very noble, but for investors the good that can come out of it is only secondary to a more down to earth question: where is the money? If there is no right answer to this question, then look for other ways to fund your business. It may be grants, it may be advertising. It won't be VCs for whom commercial traction is still the number one investment criteria.

Allow yourself to take a turn.

Entrepreneurs are very attached to their 'babies'. It's even truer in the digital health industry where there are often some very personal stories behind the entrepreneurs' drive and determination. But they have to let people use their own imagination and if they see opportunities in the solutions that SMEs don't see – let them! Very often in the digital world, the idea you start with is not the solutions that people will adopt in the end.

Develop a flexible business model

It's important to try to develop multiple revenue streams as the business grows. This will support growth across the business and buffer the business if one area is not performing to plan. An example could be to develop a SAAS, data revenue and predictive analytic product portfolio.

Develop a scalable but realistic business plan

This is key to attracting investment for the long term. Investors want to see a business that can grow and expand via new product development, geographical expansion, licensing and innovative business models. Investors also want to see a company deliver realistic projections based on what is achievable in the early start-up phase.

Develop evidence of early milestone achievement

To build credibility with investors, a young company should focus on achieving internal milestone evidence such as developing a working prototype, establishing a quality management system framework, having good controls and governance in place and having clinical and industry advisors. A company should be able to demonstrate it has achieved early non-revenue milestones through a focused and systematic approach to delivery. This type of evidence will build investor confidence in the team.

Have one very focused message

The company story has to be clear, concise and completely focused on what the opportunity is and how the company will execute its business strategy. This will enable investors to evaluate the opportunity more quickly. Also, the company must clearly define how much money it needs and how they will use it to scale up and go to the next level.

Lessons learnt about presenting to investors

3 things should happen during a pitch. A pitch presentation is not due diligence. Due diligence comes later. SMEs don't have to answer all the questions or explain all the neety-greety details of their solution. A pitch presentation is an invitation to engage in a longer conversation. So a pitch needs to say 3 things:

- we have a promising and scalable value proposition
- we have identified our customer(s)
- we are the right team to drive this project to a successful exit

Pitch preparation is key

The first step when preparing a presentation in front of investors is to gather key information, which ensures you get the 2 first points across:

- we have a promising and scalable value proposition
- we have identified our customer(s)

When this is done, pitch preparation is the second step to ensure you get the 3rd point across:

- we are the right team to drive this project to a successful exit

This is more intangible. It's more about delivery than content. But investors want to meet smart, ready and coachable innovators. So rehearsing and trying to find a fresh angle is key, maybe telling the story of the SME's main stakeholders and explaining how their solution will change their lives.

It's not always the 'best' solutions that get funded. But the solutions that get funded nearly always have one thing in common: the team found a way to convince the investors that they were the right team to drive it to a successful exit.

Refine what's unique about your solution

Nowadays, your chances of being the only digital solution addressing a health care challenge are very slim. And we often already hear investors say: "this niche is crowded". So start-ups need to

spend some time thinking about their unique value proposition. What makes their solution different and more attractive than others? Start-ups answers is too often about 'design' and 'user experience' when solutions need a real differentiator in the business model and market approach. It can be a difficult exercise for CEOs who are too close to their solutions to see their unique value. So don't hesitate to ask your partners and customers for their perspectives.

Engage the discussion early

Investors won't mind being approached at an early stage. It's actually their job to identify interesting solutions at the earliest stage possible. But they will mind innovators asking for funding when they might not be ready for it. In this fairly new digital health industry, commercial traction or momentum defines 'investment-readiness'. So if you have not proven your commercial traction, your approach should be slightly different: don't ask for money right away, ask for expert input. The saying is often proven right: "Ask for money and you will get advice; ask for advice and you will get money."

Investors' attention span is short

SMEs only have a few seconds to catch their attention and pick their interest. And if it doesn't happen they will very quickly start checking emails on their smartphones and might miss the most important information in your presentation. The worse thing to lose an investor's attention is to use buzz words or vague and generic language. Some examples below:

"Health care systems around the world are not sustainable. Our solution is going to change that." or *"Our solution is the next Uber for health care."*

Test your pitch

No matter how many hours you will spend on your presentation, the chances of missing some key points, or not presenting elements clearly or in the best light for investors are high. So don't hesitate to test it before hand: listen to comments, refine your pitch and use their questions to prepare your answers to investors. You only get so many chances with an investor. And the first impression you give – whether or not in their eyes you are ready for investment – will determine their willingness to continue the conversation or revisit your solution in the future.

KPI summary table

KPI	Name	# DOW	# Goal	#Achieved
Direct Impact	Direct Impact KPI: Number of companies receiving training and/or meeting with investors.	20	24	34
Knowledge Sharing	Number of downloads of the related on-line resources.	N/A	300	1351
Traction	Number of companies in 'serious'/recurring meetings with investors.	4	8	12

1.3 GET Global

Most SMEs that are doing well nationally have international ambitions, designing their solutions with the intention to export their innovation at some point and break deals with customers outside their national borders. In fact the country where a product or service is created is not always where they will find the best market fit. By enabling SMEs to move to international markets there is an opportunity for them to commercialize where the market is most ready and provides a dramatic increase in the size of their potential market, however, they often lack the necessary expertise, resources and connections to go global.

The GET Global service was developed to support 25-30 internationalization-ready SMEs by exposing them to foreign market intelligence, commercialization, implementation and legal partners. GET Global partners and advisors were positioned to support SMEs position and adapt their product and strategy to these new markets.

We aimed to facilitate connections with customers in key targeted markets. Key markets such as the UK/Ireland and the United States were identified as both the UK and Ireland often serves as a launch pad for the United States, and in turn the United States often serves a launch pad for the rest of the world.

The service was designed to support mature SMEs - who have had success in their initial markets, with a proven business model, a solution ready to be exported, and the necessary resources (human and financial) – to access international markets with the overall aim that the business generated in these new international markets will in turn support job creation and new business for satellite companies supporting their activities.

The GET Global service had the following three objectives:

1. Provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets.
2. Organize matchmaking events with foreign partners and buyers.
3. Follow up the company's' progress and provide periodic support to facilitate their development and growth.

Actions promoted and Impact

The design of the service model evolved across the course of the project. In its first year we explored different approaches to recruitment, communications and types of services provided to SMEs to identify what was most effective, and in year two we built on our learning to establish a well formed approach and service model. The project design followed the 5 key areas of the service design:

1. Planning and scheduling activities and events

Planning for all activities took into consideration existing events in the global eHealth calendar. We sought to identify events with synergies and then partner with those events to deliver the GET Global service. This approach helped to maximise the attraction of the services delivered as they benefited from the value of the event as well as the service itself.

2. Establishing SME selection criteria

Criteria to access the GET Global service were agreed and used consistently. To recall the criteria used included; Quality of the innovation, maturity of the products/services, Level of actual business (turnover, customers), degree of adaptability of the products/services to other markets, quality of International strategy-business plan (Targets, identification of markets barriers,), human resources: quality of the team (especially skills on International relations), financial resources: Investment, International budget

These criteria meant a consistent and transparent approach was used for all SMES accessing Get Global and provided the basis for initial conversations and allocation of resource. The impact meant that SMEs had a consistent approach to enable initial and on-going assessment to enable targeted services and support to be delivered and those that were identified as not being ready could be directed and referred onto another GET service and partner.

3. Putting in place a recruitment process

Two different approaches to SME recruitment were used, where initial process offered a formal approach to access services via invites, marketing and targeted information. What followed was a more mature approach which now included the formal arrangements and also an open registration process, plus a review of SMEs known to the GET project at large who would be suitable for further GET Global opportunities.

For new SMES wishing to access GET Global services we supported each new contact with a brief call to understand their requirements and to ascertain whether they met the criteria for the services. Those that didn't would be offered a referral to one of the other GET services to support them on their journey.

The impact meant that:

- Conversations and communications with individual SMEs to help them achieve improved readiness for extending their market.
- We have been able to continue to recruit SMEs to the GET services in recent months following visibility at events and workshops and social media.
- GET partner consortia have developed learning from the journey of SMEs entering the project from different perspectives and shape their understanding of what signifies whether an SME is ready for internationalisation into other markets.

Following recruitment, we developed, maintained and improved a GET Global contact list of SMEs which offered the services efficient access to a tracking schedule of SMEs and the services they have received. The impact meant that we were able to develop a relevant list of SMEs interested in the GET Global service; we had an increased ability to connect to SMEs and to support their needs for links, connections or guidance; and we were able to follow up and track impact of the services.

4. Identifying partners to support the GET Global service

From our network of contacts and those of the consortium the service identified a list of the most relevant partners for GET Global. These partners were added to as work took shape and required different skills and connections to be made.

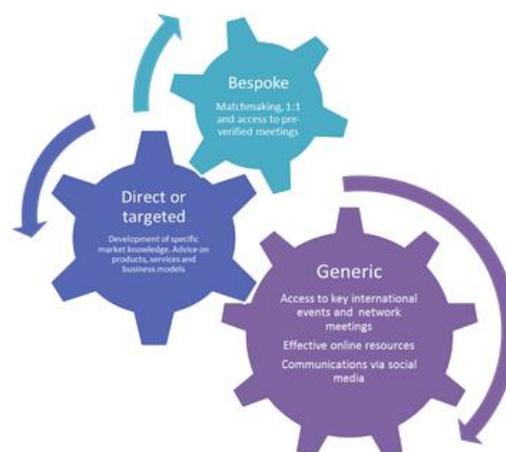


5. Identifying communication channels

GET Global service used multi-model communication channels to encourage SMEs to participate in GET Global value delivery and to provide updates. These were issued via GET and partner websites, Twitter, LinkedIn, webinars and e-mailings. The impact of this has meant we have received new engagements with the GET services via these channels and have had 779 downloads of our web based materials and SMEs have enjoyed access to information on a range of successful entrepreneurs, investors, buyers and legal advisors, senior executives from global companies through a range of networking opportunities, events, webinars and matchmaking sessions. Plus there has been enhanced access for SMEs to a wide range of experts and professionals that they would not normally be able to meet. Feedback from SMEs indicated that they welcomed this valuable opportunity and the access provided. Feedback from SMEs is provided in the GET Global event reports.

The overall service model offered SMES access to:

1. Generic services
2. Direct or Targeted services and
3. Bespoke Services



The impact of this approach meant SMEs received a package of support which met their individual requirements.

Direct impact and traction

Global partner matchmaking and global deal-making services have been provided through a mix of events, webinars, 1:1s and workshops across Europe and beyond, as well as virtual linkages. We have facilitated many introductions for SMEs to meet buyers, health professionals and global company executives.

