MasterMind

Deliverable D9.1

D9.1 Report on liaison activities with other EU and international initiatives

MASTERMIND
"MAnagement of mental health diSorders Through advancEd technology and seRvices – telehealth for the MIND"
GA no. 621000

D9.1 Report on liaison activities with other EU and international initiatives

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AUTHORS:	Emilie Nielsen, RSD.
	Thea Syse, RSD
	Christiaan Vis, VUA
	Janne Rasmussen, NHS24

Report on liaison activities with other EU and international initiatives: Summary of participation in concertation initiatives and bilateral meetings with other EU funded projects

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EXECUTIVE SUMMARY

The document reports on the liaison activities carried out throughout the MasterMind project.

In order to identify the liaison activities, a questionnaire was developed to collect input from each partner / partner organisation. This means that the report covers liaison at both project level and partner level.

The liaison in MasterMind has primarily focused on participation in EU and non-EU events and initiatives, involvement in the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA), the use of the European assessment framework Model for Assessment of Telemedicine (MAST), and research collaborations with other projects.

The partners have participated in several EU and non-EU initiatives as shown in the overview below.

European	Local, Regional & National	International
20 events	26 events	6 conferences
9 projects	17 projects	1 project
8 initiatives that could influence policy	13 initiatives that could influence policy	3 initiatives that could influence policy

In summary, the project has contributed to liaison in the following ways:

- The partners have collected information relevant to support the deployment of the MasterMind services and the exchange of knowledge at European level.

- MasterMind has used the MAST evaluation framework, and has been part of the harmonisation of the framework to support assessment of eMental health services.

- The project has been active in the EIPonAHA, and has initiated the involvement of mental health in the partnership to ensure an increased focus on mental health in active and healthy ageing.

- MasterMind has had impact in terms of providing input and participating in initiatives that can influence the fields of telemedicine, telehealth and eMental health.

- MasterMind has engaged in research collaborations with a number European projects working in the field of mental health.

- The project has had the opportunity to include the experiences of MasterMind in influential green papers, recommendations and guidelines that will potentially influence the field of telemedicine, telehealth and (e)Mental health.

- At partner level, MasterMind has been part of 26 local, regional and national events where liaison has occurred. The partners have also collaborated with 17 local, regional and national projects and programmes, and transferred experiences and lessons learned.

- From the questionnaire results, it is evident that MasterMind has had an impact on the local settings and influenced the health area in the partner regions. MasterMind has, among other things, initiated a discussion on reimbursement of video-based

psychotherapy, and put pressure on policy makers in relation to initiating national roll-outs of cCBT.

- The MasterMind project has also reached beyond European borders, and has been part of 6 international events.

Overall, this report shows that liaison and creation of synergies strengthens the deployment of eHealth services and creates added value for all parties. The MasterMind partners have been highly active in liaison activities which ensure a flow of information, knowledge and experiences. Further, this report shows how important it is to create awareness about liaison and the potential of being involved in liaison activities for the benefit of local, European and international activities and health settings.

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1   Introduction

1.1   Purpose of the document

This document reports on the liaison activities that have been carried out with EU and non-EU initiatives in the MasterMind project. The report takes into consideration the liaison activities at both project level and partner level during the project lifetime.

This D9.1 reports on past activities; D9.2 supplements this report by describing the possibilities for future liaison and wider deployment of MasterMind.

1.2   Objective

The overall objective of WP9 is to keep the project in sync with other EU and non-EU initiatives with similar or complementary objectives to MasterMind, and to foster, when appropriate, the exchange of information and ideas and any other kind of synergy between MasterMind on the one hand and these other initiatives on the other.

This report, D9.1, reports on liaison activities with other EU and international initiatives, including a summary of participation in concertation initiatives and bilateral meetings with other EU funded projects covering:

- participation in concertation initiatives promoted by the European Commission;
- participation and organisation of bilateral meetings with other EU funded and international projects with similar or complementary objectives;
- feedback to the Consortium about relevant issues coming from both the concertation initiatives and meetings with other EU and non EU f projects.

1.2.1   Definition of liaison in MasterMind

In MasterMind, liaison activities have been defined as activities where there is synergy between the activities of two or more parties, and where added value has been identified in the exchange of information in relation to these activities. Liaison is often confused with dissemination; it is therefore important to note that liaison refers only to activities in which there is an interaction between two or more parties, and the exchange and processing of information.

As the report revolves around the MasterMind liaison activities, MasterMind will always be one of the parties benefiting from these activities. In this context, MasterMind is represented through the consortium members' organisations in relation to their project activities and involvement.

The liaison report distinguishes between EU and non-EU initiatives. For non-EU initiatives, a further distinction has been made between regional, national and international initiatives, where regional and national refer to initiatives which take place within a local, regional or national context, but which are not linked to any EU funded initiative.

International initiatives have international coverage and involvement beyond European borders.