This section provides a summary of these activities:

1. 'GET Funded & International' session @ eHealth Forum, Athens, 12 May 2014

Services provided at this event included access to expertise, resources and global network connections to support SMEs in their prime accessing to international market and matchmaking sessions with potential partners and buyers.

Services were delivered through two elements of the service model including

Generic; Informal networking and learning from main event presentations and the Select USA program (US Trade Dept) – information and support was provided to access US market

Targeted. In addition a session was delivered by the European Commission in cooperation with HL7 Foundation, US Office of the National Coordinator for Health Information Technology and Microsoft

Bespoke; We offered support for pre-work where summary business plans were requested and reviewed; There were panel presentations and direct feedback along with speaking and exhibition

opportunities to an international audience for SMEs; There were private networking lunch with 'Get Global' partners (buyers, investors, industry leaders) and pre-arranged 1-2-1 matchmaking sessions with attendees at EU-US Marketplace / eHealth Forum

The Impact of these services meant that 7 SMEs participated in the GET Global & GET Funded session, 4 of these SMEs benefitted from the GET Global service and presented to an impressive panel of experts including senior health and industry executive and 56 people registered to attend the session – in reality there were many more attended as the central location of the room in the venue boosted attendance on the day.

2. EU Marketplace for eHealth & EIP AHA, Brussels, 22 September 2014

The Get Global Services provided at this event included market insights (challenges, opportunities, specific market needs) and matchmaking sessions with potential partners and buyers along with networking opportunities with key commercialisation/ integration partners.

The services delivered were both targeted and bespoke and included:

Targeted; Table Topic sessions provided key insights and a an opportunity to meet key stakeholders personally and presentations during event from leading stakeholders;

Bespoke; The table topic sessions (presentation and debate) provided opportunity for direct engagement between SMEs and potential partners and buyers; The speakers' corner and exhibition provided opportunity to spotlight SMEs to an international audience of potential partners and buyers where we organised 195 pre-arranged matchmaking sessions which facilitated networking between SMEs and potential partners/buyers; We also facilitated informal introductions to potential partners and buyers and offered ongoing support from the GET Global service to support them to access international markets.; This event saw 184 people register to attend the event from 27 countries, providing a truly international audience. Based on feedback 100% indicated they added international contacts to their network, 79% identified potential international collaboration/ partnership opportunities, 63% had exposure of organisation to an international audience, 58% identified potential international business opportunities and 47% increased knowledge on other international markets.

3. European Summit on Innovation for Active and Healthy Ageing" 9th & 10th March 2015, Brussels.

The Get Global services provided at this event included market insights (challenges, opportunities, specific market needs), matchmaking potential partners and buyers and networking with key commercialisation/ integration partners.

These services were delivered through all three elements of the service model including:

Generic; Presentations were made available on European Commission website thus providing a long term promotional opportunity and there was pre-event coordination and support for SMEs

Targeted; SME branding was placed on event website

Bespoke; SMES were able to present at the speakers corner which was attended by 1400 people and provided an opportunity to spotlight SMEs to an international audience of potential partners

and buyers; We facilitated networking and connections between SMEs and potential partners and buyers and supported informal networking

The Impact of these services meant that

- 15 SMEs were able to present their innovations, products & services at this event.
- 15 companies were given the opportunity to participate in Speakers' Corner
- 1400 people registering to attend the event.
- There was good visibility for SMEs with the European Commission and the branding of the SMEs were placed on the event website and presentations available for the long term
- There were many partnering and connections made throughout the event and 2 SMEs were invited to attend the VIP Reception.

4. Health & Wellness @ Mobile World Congress, 3 - 4 March Barcelona Spain

The Get Global services provided at this event included access to international market insights (challenges, opportunities, specific market needs), matchmaking with potential partners and buyers and networking with key commercialisation/ integration partners, and access to expertise, resources and global network connections.

Services were delivered through all three elements of the service model including

Generic; Promotions post event went out to 13000 advising of presentations/video available

Targeted; There was SME Branding on Health & Wellness website including bio profile, photo and company logo ;Most SMEs pitches were recorded on video and made available post event along with photo and presentations posted on event website

Bespoke; Speaking slots in main plenary of the Health & Wellness event to audience of 250+ people; Opportunity for 21 SMEs to spotlight their products and services to an international audience of potential partners and buyers; Facilitated informal networking and connections between SMEs and potential partners and buyers.

The Impact of these services meant that SMEs had the opportunity to network with a multi sectorial stakeholders, Health authorities and buyers at the Health vertical at Mobile World Congress which was attended by 85,000 people and network with a range of key multi sectorial stakeholders from across Europe and beyond. In addition to this 21 SMEs presented their innovation and services to an international audience of 350+ delegates. Following this SMEs received interest directly from delegates to see seek business.

5. Get Global webinar: 'eHealth business opportunities and things to consider when entering the USA market'

Through this work the Get Global services provided included market insights, for the US market (challenges, opportunities, specific market needs) with a guest speaker: Dave Whittlinger, Executive Director New York eHealth Collaborative, NYeC. This offered SMES a targeted service where Dave presented about 'eHealth business opportunities and things to consider when entering the USA market' We saw 77 SMEs registered for the session with 43 participating, from the session SMEs

benefitted from asking specific questions and receiving clear direction. In addition to those who attended the session the output was communicated via the various networks to 15,000 + contacts. Please find the recording of the webinar in vimeo.com/132911245, and to view the slides please visit www.slideshare.net/getslidesdeck/ehealth-business-opportunities-and-things-to-consider-when-entering-the-usa-market

6. Get Global – SMEs & Expert 1-2-1 sessions with US expert Dave Whitlinger, Executive Director, New York eHealth Collaborative, USA

As a follow up to the successful webinar, the GET Global services identified 7 SMEs (6 accepted) to benefit from a focused 1-2-1 conversation with Dave Whitlinger. This bespoke service asked SMEs to produce a one page document explaining their innovation and motivation for the call. The impact of these sessions has meant that all SMEs received targeted support and advice and 1 SME has already planned meetings with potential buyers in the diary. Feedback from the SMEs indicated that the sessions were very useful

7. Supporting SMEs to progress their global deal-making

Get Global services have provided support to over 300 SMEs including bespoke services to 28 SMEs to enable progress in their global deal making. SMEs were able to access services across all three levels including bespoke, targeted and generic services in parallel as required, thus providing a connected, yet tailored approach to meet their individual needs.

We provided ongoing support to SMEs to enable their efforts to do business outside their own country by giving feedback and advice on business plans for internationalisation, providing follow up emails and teleconference calls to support them to consider and improve business planning for internationalisation, by invitation to events and workshops and by connecting them with potential buyers.

We also ensured SMEs participated in relevant roundtables discussions led by international health executives, buyers or policy makers and provided speaking opportunities secured at key events across Europe and beyond.

Overall, the GET Global service has to date supported over 250 SMEs to access generic information of which 63 have received targeted services and 28 bespoke services, totalling 91 SMEs direct receiving impact from our work.

The tractionable impact of this work, although difficult to assign uniquely to the GET Global service, has meant we have seen 18 new international agreements for SMEs who have received our services with an advised value of €3 Million+. Feedback has also indicated that SMEs greatly value the connections and opportunities provided to expand their international reach.

Online resources

The GET Global services have supported SMEs to understand more about the health systems in different markets, by providing information to aid understanding of international the markets and health systems internationally including Health systems in Germany, Ireland, Netherlands, Sweden, Switzerland, France, and the US. The impact of these resources meant that there has been a series of useful and relevant resources via the GET website where market intelligence has been made available on health systems. In addition to these SMEs have been provided with resources to



provide a clear understanding of what the 'Commercial opportunities' are along with examples of where Innovation Platforms are being used. The resources have seen 779 downloads.

Lessons learnt

This project has provided a well-developed learning curve in terms of identifying the key features of a successful GET Global service model and achievement of success for the SMEs we have worked with.

Align the GET Global service to international events in the eHealth calendar

Aligning the GET Global service to international events attracts SMEs and potential international buyers and partners. Providing the service initially through an international event proved to be an effective way of reaching SMEs and encouraging them to access the service, both for the first time and on an ongoing basis.

In addition, international events in the eHealth calendar attract the potential target partners and buyers, whom it would be difficult to attract to a much smaller 'GET Global' only event.

Adopt an open recruitment process

Two different approaches to SME recruitment were used including: an initial formal approach and an informal open registration process. We learned that the formal process was lengthy and resource intensive for a small number of SMEs however the open recruitment process for SMEs led to a higher number of SMEs benefitting from the service. It was much less resource-intensive, meaning that more time could be spent on designing an effective service.

Facilitated matchmaking is efficient and effective

Feedback from SMEs suggests that the pre-arranged matchmaking offered were both efficient and effective. SMEs and buyers valued the ability to preview profiles reducing the time wasted on inappropriate matchings, and having short 15 minute meetings were enough to make initial contact and decide if the attendee is a potential partner or buyer for future follow-up.

Speaking/ exhibition opportunities help to showcase SMEs

Speaking and exhibition opportunities provided a platform for SMEs to showcase their products and solutions. SMEs who had speaking and exhibition slots reported that the exposure gained acted as a precipitator to further enquiries and follow up contact from potential partners and buyers.

The experience of presenting and discussing their ideas helped the SMEs to gain insight into what each stakeholder is looking for, and then adapt and refine their presentation, solution and marketing approach accordingly. In an internationalisation process, this is a key step to be able to "test" their offering.

Provide a variety of services to ensure each SME can access tailored services to meet their specific requirements

By providing a variety of services ranging from generic, through to direct and bespoke meant that each SME was able to access services which were relevant to them and meant resources were used efficiently

SMEs need support to understand international markets

Feedback from SMEs identified that a key role for the GET Global service was to provide market insights to SMEs so that they could refine the marketing of their solutions and their internationalisation plans to take account of local requirements. SMEs also fed back that a multi modal communication approach was beneficial to meet business and personal needs.

Potential partners are just as important as potential buyers

Accessing international markets involves a huge investment for an SME. Meeting large companies as potential partners in an international market could help SMEs to develop their activities in foreign markets with a smaller investment.

Identifying potential partners and buyers can be done relatively quickly

The SMEs that we have supported in the GET Global service often had a clear idea of who their potential partners and buyers might be, however...

Building a relationship and securing business agreements on international markets takes much longer

Experience of providing the GET Global services suggested a longer term view of the length of time required to secure business agreements on international markets is needed.

Although GET Global services delivered 18 new business agreements on international markets in the project lifetime – it was a challenge and resource intensive. The agreements were achieved towards the latter part of the project indicating a 2 year run in time to achieve and deliver these through a service like this.

Follow up and ongoing contact with SMEs is necessary to be able to support them in securing potential partners and buyers

Follow up and ongoing contact with SMEs is necessary to track their progress with potential partners and buyers and to identify where/ when they require additional support to secure business/ partner agreements. Ongoing services like further introductions to potential partners/ buyers, insights into international markets, speaking/ exhibition opportunities, regular mailings on other internationalisation opportunities/ events of interest, are necessary to help them maintain a focus on internationalisation and continue their exposure to international markets.

KPI summary table

KPI	Name	# DOW	# Goal	Actual
Direct	Number of SMEs directly benefited from the GET Global service	25-30	30	91
Knowledge Sharing	Number of interactions with online resources in GET Global section of the project website	N/A	500	779
Traction	Number new business agreements in international markets	15	15	18

1.4 Fill the gap

This service connects unsatisfied demand from health actors with the solutions and skills of digital SMEs and entrepreneurs. As it has been designed, the service is demand-driven and therefore starts with the systematic identification of unmet needs that can be understood as market gaps with a potential to become profitable business opportunities. For each identified need, a search for the right expertise at EU level is then launched to connect the gap with the matching expertise.

Therefore it bridges between health actors with unmet needs, and SMEs and entrepreneurs with innovative talent. The stakeholders involved within this service have been:

- **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.

Fill the gap has provided healthcare actors with a trusted, neutral place through which they were able to reach solution providers from all over Europe, without exposing themselves to unsolicited providers' sales and marketing activities if anonymity was requested.

As an added-value the service has helped entrepreneurs to spot new trends and market demand (niches they have not thought of) on which focus their efforts. This information can be very valuable, even if entrepreneurs don't end winning contracts in the short term.

Initially it was expected that around 15 market gaps would be identified, each gap with a potential impact in at least one company or entrepreneur.

Types of actions promoted

Unmet needs have been identified using different methods:

- 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.

- 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.
- 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.
- 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.
- On-line surveys. Web tools can be a relatively economical way to collect feedback from a wide audience. Both structured and unstructured information can be easily managed and analysed by the web tools.

After execution, the Fill the gap service has collected a total of **111 unmet needs**. To facilitate the promotion and take up, the consortium decided to publish on-line only a selection of the inputs collected once they were validated. In did so in order not to overwhelm the visitors of the GET portal with literally dozens of items to be checked. Instead, the GET partners evaluated each item and, based on impact and marketability considerations, decided whether it had enough potential traction as to be presented publicly in the web site.

For those to be published, a validation process took place and a number of the originally identified requests turned out to have already a satisfactory solution in the market. These requests were then placed in the 'Solved section' within the Fill the gap section in the portal. Same outcome happened if a published solution was later discovered to have a valid solution in the market.

Each need published on-line has been described, including its context, motivation and, when known, available related solutions (usually not covering the complete functionality requested).

Unmet needs have been broadly disseminated using the project dissemination channels. In addition, more pro-active actions were put in place to encourage the development of solutions to tackle these needs. The main approaches to promote uptake were:

- One to one matchmaking. To physically connect health demand with digital skills and talent from SMEs and entrepreneurs.
- Cross-stakeholder meetings. To facilitate the access to other stakeholders in quick pre-arranged meetings based on mutual interest.
- Proposer-solver exchanges. To connect real demand willing to purchase with the talent in the digital health field.
- Collaboration with third party initiatives. Like eHealth academies, Hackathons (Strasbourg, Switzerland), visits to universities, other European projects, etc.

Direct impact and traction

After unmet need identification actions carried out during the first part of the project, the service changed gears to promote the take-up of the most promising of the identified needs.

Two physical events were directly organized to promote traction:

- **Medicine adherence event in Belfast** - On March 2015 a GET event focused on Medicine Optimisation/Medication Adherence was held in Belfast Northern Ireland to help to build collaborative relationships between SMEs and healthcare purchases by providing matchmaking and networking opportunities to meet, speak with and pitch to health and care and provide access to knowledge on medicines optimisation through plenary sessions. Adherence is one the needs were the GET consortiums sees a lot of potential.
- **GET inspired Barcelona** – This event was organized to put directly in contact organizations with Health needs (proposers) and digital talent with the potential capability to solve them (solvers). During the initiative 7 unmet needs (challenges) were presented by its proposers to several teams of solvers that interacted with the former to propose innovative solutions to the challenges. At the end, each proposer selected the solution that was better aligned with the initial proposal.

Other actions were also undertaken involving third parties like the organizers of eHealth hackathons, summer academies, etc.

After the execution of the different actions, typically only a percentage of them showed enough initial traction as to let the consortium engage in follow up interactions to support the effective development of solutions. This follow up mainly consisted in contacting repeatedly over email and/or telco the solvers that have shown an interest in developing solutions for a particular need, and the promoters of specific needs in case that opportunity involved the roll-out of a procurement process.

As a result of the efforts, 14 entrepreneurs/organizations have got traction over the unmet needs collected by the project. Another 26 organizations were followed up but had only short-term traction after several one-to-one interactions and, of course, many more contacted and/or looked the needs but there was no periodic engagement. 4 of the needs originally identified were moved to solved request section in the website after identification of available solutions –proposers of those needs were informed of the existing solutions-.

The consortium may not be aware of all impact generated by the service. Attendees of the take-up promotion of events could be counted as direct impact, but the project may also have an influence on those that access the needs on the GET web site and do not contact the consortium.

Online resources

In order to multiply impact, a number of resources have made public within the repository of the GET website: www.get-ehealth.eu/repository/. They have been downloaded 744 times.

How to identify unmet needs in eHealth

This guide supports entrepreneurs and Small and Medium Enterprises (SMEs) to identify unmet needs in eHealth using a demand driven approach. That is, systematically interacting with customers and

users to detect areas of opportunity. After setting the motivation and context, it explains the concept of an unmet need, briefly identifies the main methods for need identification and provides insight about how to best execute the need identification by sharing the lessons learnt by the GET partners.

Methods to identify unmet needs in eHealth

This document explains in more detail the methods for identifying unmet needs in the eHealth domain listed in the previous resource. The method includes in depth interviews, focus groups, unmet needs corner, on-line surveys, third party challenges and informal exchanges.

What do patients and carers need in health apps - but are not getting?

The research for this report was undertaken in two steps. First, a global survey of patients and carers was conducted between July and October 2014. Respondents were recruited with the support of patient, disability and carers' groups worldwide. Second, a cross-stakeholder meeting was held during to analyse the results of the survey focused on the five main areas — cancer, diabetes, disability (focusing on pain relief and management), mental health and wellness — and use the findings to define new concepts for apps in these fields.

These resources have been promoted and disseminated through the project channels, including email and twitter campaigns, and also with the help of third party collaborations.

Since the information is public on the internet, the consortium is not aware of all potential impact since registration was not required. That means that it may have happened that interested parties have accessed the published information and perhaps used to partially improve their current initiative.

Lessons learnt when identifying unmet needs

The earlier you narrow down your market, the better

The Health market is vast and you cannot solve all problems. Firstly, select a specific area, with the right granularity for your ambition. When in doubt, narrow down options using business criteria, for example by market size (major chronic conditions like Heart Failure, Diabetes or COPD). Also, try to identify global problems –versus local ones- that will let you expand geographically.

Be aware that if you target the traditional Healthcare market, this is a highly competitive environment with a lot of players including big multinational companies. Even if you are addressing a new niche of functionality, you are all competing for the same customer's budget. If you are a start-up it will be unlikely that you can participate in large public procurement contracts only by yourself, since your company probably needs to be certified. It is not impossible though, and there are plenty of success stories. It helps if you know how to navigate the system.

Thanks to the popularity of smartphones, there are new opportunities in Health by delivering solutions (eg. Apps, wearables) directly to patients. This can be understood as a "blue ocean" compared to selling to healthcare organizations. Having the right business model and marketing are fundamental for success in selling directly to consumers. Health stakeholders like Pharmaceutical companies or pharmacies could be an option to economically support these new business models.

Commit, go out and get your hands dirty

In order to have results sooner rather than later, you should pro-actively work on your unmet need identification efforts. Commit yourself and organize your agenda to start executing. To speed things up, you may consider collaborating with partners that complement your skills or networks. For instance patient associations, scientific societies, organizers of events, etc. Spread the word and let your contacts know what you are looking for, so they can also help.

Master the art of listening

It is not about what you think. You are not in selling mode. You should be an active listener and identify what truly matters to the others. Do not try to convince them or dominate the talk. Be an active listener that truly understands the signals that they are sending to you, both verbal and non-verbal. Avoid the technology push. Prepare your script with sharp questions that focus on identifying needs and opportunities.

Be clear about what you want from stakeholders

Do not expect people will know right away what you mean by "unmet need identification". So devote time to make sure that they understand what you are looking for. It may help to prepare some examples to give hints about what you expect. But be careful not to influence your stakeholders with the examples you give them.

Differentiate between a need and a solution

Henry Ford said: "If I had asked people what they wanted, they would have said faster horses". In some cases, current solutions can be so deep-rooted in the market that efforts are focused on improving them rather than looking for disruptive alternatives. Therefore it is important to focus on the critical need and respond to this without being influenced by existing solutions. One good practice is to specify the need without referring to technology. This helps to maintain a focus on the need.

For good quality, quantity is relevant

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

Watch out for unmet needs in all your interactions

Informal exchanges can identify unmet needs e.g. casual conversations with the healthcare workers and stakeholders, attending presentations or events or when reading the news.

Lessons learnt when promoting take up

People love their own ideas

The Fill the gap consortium aimed to create an "environment of trust" with the proposers, so that they would be more open to speak up their needs without having the feeling that they will be sold any specific technology. That is why technologists were not invited to the initial conversations with the healthcare organizations, and our service even gave them the opportunity to disseminate their needs anonymously. This worked fine from the demand side. What we have realized though, is that

potential solvers do not have the same drive as when they chase their own ideas. That is, even when solvers may start with a solution looking for a problem to solve, because it is their own brainchild they tend to be more passionate about it than consuming 3rd party needs. Even if these needs come straight from the market. For the future, it would be of interest to investigate blended approaches, where still trust can be offered to the proposers, but solvers can be more active during the need identification process so they can feel they have more ‘ownership’ about the outcomes.

Pick the right audiences

You may have identified the best market opportunities, but if your audience is not compelled to act in the short term it would likely have no traction. It is therefore instrumental to be able to contact and interact with those that are open to external ideas because it is either part of their own ‘momentum in life’ (e.g. students in eHealth academy) or is aligned with their current business (e.g. SMEs developing eHealth apps). This worked much better than when we interacted with local University students about to graduate but with no immediate urgency in setting up their own business.

Services work faster than products

When the proposed need is a service, for example, a healthcare organization would pay for an app to be developed with specific characteristics it is much easier to get traction in the short term than when the proposer would like to acquire a product. In this latter case, the solver acquires much more risk as the first customer will likely not pay for the investment, while a service will do. However if the solver ends up delivering a product, the impact on the market is much higher, as the solver will systematically commercialize its solution to other customers.

Tangible take up takes time

Regardless if the need can be served as a product or as a service, the selling and interaction cycles are long specially when dealing with healthcare organizations. If these organizations are public, the times will probably take even longer. Therefore follow up and resilience is critical, and that is where the motivational part from the solver is key for successful take-up.

KPI summary table

KPI	Name	# DOW	# Goal	#Achieved
Direct Impact	Number of needs collected.	15	80	111
Knowledge Sharing	Number of access to the published unmet needs in GET web site.	n/a	1000	2730
	Number of downloads of the related on-line resources.	n/a	500	744
Traction	Number of persons / organizations etc working on any of the unmet needs.	n/a	11	14
	Number of connections informing requesters of available solutions in the market.	n/a	5	4

1.5 Dissemination

Efficient dissemination was an essential activity in GET project as it contributed decisively to the short and long term goals of it. The dissemination activities were divided into three sections:



Each section had its own set of activities and materials used to contribute to the objective: promote and recruit, execute and disseminate.

To reach the goals set by the consortium at the beginning of the project, a coordinated communication and dissemination action was executed. This included the use of multiple online media channels, such as a website, Twitter, Slideshare, e-newsletter and F6s.

Main achievements

During the project, a couple of achievements are worth to mention specifically:

- The website attracted more than **16.000 visitors** and generated over **42.000 pageviews** throughout the runtime of the project. The website has undergone two revisions to optimize the user experience and maximize results;
- The Twitter account was successful in reaching the target audience and multiplying the reach, with **512 followers** and more than **900 retweets and mentions**;
- The repository items were downloaded and viewed above expectations, reaching almost **5.200 downloads and views**. Using multiple channels generated extra views and downloads.
- The unmet needs database were viewed almost **3.100 times**

KPI	Name	Nov 2, 2015	# Goal
Twitter	Number of followers	512	500
Twitter	Number of retweets	912	500
F6S	Number of followers	60	80
Website	Number of visitors (total end of project)	16764	10.000
Website	Number of pageviews	42.311	30.000
Repository	Number of views	860	250
Newsletter	Subscribers	220	200
Collective	Number of followers	792	600

Repository

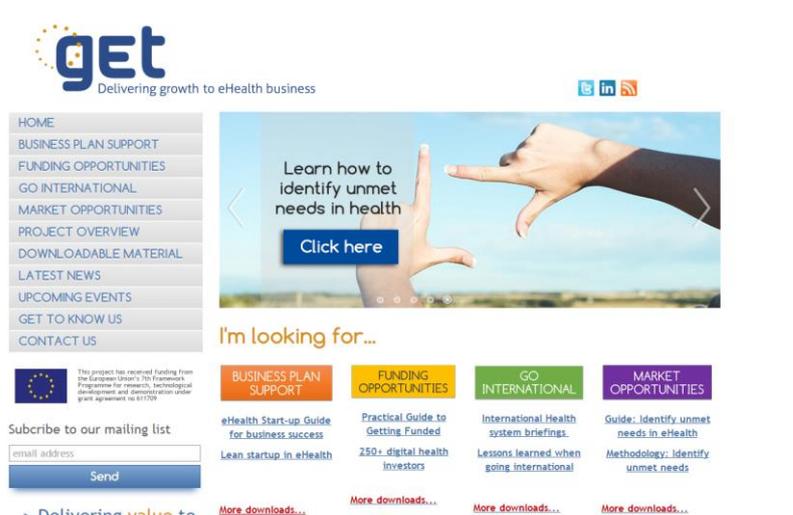
During the 24 months the project generated a lot of valuable documents such as guides, reports and interviews. All these documents were collected in the online project repository. This was available through the project website.

The use of the repository and the number of downloads and views was monitored too. This gave valuable insight in what channels works best to disseminate on and what topics are of interest across the target audience. This shows that as a channel Slideshare works best in comparison to regular downloads, but it needs to be supported by other social media (Twitter and LinkedIn). The guides and investor listings were the more popular repository items.

Most popular service in the repository is the GET on Track service followed by GET Funded.

KPI	Name	Nov 2, 2015	#Goal
Get on track	Online resources	2167	500
Get funded	Online resources	1423	300
Get global	Online resources	779	500
Fill the gap	Number of access to the published unmet needs in GET web site.	3098	1000
Fill the gap	Number of downloads of the related on-line resource.	823	500

The consortium plans to maintain the GET website and social media accounts for at least two years after project closure, so information about the on-line resources will be available during that time.



2 Potential impact and exploitation of results

The GET consortium plans to leverage the obtained resources, know-how and contacts by delivering the following actions for each of the services. Apart from the already identified exploitation actions, the GET partners will continue to seek opportunities on a continuous basis to maximize sustainable impact.

Summary of key services for each track that are being continued in the next 6 months following the end of the project

Service	Key services
GET on track	<ul style="list-style-type: none"> • TICBioMed has received official training on the i-Corps program and it is actively seeking opportunities to launch a similar edition in Europe • FVH will integrate GET on Track methodologies to Nordic Business and Living Labs Alliance project funded by Nordic Innovation during 2016 • A new two-day workshop will be offered as a commercial available service by Stichting Digitalezorg.nl. At least two sessions of this workshop are foreseen in the first half of 2016: <ul style="list-style-type: none"> ○ Luxembourg: during the Med-e-Tel in April ○ Amsterdam: during eHealth Week in June
GET funded	<ul style="list-style-type: none"> • Continue organizing investor/startup networking event EC2VC as part of Health 2.0 Europe (turning it into a pitch competition and working with the European Business Angels Network to create an early stage specific section). • Continue working with partner events to include more startups in our network in their pitch sessions. • Continue one on one introductions and connections with selected investors. • Continue curating the list of 250+ investors interested in eHealth and create a smaller list of the truly active ones. • Stichting Digitalezorg.nl is setting up a service to leverage both the results of the GET project and the FICHe project, to create value for the selected SMEs funded by the SME Instrument and FastTrack Innovation pilots as well as new proposers to these instruments. • In collaboration with the European Commission (EASME) Stichting Digitalezorg.nl will offer relevant beneficiaries (health care related solutions) that have received funding via the SME instrument a dedicated event, content and network to source their next round of private funding.
GET global	<ul style="list-style-type: none"> • Continuous working with many of the GET SME contacts through the services of the ECHAlliance membership • Supporting SMEs that seek to make real and tangible connections to key players in regions and countries • Utilising fully the ECHAlliance Connector Online Platform and encourage all SMEs to build a profile for the company (free service + additional functionality for a fee) • Seeking to promote relevant events to targeted SMEs and offer speaking opportunities to showcase products and services, popup

	<p>exhibitions, coverage in communications to a wide audience including pan Europe, Canada, China and USA.</p> <ul style="list-style-type: none"> • ECHAlliance will provide a service to SMEs to help support them in their reach for global / international business. This would involve coaching, mentoring, reviewing, training and supporting on specific needs. • Utilising the wide range of international events offered by the ECHAlliance and other partners every opportunity will be taken to ensure that we provide a platform for SMEs to showcase their innovative products and solutions; in such events as the Digital Health and Wellness at Mobile World Congresses in both Barcelona and Shanghai. • Using the ECHAlliance international Connected Health Ecosystem network, SMEs will have the potential to attend up to 50 events throughout Europe over the next 6 months. Thereby providing a very clear and effective opportunity to promote their company, services and products as well as establish effective contacts and meet buyers, policy makers. • ECHAlliance will arrange introductions for SMEs to potential international clients/ buyers through the use of both virtual and face to face events • Stichting Digitalezorg.nl is co-organizer of the HIMMS US and will set up a program for EU SMEs that are interested in entering the US market. It is expected that around 30 startups and SMEs will join this startup study-trip to the HIMSS US in March 2016 in Las Vegas.
Fill the gap	<ul style="list-style-type: none"> • Continue offering the unmet need service, that will support business opportunity identification following a demand-driven approach. • Will launch the co-creation service that aims to facilitate the development of digital solutions for unmet needs/business opportunities. • FVH will evaluate unmet needs of municipalities in Nordic Business and Living Lab Alliance projects during 2016. In the project SMEs can offer their solutions to municipalities to test them in living lab environments in Nordic countries. Needs will be related to supporting independent living of elderly people and other special groups. • Stichting Digitalezorg.nl will use the Co-creation service in multiple vertical cooperations to find unmet needs in the specific sectors and challenge SMEs and startups to find suitable solutions. <ul style="list-style-type: none"> ◦ The first partnership involves the Dutch association of hospitals. The association includes an innovation chapter that is setup to bring the innovation managers together and discuss how to include innovation on the strategic agenda. ◦ The second partnership involves the knowledge center of mental healthcare, specifically towards children. The center has identified 75 innovative solutions. In a combined effort, we will now challenge the healthcare providers to identify still unmet needs. In a later stadium, companies will be challenged to provide solutions. • In both partnerships, Stichting Digitalezorg.nl will lead the challenges and support the companies that are selected to provide the solutions to the unmet needs. Support includes internationalisation, recruit funding and develop the business model and partnerships.

a) GET on track

The successful practices created for Get on track service will be utilized by several GET partners in the future. TICBioMed, European Connected Health Alliance and Health 2.0 will actively develop the service and provide it within their ecosystem. Forum Virium Helsinki will act mainly as a facilitator initiating new opportunities and connections for eHealth start-ups. The most concrete exploitation activities include intensive training provided for start-ups, expanding workshops containing the eHIX methodology combined with the lean start-up approach and building collaboration opportunities between start-ups and large health and medical companies. The form and volume of the exploitation action varies between the partner organizations and more details are clarified below.

Exploitation actions planned by the GET partners

TICBioMed is actively commercializing a service to support entrepreneurs, start-ups and SMEs with their business model and go-to-market strategies. The service is based in the experience gained during the GET project and other approaches like 'Customer Development' from Steve Blank, adapted to the reality of European context. This service is already published on the TICBioMed website. The service targets start-ups themselves, but we are also looking for a multi-side market where 3rd party organizations (eg. Public Administration like Regional Development agencies, Foundations that promote entrepreneurship or competitive grant schemes) pay for the entrepreneurs to get the service.

TICBioMed is also collaborating with the Health-U initiative promoted by Sanofi. In its 2015 edition, Health-U supports 6 start-ups in the areas of cholesterol management and healthy life-style. TICBioMed will participate in the training programme by mentoring companies with their business model and leveraging the resources and knowledge produced under GET. We are currently negotiating with some of the companies to get a more intense support based on the above value proposition. More information about the Health-U initiative can be found in www.health-u.es/ (in Spanish).

The project coordinator, Mr. Jorge Gonzalez, has been selected as a business coach under the SME Instrument program of the European Commission, partly because of his involvement of GET. Thanks to this assignment, GET resources and knowledge will be shared with his coached companies and the SME Instrument program itself. It has also shortlisted in the EU project 'Health2Care' to act as a business coach.

Finally, TICBioMed is promoting some initiatives regarding how to improve the chances of success of European entrepreneurship initiatives in the area of Health and ageing. This is currently being discussed with the European Commission and may bear fruits in the middle term.

Forum Virium Helsinki supports eHealth start-ups and entrepreneurs in a close collaboration with local eHealth network organisations and accelerators, like Health Spa www.healthspa.fi and Health Innovation Village at GE www.facebook.com/healthinnovlge, and NewCo Helsinki. Forum Virium Helsinki provides models for co-creating and matching companies with living labs where companies can work with users and staff developing and testing new eHealth products and services. The organization has also an active role both in Nordic living lab cooperation and Innovative Nordic Health and Welfare Solutions program. It is also an active member and of European Network for Living Labs. With this kind of activities and connections Forum Virium Helsinki



will help companies to enter the fragmented eHealth market, and advice on business development both nationally and internationally. The lessons learnt during the GET project work as a crucial input for the future work related to the above mentioned activities.

ECHAlliance expects to utilise the successful workshop approach developed as part of the GET Global service work and will actively seek to implement services to support SMEs during the start-up phase. This support will form part of the ECHAlliance Membership services whereby we will use the learning to enhance services to SMEs seeking international agreements to achieve faster scale of their products and services. Specifically the well-developed market documents and repository will be shared and utilized to enable this process.

It is also expected that ECHAlliance will offer a number of regional and national events to support start-up SMEs in the early get on track stages. ECHAlliance will support SMEs engaged through the Ecosystem network by providing a platform to network with regional buyers, purchasers and health professionals. SMEs will be encouraged to exhibit at a choice of over 100 quarterly events (no fee) across Europe. This access allows the SMEs to showcase regional capabilities to relevant contacts. SMEs can also participate in national and international ecosystem related events. ECHAlliance will support and enable SMEs to prepare, develop. Reflect and enhance their products or services as part of this process.

The bootcamps that GET offered in Riga and Luxembourg gave valuable feedback to the organizers on how to improve on the workshop contents. This will result in an expanded workshop containing the eHIX methodology combined with the lean start-up approach. A new two-day workshop will be offered as a commercial available service by Stichting Digitalezorg.nl. At least two sessions of this workshop are foreseen in the first half of 2016.

The first one will be offered during the Med-e-Tel in Luxembourg in April. Again the media channels of the ISfTeH and Med-e-Tel will be leveraged to gain momentum. Also other relevant media will be contacted and asked to share the announcement. As the previous session at the Med-e-Tel also attracted potential participants from outside the EU, we will now encourage them to join this session.

The second one will be planned during eHealth Week in Amsterdam in June. This time the planning of the start-up day before the start of the eHealth Week will be leveraged for this session. During that day, the digital health start-up community will be offered training, speakers and workshops. The GET on Track workshop will be part of that offering.

Following the success of the "Start-up Clinic" at Health 2.0 Europe 2015, Health 2.0 is planning to make this session an integral part of our annual event in the future. In the session, 15-20 early stage start-ups will present their solutions and business plans, and receive feedback from a panel of experts representing key stakeholders in digital health innovation including: providers, payers, investors and pharma companies.

b) GET funded

The GET partners have set up a service for European digital health SMEs looking for follow-up funding (typically between 0.5 and 2M €) and designed to provide start-ups with training, resources and networking opportunities with investors at the European level.

Building on the assets developed during the 24 months of the programme (identification of the most active investors and survey of their criteria, creation of a successful networking event series, development of investor pitch best practices, comprehensive Guide to Getting Funded and other online resources), the Consortium plans to continue supporting the acceleration of the European investment flow 3 major axes:

- Further developing investment-oriented market intelligence
- Continuing the networking events and related coaching activities
- Taking the matchmaking game online

Exploitation actions planned by the GET partners

As part of the exploitation plans for the assets developed during the lifetime for the project, Health 2.0 is planning the following to continue promoting a higher level of interaction and networking between health SMEs and investors.

1. Continue to organize EC to VC

The 3 editions of EC to VC were a success with always between 120 and 140 participants in total, between 8 and 12 pitching SMEs and 28 to 32 active investors in the room. The pitching SMEs learnt a lot: from the presentation coaching sessions and from the investors' feedback, and a few serious conversations were initiated at the event. Health 2.0 is planning to continue hosting this event as part of the Health 2.0 Europe series and maybe as part of other partner events. After the GET Project, we are planning to sustain this event through sponsorship.

2. Continue to curate the online list of investors

Health 2.0 is planning to continue curating the online list of 250+ global investors active in digital health and to make introductions when asked by SMEs and there is a pre-established relationship.

3. Collaborate with the EUGO (European Union Growth Opportunities) platform

Health 2.0 and TICBioMed are planning a cooperation with the EUGO platform to leverage our list of partner investors, our intelligence of their criteria and investment landscape in Europe. We are planning to set up and curate an online pipeline for follow up and series 'A' investment in digital health. We will publish non confidential information of investment-ready SMEs in a standardized and easy way to sort information by criterium.

EUGO will feature several verticals, and Health 2.0 and TICBioMed were invited to use our assets and acquired intelligence of the digital health market to develop this vertical.

As a result of this collaboration we are hoping to:

- a) Provide a better understanding of the European digital health landscape, its key drivers and specific implications to investors who are curious but not yet active in this market.

- b) Provide investor access to a carefully curated and sortable pipeline of investment-ready digital health SMEs looking for funding
- c) Offer SMEs looking for funding another way to improve their visibility with investors
- d) Create a newsletter about investment flows (what type of solution is getting funded? what ticket amount? and by whom?)
- e) Promote the visibility of the GET funded resources via the EUGO knowledge center

4. Collaborate with a US-based global accelerator and investor/customer networking initiative

On top of our collaboration with the EUGO platform, we are also negotiating an agreement with a global accelerator and provider of high-level investment market intelligence trying to expand their activities in Europe. The agreement is not finalized and at this point we would prefer to keep the name of the US-based partner confidential. As part of our work with this group, we will:

- a) Start providing more accurate data about the investment deal flow happening in Europe, which will encourage investors to be more active in digital health.
- b) Produce investment trend reports.
- c) Promote interactions between EU and US investors.
- d) Provide online coaching for health SMEs looking for funding.
- e) Promote interactions between EU and US SMEs, sharing knowledge.
- f) Continue to produce investor and expert interview to be added to our online resources and to update the Practical Guide.
- g) Enrich our list of 250+ digital health investors around the world and establish new relationship with the most active ones

With the European Commission looking to tap into the private investors area and combining their funding instruments with private investors, Stichting Digitalezorg.nl is setting up a service to leverage both the results of the GET and FICHe² projects, to create value for the selected SMEs funded by the SME Instrument and FastTrack Innovation pilots as well as new proposers to these instruments.

This service will include support during all phases of the SME instrument (including proposal phase) and beyond Phase III support, in collaboration with the SME Instrument team and The Enterprise Europe Network.

In collaboration with the European Commission (EASME) Stichting Digitalezorg.nl will offer relevant beneficiaries (health care related solutions) that have received funding via the SME instrument a dedicated event, content and network to source their next round of private funding. Relevant beneficiaries will be invited to a pitching bootcamp in Brussels, during which they will be coached to enhance their pitching skills and presentation content. The first session will happen at the beginning of 2016. The second bootcamp - a two-day event - will be hosted in Amsterdam. Participants will attend presentations from successful entrepreneurs, accelerators from the US and China, and investors. The event will close with selected SMEs looking for a second round of investment making a pitch presentation in front of these investors.

² www.f6s.com/fiche

Based on the approach and learning from the GET Funded service, ECHAlliance plans to provide SMES with opportunities to actively engage with investors, such as VCs. Engagement through effective collaboration with relevant EU funded projects such as STOP & GO will be promoted as will signposting early stage SMEs seeking investments to relevant information on specific opportunities for funding, seed investors, grants, national agency funding, crowdfunding, etc. This will be achieved through a variety of delivery mechanisms including

“Digital Health & Wellness Summit @ Mobile World Congress, Barcelona – Feb 2016”. SMEs will be invited to participate in the assembly called “4 Years From Now” (4YFN), which is focused on start-ups, SMEs and Investors. ECHAlliance will provide the opportunity for several SMEs to pitch to investors, Venture Capitalists, private equity, charities, and social impact investors seeking and specialising in Digital Health.

Ongoing relationships with investors, EU projects and members will enable ECHAlliance to match SMEs and start-up companies with opportunities. ECHAlliance connector platform (due to launch Nov 2015) will enable this to occur in a timely efficient manner enabling quick connections and positive outcomes.

Forum Virium Helsinki has developed multiple contacts with Finnish business angels networks and has established a close collaboration relationship with TEKES - the Finnish Innovation Agency - and SITRA – the Finnish Innovation Fund. The organization is planning to use these pre-established relationships to continue connecting Finnish eHealth entrepreneurs looking for funding or international development with the right points of contact in these organizations. Forum Virium is also planning to continue working with Health 2.0 to connect digital health start-ups in Finland with key European investors identified and recruited by the GET Funded service.

c) GET global

Most SMEs that are doing well nationally have international ambitions, designing their solutions with the intention to export their innovation at some point and break deals with customers outside their national borders. In fact the country where a product or service is created is not always where they will find the best market fit. By enabling SMEs to move to international markets there is an opportunity for them to commercialize where the market is most ready and provides a dramatic increase in the size of their potential market. However, they often lack the necessary expertise, resources and connections to go global. The learning and experiences achieved across the GET Global project means that the consortium is able to exploit and share further and wider the work achieved.

The following section provides insight into the actions that will be taken to allow for strong exploitation across the partner organisations.

Exploitation actions planned by the GET partners

The GET Global service has been designed to support mature SMEs where an SME has already had some success in their initial markets, has a proven business model, a solution ready to be exported, and the necessary resources (human and financial) to access international markets.

During 2014 and 2015 the GET Global Service focused on supporting a wide range of SMEs by:

- providing matchmaking and networking opportunities across Europe
- speaking opportunities at events
- brand promotion opportunities
- introductions to potential international clients/ buyers
- providing market information by country/ region
- targeted introductions to global company representatives

The overall aim of GET Global has been for the participating SMEs to become more competitive in a global market. From our work to date ECHAlliance have

1. Developed a body of resources to support eHealth businesses, located on the GET site repository.
2. Supported SMEs to develop their business models and commercial activities
3. Identified and created relationships between SMES and buyers.
4. Enabled new partnerships which have resulted in business agreements.
5. Developed learning points to determine SME readiness for international work.

Taking the learning and experiences gained, ECHAlliance will work to share this learning widely across our international ecosystem network to support SMEs wanting to extend their reach. To explain, the ECHAlliance Ecosystems bring together communities connecting the range of business, health, wellbeing and social care stakeholders interested in developing a joint health agenda across a specific country or region.

We will seek to exploit the GET Global services through a variety of methods including (a decision required on whether or not we would charge for these services):

- To continue to work with many of the GET SME contacts through the services of the ECHAlliance membership
- Supporting SMEs that seek to make real and tangible connections to key players in regions and countries
- Utilising fully the ECHAlliance Connector Online Platform and encourage all SMEs to build a profile for the company (free service + additional functionality for a fee)
- Seeking to promote relevant events to targeted SMEs and offer speaking opportunities to showcase products and services, popup exhibitions, coverage in communications to a wide audience including pan Europe, Canada, China and USA
- Providing access to international market experts at key events and conferences.
- Ensuring lessons learnt are communicated widely across the network of SMEs and when possible provide case studies of success
- Continuing to build and develop the repository of resources on international markets and opportunities

- ECHAlliance will provide a service to SMEs to help support them in their reach for global / international business. This would involve coaching, mentoring, reviewing, training and supporting on specific needs.
- ECHAlliance will utilise the information and learning gathered from SMEs who have either been successful or unsuccessful in reaching global markets.
- Using the ECHAlliance connector platform SMEs will be encouraged to participate in the online matchmaking and networking with key players across Europe and beyond.
- Utilising the wide range of international events offered by the ECHAlliance and other partners every opportunity will be taken to ensure that we provide a platform for SMEs to showcase their innovative products and solutions; in such events as the Digital Health and Wellness at Mobile World Congresses in both Barcelona and Shanghai.
- Using the ECHAlliance international Connected Health Ecosystem network, SMEs will have the potential to attend up to 100 events throughout Europe in a year. Thereby providing a very clear and effective opportunity to promote their company, services and products as well as establish effective contacts and meet buyers, policy makers.
- Providing SMEs with the opportunity to promote their company through effective brand promotion, online and at ecosystem meetings and other events
- ECHAlliance will arrange introductions for SMEs to potential international clients/ buyers through the use of both virtual and face to face events

Since 2014 Stichting Digitalezorg.nl is co-organiser of the HIMSS US study trip to the annual HIMSS conference (2016 in Las Vegas). In 2014 and 2015 we formed groups of 130 and 170 participants to this event. The HIMSS US started to set up a specific track and focus on digital health start-ups in 2015, mainly focussed on US and Canadian start-ups.

As the exposure of the GET project also reached the HIMSS, we were invited to discuss a cooperation between SDZ and HIMSS US in setting up a program for EU SMEs that are interested in entering the US market. As part of this US trip for EU SMEs and start-ups, they participants are offered matchmaking sessions, a specific content track with speakers from Aging 2.0, US eHealth ecosystems and large corporates. Also the group will be offered specific matchmaking with other European groups visiting the event.

It is expected that around 30 start-ups and SMEs will join this start-up study-trip to the HIMSS US in March 2016 in Las Vegas. Each of the participants will pay for their travel and subsistence.

Health 2.0 and TICBioMed are setting up a collaboration with a US-based global accelerator and investor/customer networking initiative by negotiating an agreement. As this agreement is not yet we would prefer to keep the name of the US-based partner confidential, however as part of our work with this group, we will:

- a) Start providing more accurate data about implementations deals happening in Europe, which will help SMEs understand who the active buyers of eHealth solutions are.
- b) Promote interactions between EU SMEs and US potential customers.
- c) Provide online coaching for health SMEs looking to engage with US and international buyers.

- d) Promote interactions between EU and US SMEs, sharing knowledge.

Forum Virium Helsinki works in a close collaboration with Helsinki node of EIT Digital which is part of global network of EIT Labs as well new Vertical venture fund in Finland. FVH will also provide the direct contacts to a large number of companies, organisations and experts we learnt to know during the GET project.

d) Fill the gap

The Fill the gap service has supported the systematic identification of unmet needs in Health that can be solved with digital technologies. For doing so, the consortium offered a neutral and trustable environment to facilitate the interaction with key actors in the health space (patients, healthcare managers or professionals) to identify unmet needs with potential to become profitable business opportunities for digital entrepreneurs. The partners have tested several methodological approaches for the identification of opportunities (focus groups, one to one interviews, etc) and for promotion their take up. As a result, they have acquired and documented the know-how and lessons learnt.

To exploit these expertise the consortium plans to launch two related services. The 'Unmet need service' that will support business opportunity identification following a demand-driven approach through mainly open to start-ups and entrepreneurs, it also targets other organizations like municipalities, insurers, pharmaceutical companies. Initially it will be commercialized as a fee for service, though it could also be applied within Research and Development (R&D) projects that would like to obtain a deeper understanding of the priority unmet needs of their users/customers.

The 'Co-creation service' aims to facilitate the development of digital solutions for unmet needs/business opportunities. It will do so by exposing challenges identified by a Health proposer to a number of technological solvers, via a structured and competitive process (eg. a challenge or competition), digital health entrepreneurs can then propose solutions. The proposer will then review the proposed solutions, and interact with the ones it considers most promising. The expected outcome is that the Health proposer will identify a technological partner to co-create a solution following a win-win relationship.

Exploitation actions planned by the GET partners

TICBioMed is engaging with several Pharmaceutical laboratories and other major actors to offer them the above services.

The association is also currently collaborating with the iAlfas project (ilalfas.org/), a Smart City initiative led by the Spanish town of L'Alfas del Pi. Being Health one of the 3 priority areas of the initiative, TICBioMed is currently working on a proposal to identify the major health challenges of the population of L'Alfas, via engagement with local healthcare professionals, politicians and citizens. It will do so leveraging some of the methods tested in the Fill the gap service, namely the one to one interviews and the focus groups.

In a second phase, TICBioMed will actively work on the search of digital solutions already in the market that could solve the needs of the population of L'Alfas. If none suited, it will foster the

development of new solutions by giving visibility to the potential market opportunity and actively engaging with potential digital solvers.

In addition, it will collaborate with the next edition of imaginaunaempresa.es, a Spanish initiative that challenges teenagers to imagine their own enterprise. The Fill the gap published identified needs will be leveraged to suggest ideas. A similar approach will be held with other types of entrepreneurship initiatives like a Start-up weekends planned in Murcia and Salamanca (Spain) for the end of 2015, and several Hackathons related to Health planned for 2016 (still under discussion, one of them may take place at the eHealth Week 2016).

Finally, TICBioMed will keep promoting the identified ideas in third party networks like the Ideas4all www.ideas4all.com/ on-line portal, together with current and future related EC initiatives like startupeuropeclub.eu.

Forum Virium Helsinki's role is to act as a facilitator bridging the gap between identified needs in public sector and supply of solutions from entrepreneurs. Health care sector is one of the key areas where new innovative solutions will be searched and needed. Forum Virium Helsinki has an active role in the European Network of Living Labs and can provide access to the living labs for eHealth companies. The labs within the network actively collaborate with private companies on innovating and developing new products. Forum Virium Helsinki is also well networked directly with many Nordic municipalities and may help to find suitable living labs to develop and test the solutions in Nordic markets as well.

ECHAlliance and the ecosystem network are well positioned to learn of new unmet needs and to understand the market openings that can shared with SMEs to match their innovative solutions to these unmet needs. To exploit expertise ECHAlliance plans to work through their Ecosystem network to focus on unmet need and co-creation.

There are currently 25 regions working within the ECHAlliance ecosystem network where each hold quarterly meetings, meaning over 100 gatherings a year to exploit the expertise. This will be carried out using three approaches:

- Inter- Ecosystem Groups. Across the network we have specific groups focusing on identified challenges. Learning and expertise from Fill the Gap will be fed through the group chair and onto specific leaders internationally.
- Showcasing learning in plenary. Learning will be exploited to specific regions through attendance at and plenary sessions to share the expertise and key learning points.
- Round table discussions. Through the international ecosystem network, ECHAlliance provides opportunities for health authorities and their partners to bring to the table key challenges they are facing.

Using the lessons learnt, Stichting Digitalezorg.nl will use the Co-creation service in multiple vertical cooperation to find unmet needs in the specific sectors and challenge SMEs and start-ups to find suitable solutions.

The first partnership involves the Dutch association of hospitals, representing most of the Dutch hospitals, with over 120 members. The association includes an innovation chapter that is setup to

bring the innovation managers together and discuss how to include innovation on the strategic agenda. And it is with that chapter, the partnership will source unmet needs and with a combined effort companies are challenged to come up with solutions. In the first meetings we will challenge the innovation managers to submit relevant unmet needs. SDZ will guide the process based on the methodology developed by the GET project. After the results are published, SMEs and start-ups will be challenged to propose solutions and during an event the innovation managers and SMEs and start-ups will come together to discuss the proposals and negotiate how to move further.

The second partnership involves the knowledge centre of mental healthcare, specifically towards children. The knowledge centre represents the major child mental health institutions in The Netherlands. The knowledge centre has identified 75 innovative solutions. In a combined effort, we will now challenge the healthcare providers to identify still unmet needs. In a later stadium, companies will be challenged to provide solutions.

In both partnerships, Stichting Digitalezorg.nl will lead the challenges and support the companies that are selected to provide the solutions to the unmet needs. Support includes internationalisation, recruit funding and develop the business model and partnerships. The hospital association contract SDZ to perform this task. The mental health knowledge centre will partner with SDZ and SDZ will be sponsored by third parties.

e) List of recommendations/good practices for the GET methodology in light of a potential application to other sectors.

Overall Policy:

- Specialization (eHealth in the case of GET) is key for delivering value to mature start-ups and investors. Perhaps when entrepreneurs are in a less mature stage it is not so important to have a good understanding of a concrete market, but when dealing with more mature organizations, trust-building is critical. For that, you need to prove quickly that you do not sell smoke, have your networks and can add value. Furthermore, private investors tend to invest in a limited number of sectors, so a very horizontal scope might not be appealing to them.
- There too many events, too few services in offer. Organizing events is easy. Delivering value is much harder. Obviously service-delivery may need events, but organizers should avoid the "let's meet and see what happens" towards carefully planned value delivery.
- Leverage 3rd party events to multiply traction and synergies to save time and money to the whole community.
- Incorporate more business-oriented incentives to obtain public RTD funding even at proposal time.
 - a. Improve the templates for submitting EC innovation proposals by explicitly asking for details of their business models. Show that sustainability matters and should be addressed at proposal time.

- b. Increase the weight of business-related criteria in RIAs and IAs, following the example of the SME Instrument. Including the presence of clear exploitation partner(s) in the consortium. Incentives are a critical driver for change.
- c. Invite evaluators that are business-friendly to have a healthy mix with academics and other stakeholders.
- d. Stop funding incremental research that goes no-where and basically feeds the ones that know the rules of the game or have deep pockets. Aim for either disruption or big impact, at get the message across to the potential applicants.

GET on Track

- Set up training programs that force entrepreneurs to systematically get out of the building to interact with the market and improve their business model. Giving them the theory is not enough, their day-to-day activities will. Periodic, intensive follow up is critical for traction.

GET Funded

- SMEs and startups need pitch-coaching
- Identifying the truly active investors is crucial
- Networking events require a minimum attendance of investors (minimum 30)
- Follow ups are critical

GET Global

Internationalization is a challenging service to deliver. Future work in this area will need to consider the following 4 areas:

1. SMEs need support to understand international markets

Feedback from SMEs identified that a key role for the GET Global service was to provide market insights to SMEs so that they could refine the marketing of their solutions and their internationalisation plans to take account of local requirements.

SMEs also fed back that a multi modal communication approach was beneficial to meet business and personal needs.

2. Potential partners and buyers are just as important as the SME

Accessing international markets involves a huge investment for an SME. Meeting large companies as potential partners in an international market could help SMEs to develop their activities in foreign markets with a smaller investment. Projects need to invest resource and time into finding and understanding those partners and buyers and ensuring relevant matchmaking is achieved in a timely way.

3. Facilitated matchmaking is efficient and effective

Feedback from SMEs suggests that the pre-arranged matchmaking offered were both efficient and effective. SMEs and buyers valued the ability to preview profiles reducing the time wasted on inappropriate matchings, and having short 15 minute meetings were enough to make initial contact and decide if the attendee is a potential partner or buyer for future follow-up.

4. Provide a variety of services to ensure each SME can access tailored services to meet their specific requirements

By providing a variety of services ranging from generic, through to direct and bespoke meant that each SME was able to access services which were relevant to them and meant resources were used efficiently

Fill the gap

- Involve more the entrepreneurs in the need searching process, in order to favour later take-up. Entrepreneurs needs to feel that they 'own' the idea as soon as possible.
- Identify needs is easy, but only a fraction of them are worthy business-like. Do not overwhelm with too many of them.

Dissemination

- Each project needs its own set of media channels. Although F6S was successfully used for another FP7 project (FICHe with over 2300 followers), it did not work for GET. Also LinkedIn was not as productive. Throughout the project we tried different channels and the most effective were Twitter and SlideShare.
- Stand-alone events are difficult to promote and recruit participants for. By joining existing third party event, the project benefitted from the exposure of the main event and potential participants are already onsite

3 Use and dissemination of foreground

This section describes the dissemination measures available in the public domain. Since there have been no scientific (peer reviewed) publications relating to the foreground of the project, the table A2 below shows the list of all dissemination activities, executed and planned, for the GET project foreground. Please note that the project has not produced any exploitable foreground per se, as all information resources are public and free, so no further tables have been incorporated to the report. Exploitation plans have been addressed in the previous section.

3.1 Section A

- **Template A1:** Not applicable
- **Template A2:** List of all dissemination activities

NO.	Type of activities	Main leader	Title	Date/Period	Place	Type of audience	Size of audience	Countries addressed
1	Repository items	SDZ	Sharing the repository items among the FICHe followers and participants.	Ongoing	F6S	Startups and SMEs	2300+	Europe
2	Event	ECHA	'GET Funded & International' session @ eHealth Forum, Athens,	2014/05	Athens	Startups and SMEs	56	Europe
3	Event	H20	GET Funded session at eHealth Week 2014	2014/05	Athens	Mix	56	Europe
4	Event	ECHA	EU Marketplace for eHealth & EIP on Active and Healthy Ageing, j	2014/09	Brussels	SMEs	174	Europe
5	Event	H20	Traction at Health 2.0 Fall Conference 2014	2014/09	Santa Clara, California	SMEs and investors	300	Global
6	Event	H20	8th Health 2.0 Fall Conference 2014	2014/09	Santa Clara, California	Mix	2000	Global



7	Event	H20	EC2VC #1 at Health 2.0 Europe 2014	2014/11	London	SMEs and investors	135	Europe
8	Event	TBM	Patients meeting during Health 2.0	2014/11	London	Patients	70	Europe
9	Event	TBM	Iberoamerican eHealth exchange. Organised by HIMSS Europe	2014/11	Madrid	Hospitals	100	Worldwide
10	Event	FVH	Nordic Health Technology & eHealth Forum 2015	2015/01	Helsinki	mix	4000+	Europe
11	Event	ECHA	Health & Wellness @ Mobile World Congress	2015/03	Barcelona Spain	Mix	250+	Global
12	Event	ECHA	Fill the Gap. Medicines Optimisation in Belfast	2015/03	Belfast UK	SMEs and startups	175	Europe
13	Event	ECHA	'GET on Track: Start up SMEs do business in health' @ Northern Ireland Connected Health Ecosystem	2015/03	Belfast UK	Startups and SMEs	30	Europe
14	Challenge	SDZ	Challenge using the methodology of identifying unmet needs in the hospitals @NVZ, dutch association of hospitals	2015/03	Utrecht	Hospitals and SMEs	100	The Netherlands
15	Event	FVH	Get on Track. Barcelona event during Health 2.0 Conference	2015/05	Barcelona	Startups and SMEs	10	Europe
16	Event	FVH	Fill the Gap. Barcelona event during Health 2.0 Conference	2015/05	Barcelona	Startups and SMEs	10	Europe
17	Event	FVH	Upgraded Life Festival 2015	2015/05	Helsinki	mix	300	Europe
18	Event	H20	EC2VC #2 at Health 2.0 Europe 2015	2015/05	Barcelona	SMEs and investors	100	Europe



19	Event	TBM	GET inspired. Barcelona event during Health 2.0 Conference	2015/05	Barcelona	Mix	60	Europe
20	Event	H20	Health Tech Summit 2015	2015/06	Lausanne	SMEs and investors	240	Europe
21	Bootcamp	SDZ	Bootcamp on eHealth business models @eHealthWeek	2015/06	Amsterdam	Startups and SMEs	10	Europe
22	Webinar	ECHA	Get Global webinar: 'eHealth business opportunities and things to consider when entering the USA market'	2015/07	Online	SMEs	47	Europe
23	one to one support	ECHA	Get Global – SMEs & Expert 1-2-1 sessions with US expert Dave Whitlinger	2015/07	Online	SMEs	6	Europe
24	Session Leader	ECHA	AAL FORUM: Reach the market: new models for business development and distribution networks	2015/09	Ghent	mix	75	Europe
25	Event	H20	EC2VC #3 at Innovation + Investment in Healthcare Summit	2015/09	Munich	Mix	175	Europe
26	Article	H20	Article published on http://www.e-comlaw.com/	2015/09	Across Europe	Mix	Digital and Printed Media	Europe
27	Session participation	SDZ	AAL FORUM: How to catch the investor's attention	2015/09	Ghent	mix	50	Europe
28	Session participation	TBM	AAL FORUM: Taking innovation in AAL across the EU market	2015/09	Ghent	mix	75	Europe
29	Event	H20	Traction at 9th Health 2.0 Fall Conference 2015	2015/10	Santa Clara, California	SMEs and investors	300	Global



30	Event	H2O	9th Health 2.0 Fall Conference 2015	2015/10	Santa Clara, California	Mix	2000	Global
31	Press release	SDZ	Closing project press release	2015/10	Online	Media		Europe
32	Session participation	TBM	ICT days 2015. Presentation of eHealth CSAs for WP 2016-17	2015/10	Lisbon	mix	80	Europe
33	Session participation	TBM	ICT days 2015. Beyond public funding session.	2015/10	Lisbon	mix	80	Europe
34	Booth	TBM	ICT days 2015. Promotion of outputs of of the GET project	2015/10	Lisbon	mix	80	Europe
35	Meeting	TBM	Concertation meeting in Brussels	2015/11	Brussels	EU Projects	20	Europe
36	Meeting	TBM	StartUp Europe. Promotion of outputs of of the GET project	2015/11	Brussels	mix	20	Europe
37	Event	ECHA	Manchester Connected Health Ecosystem	2015/12	UK	Mix	150 approx	Europe
38	Event	ECHA	York and Humber Connected Health Ecosystem	2015/12	UK	Mix	150 approx	Europe
39	Event	FVH	Nordic Health Technology & eHealth Forum 2016	2016/01	Helsinki	mix	4000+	Europe
40	Event	ECHA	Digital Health & Wellness Summit @ Mobile World Congress 2016	2016/02	Barcelona	Mix	300	Worldwide
41	Event	SDZ	US Startup tour HIMSS '16	2016/03	Las Vegas	Startups & SMEs	30	Europe
42	Bootcamp	SDZ	Bootcamp eHealth business models @Med-e-Tel	2016/04	Luxembourg	Startups & SMEs	10	Europe



43	Event	H20	Health 2.0 Europe 2016 - 7th edition / 3 day conference	2016/05	Barcelona	Mix	600	Europe
44	Event	H20	Fiche Closing Event at Health 2.0 Europe 2016	2016/05	Barcelona	Mix	600	Europe
45	Event	H20	Startup Clinic 2nd edition at Health 2.0 Europe 2016	2016/05	Barcelona	Early stage SMEs, investors payers and providers	50	Europe
46	Event	H20	EC2VC 4th edition at Health 2.0 Europe 2016	2016/05	Barcelona	SMEs and investors	140	Europe
47	Event	H20	Traction at 10th annual Health 2.0 Fall Conference 2016	2016/09	Santa Clara, California	Mix	350	Worldwide
48	Event	FVH	Upgraded Life Festival 2016	2016	Helsinki	mix	300	Europe
49	Event	ECHA	100 + Ecosystem connected health events across 2016	2016	Europe	Mix	15,000 approx	Europe

3.2 Section B

Not applicable



4 Report on societal implications

Replies to the following questions will assist the Commission to obtain statistics and indicators on societal and socio-economic issues addressed by projects.

A General Information *(completed automatically when Grant Agreement number is entered.*

Grant Agreement Number:

Title of Project:

Name and Title of Coordinator:

B Ethics

1. Did your project undergo an Ethics Review (and/or Screening)?

- If Yes: have you described the progress of compliance with the relevant Ethics Review/Screening Requirements in the frame of the periodic/final project reports?

No

Special Reminder: the progress of compliance with the Ethics Review/Screening Requirements should be described in the Period/Final Project Reports under the Section 3.2.2 'Work Progress and Achievements'

2. Please indicate whether your project involved any of the following issues (tick box) :

YES

RESEARCH ON HUMANS

- Did the project involve children?
- Did the project involve patients?
- Did the project involve persons not able to give consent?
- Did the project involve adult healthy volunteers?
- Did the project involve Human genetic material?
- Did the project involve Human biological samples?
- Did the project involve Human data collection?

X

RESEARCH ON HUMAN EMBRYO/FOETUS

- Did the project involve Human Embryos?
- Did the project involve Human Foetal Tissue / Cells?
- Did the project involve Human Embryonic Stem Cells (hESCs)?
- Did the project on human Embryonic Stem Cells involve cells in culture?
- Did the project on human Embryonic Stem Cells involve the derivation of cells from Embryos?

PRIVACY

- Did the project involve processing of genetic information or personal data (eg. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)?
- Did the project involve tracking the location or observation of people?

RESEARCH ON ANIMALS

- Did the project involve research on animals?
- Were those animals transgenic small laboratory animals?
- Were those animals transgenic farm animals?



• Were those animals cloned farm animals?	
• Were those animals non-human primates?	
RESEARCH INVOLVING DEVELOPING COUNTRIES	
• Did the project involve the use of local resources (genetic, animal, plant etc)?	
• Was the project of benefit to local community (capacity building, access to healthcare, education etc)?	
DUAL USE	
• Research having direct military use	No
• Research having the potential for terrorist abuse	

C Workforce Statistics

3. Workforce statistics for the project: Please indicate in the table below the number of people who worked on the project (on a headcount basis).

Type of Position	Number of Women	Number of Men
Scientific Coordinator	2	2
Work package leaders	1+0+2+2	1+1+1+1
Experienced researchers (i.e. PhD holders)		1
PhD Students	<input type="text" value="0"/>	<input type="text" value="0"/>
Other		
4. How many additional researchers (in companies and universities) were recruited specifically for this project?		4
Of which, indicate the number of men:		<input type="text" value="2"/>

D Gender Aspects

5. Did you carry out specific Gender Equality Actions under the project? Yes No

6. Which of the following actions did you carry out and how effective were they?

	Not at all effective	Very effective
<input type="checkbox"/> Design and implement an equal opportunity policy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Set targets to achieve a gender balance in the workforce	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Organise conferences and workshops on gender	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Actions to improve work-life balance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="text"/>	

7. Was there a gender dimension associated with the research content – i.e. wherever people were the focus of the research as, for example, consumers, users, patients or in trials, was the issue of gender considered and addressed?

- Yes- please specify
- No



E Synergies with Science Education

8. Did your project involve working with students and/or school pupils (e.g. open days, participation in science festivals and events, prizes/competitions or joint projects)?

Yes- please specify: STARTIFY7 Summer academy

No

9. Did the project generate any science education material (e.g. kits, websites, explanatory booklets, DVDs)?

Yes- www.get-ehealth.eu/repository/

No

F Interdisciplinarity

10. Which disciplines (see list below) are involved in your project?

Main discipline²¹: 3.3 and 2.3

Associated discipline²¹: _____ | Associated discipline²¹: _____

G Engaging with Civil society and policy makers

11a Did your project engage with societal actors beyond the research community? (if 'No', go to Question 14)	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

11b If yes, did you engage with citizens (citizens' panels / juries) or organised civil society (NGOs, patients' groups etc.)?

No

Yes- in determining what research should be performed

Yes - in implementing the research

Yes, in communicating /disseminating / using the results of the project

²¹ Insert number from list below (Frascati Manual).

11c In doing so, did your project involve actors whose role is mainly to organise the dialogue with citizens and organised civil society (e.g. professional mediator; communication company, science museums)?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

12. Did you engage with government / public bodies or policy makers (including international organisations)

No

Yes- in framing the research agenda

Yes - in implementing the research agenda

Yes, in communicating /disseminating / using the results of the project

13a Will the project generate outputs (expertise or scientific advice) which could be used by policy makers?

- Yes – as a **primary objective** (areas in bold below indicated)
- Yes – as a **secondary objective** (please indicate areas below - multiple answer possible)
- No

13b If Yes, in which fields?

Agriculture Audiovisual and Media Budget Competition Consumers Culture Customs Development Economic and Monetary Affairs Education, Training, Youth Employment and Social Affairs	Energy Enlargement Enterprise Environment External Relations External Trade Fisheries and Maritime Affairs Food Safety Foreign and Security Policy Fraud Humanitarian aid	Human rights Information Society Institutional affairs Internal Market Justice, freedom and security Public Health Regional Policy Research and Innovation Space Taxation Transport
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13c If Yes, at which level?

- X Local / regional levels**
- X National level**
- X European level**
- X International level**

H Use and dissemination

14. How many Articles were published/accepted for publication in peer-reviewed journals?	0
To how many of these is open access²² provided?	
How many of these are published in open access journals?	
How many of these are published in open repositories?	
To how many of these is open access not provided?	
Please check all applicable reasons for not providing open access:	
<input type="checkbox"/> publisher's licensing agreement would not permit publishing in a repository <input type="checkbox"/> no suitable repository available <input type="checkbox"/> no suitable open access journal available <input type="checkbox"/> no funds available to publish in an open access journal <input type="checkbox"/> lack of time and resources <input type="checkbox"/> lack of information on open access <input type="checkbox"/> other ²³ :	

15. How many new patent applications ('priority filings') have been made? <i>("Technologically unique": multiple applications for the same invention in different jurisdictions should be counted as just one application of grant).</i>		0
16. Indicate how many of the following Intellectual Property Rights were applied for (give number in each box).	Trademark	0
	Registered design	0
	Other	0
17. How many spin-off companies were created / are planned as a direct result of the project?		0
<i>Indicate the approximate number of additional jobs in these companies:</i>		
18. Please indicate whether your project has a potential impact on employment, in comparison with the situation before your project:		
<input type="radio"/> Increase in employment, or <input type="radio"/> Safeguard employment, or <input type="radio"/> Decrease in employment, <input type="radio"/> Difficult to estimate / not possible to quantify	<input type="radio"/> <input type="radio"/> <input type="radio"/>	In small & medium-sized enterprises In large companies None of the above / not relevant to the project

²² Open Access is defined as free of charge access for anyone via Internet.

²³ For instance: classification for security project.

19. For your project partnership please estimate the employment effect resulting directly from your participation in Full Time Equivalent (FTE = one person working fulltime for a year) jobs:	<i>Indicate figure:</i> Difficult to estimate / not possible to quantify
Difficult to estimate / not possible to quantify	

I Media and Communication to the general public

20. As part of the project, were any of the beneficiaries professionals in communication or media relations? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. As part of the project, have any beneficiaries received professional media / communication training / advice to improve communication with the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Which of the following have been used to communicate information about your project to the general public, or have resulted from your project?

<ul style="list-style-type: none"> <input type="checkbox"/> Press Release <input type="checkbox"/> Media briefing <input type="checkbox"/> TV coverage / report <input type="checkbox"/> Radio coverage / report <input type="checkbox"/> Brochures /posters / flyers <input type="checkbox"/> DVD /Film /Multimedia 	<ul style="list-style-type: none"> <input type="checkbox"/> Coverage in specialist press <input type="checkbox"/> Coverage in general (non-specialist) press <input type="checkbox"/> Coverage in national press <input type="checkbox"/> Coverage in international press <input type="checkbox"/> Website for the general public / internet <input type="checkbox"/> Event targeting general public (festival, conference,
23 In which languages are the information products for the general public produced?	
<ul style="list-style-type: none"> <input type="checkbox"/> Language of the coordinator <input type="checkbox"/> Other language(s) 	<ul style="list-style-type: none"> <input type="checkbox"/> English

Question F-10: Classification of Scientific Disciplines according to the Frascati Manual 2002 (Proposed Standard Practice for Surveys on Research and Experimental Development, OECD 2002):

FIELDS OF SCIENCE AND TECHNOLOGY

1. NATURAL SCIENCES

- 1.1 Mathematics and computer sciences [mathematics and other allied fields: computer sciences and other allied subjects (software development only; hardware development should be classified in the engineering fields)]
- 1.2 Physical sciences (astronomy and space sciences, physics and other allied subjects)
- 1.3 Chemical sciences (chemistry, other allied subjects)
- 1.4 Earth and related environmental sciences (geology, geophysics, mineralogy, physical geography and other geosciences, meteorology and other atmospheric sciences including climatic research, oceanography, vulcanology, palaeoecology, other allied sciences)
- 1.5 Biological sciences (biology, botany, bacteriology, microbiology, zoology, entomology, genetics, biochemistry, biophysics, other allied sciences, excluding clinical and veterinary sciences)

2. ENGINEERING AND TECHNOLOGY

- 2.1 Civil engineering (architecture engineering, building science and engineering, construction engineering, municipal and structural engineering and other allied subjects)
- 2.2 Electrical engineering, electronics [electrical engineering, electronics, communication engineering and systems, computer engineering (hardware only) and other allied subjects]
- 2.3. Other engineering sciences (such as chemical, aeronautical and space, mechanical, metallurgical and materials engineering, and their specialised subdivisions; forest products; applied sciences such as geodesy, industrial chemistry, etc.; the science and technology of food production; specialised technologies of interdisciplinary fields, e.g. systems analysis, metallurgy, mining, textile technology and other applied subjects)

3. MEDICAL SCIENCES

- 3.1 Basic medicine (anatomy, cytology, physiology, genetics, pharmacy, pharmacology, toxicology, immunology and immunohaematology, clinical chemistry, clinical microbiology, pathology)
- 3.2 Clinical medicine (anaesthesiology, paediatrics, obstetrics and gynaecology, internal medicine, surgery, dentistry, neurology, psychiatry, radiology, therapeutics, otorhinolaryngology, ophthalmology)
- 3.3 Health sciences (public health services, social medicine, hygiene, nursing, epidemiology)



4. AGRICULTURAL SCIENCES

- 4.1 Agriculture, forestry, fisheries and allied sciences (agronomy, animal husbandry, fisheries, forestry, horticulture, other allied subjects)
- 4.2 Veterinary medicine

5. SOCIAL SCIENCES

- 5.1 Psychology
- 5.2 Economics
- 5.3 Educational sciences (education and training and other allied subjects)
- 5.4 Other social sciences [anthropology (social and cultural) and ethnology, demography, geography (human, economic and social), town and country planning, management, law, linguistics, political sciences, sociology, organisation and methods, miscellaneous social sciences and interdisciplinary, methodological and historical SIT activities relating to subjects in this group. Physical anthropology, physical geography and psychophysiology should normally be classified with the natural sciences].

6. HUMANITIES

- 6.1 History (history, prehistory and history, together with auxiliary historical disciplines such as archaeology, numismatics, palaeography, genealogy, etc.)
- 6.2 Languages and literature (ancient and modern)
- 6.3 Other humanities [philosophy (including the history of science and technology) arts, history of art, art criticism, painting, sculpture, musicology, dramatic art excluding artistic "research" of any kind, religion, theology, other fields and subjects pertaining to the humanities, methodological, historical and other SIT activities relating to the subjects in this group]