2   Methodology

The information included in this report is partly based on relevant activities identified by the WP9 leader, but mainly on information collected in a survey based on a methodological approach.

2.1   The questionnaire

As part of WP9, a questionnaire was developed and distributed to all project partners through an online survey tool (Survey-Xact). All partners in the project were requested to complete the questionnaire as a partner organisation, rather than as individual project participants, in order to get a comprehensive overview of activities carried out by the entire organisation where successful and valuable liaison has been identified. The questionnaire and its content are included in Appendix A.

The input provided by the partners regarding their liaison activities is considered extremely relevant, as the partners' activities and efforts often result in liaison and transfer of knowledge and project activities.

Many activities are carried out at national, regional and local level; the questionnaire seeks to uncover information about these activities that would have been challenging to retrieve otherwise.

A similar questionnaire was distributed in the European project United4Health. In relation to the questionnaire, a FAQ was developed and sent out along with the questionnaire to the partners in case clarifications were needed during the completion of the questionnaire. The FAQ can be found in Appendix B The joint development of the questionnaire and the FAQ can be considered as a liaison activity with the United4Health project.

During 2016, the questionnaire link was distributed in two rounds (January and November 2016) to ensure that the partners' input was updated for the final report, and that all liaison activities were reported before the project ended.

The information collected through the questionnaires has fed directly into this report, and is represented in tables throughout the report. The conclusions of the responses by each partner organisations serve as the foundation for the success of the liaison and the conclusions of this report. Furthermore, the results from the questionnaires support D9.2 in mapping potential deployment and developments beyond MasterMind to ensure that the results from MasterMind are shared in the proper fora.

A total of 24 partners completed the questionnaire during the two rounds.

Table 1: Partners questionnaire responses

Partner/Organisation	Number of responses
FAU	1
RSD	3
SALUD	1
GGZ Ingeest	1

Partner/Organisation	Number of responses
Badalona Serveis Assistencials	1
Powys teaching Health Board	1
ASLTO3	1
TUT	1
VU University Amsterdam	1
METU	1
NHS 24	1
ASLTO3	1
Schoen Try2	1
Norwegian centre for integrated care and telemedicine	1
LHA9	1
SALUD	1
EAAD	1
Kronikgune / Osakidetza	3
ULSS TV	1
Conselleria de Sanidade-Sergas	1
TOTAL:	**24**

The questionnaire was distributed as a generic link so each partner organisation could identify the relevant person to complete it. A questionnaire in a generic link must be completed once it is opened, which caused some challenges for some respondents. However, the incomplete answers were in most cases copies of complete responses, so it has not affected the input provided.

3   Activities

In MasterMind, the project and partners have been engaged in different types of activities, which represent liaison activities. Further, the collaboration with the project's committed regions reflects activities to foster liaison and synergies in exchanging experiences in relation to the MasterMind services. This section gives a brief introduction to the activities and focus areas for liaison in MasterMind.

3.1   Events

The MasterMind project has been visible in a number of events during the project. The type of events covers everything from large events promoted by the European Commission, to scientific conferences, international conferences and regional and local events where liaison and synergies have been the outcome. The high visibility of the project plays an important role in the opportunities for building liaison.

3.2   EIPonAHA

In 2012, The European Commission initiated the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)[1], which is a very important EU initiative. The overall aim of EIPonAHA is to increase the average healthy lifespan by two years by 2020, and pursue a triple win for Europe:

- enabling EU citizens to lead healthy, active and independent lives while ageing;

- improving the sustainability and efficiency of social and health care systems;

- boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

This should be achieved through a number of Action Groups in the three areas of prevention and health promotion, care and cure, and active and independent living of older people:

- A1 Prescription and adherence.

- A2 Falls prevention.

- A3 Prevention of functional decline and frailty.

- B3 Integrated care.

- C2 Independent living.

- D4 Age-friendly environments.

In addition to the Action Groups, EIPonAHA has Reference Sites, which are regions and organisations that can demonstrate examples and best practices for active and healthy ageing.

Several MasterMind partners are involved in the EIPonAA as reference sites, and as part of the action groups. See Appendix B for a complete overview of the MasterMind partners'

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[1] http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=about

commitments in EIPonAHA. The list may not be exhaustive as the table is based on the partners' answers to the questionnaire.

3.3 MAST

MasterMind has been evaluated using the MAST (Model for Assessment of Telemedicine) evaluation model, as have several other European projects. MAST is a well-validated and widely used assessment methodology based on the Health Technology Assessment methodology.

Originally, the MAST model was developed for telemedicine solutions in a project funded by the European Commission; in 2016, the model was validated and adapted to other health related areas.

By using MAST, the project can achieve a systematic and multidisciplinary assessment of the impact of the services, and produce convincing and reliable results in accordance with scientific guidelines.

The MAST framework includes three elements:

- Preceding considerations of a number of issues that should be considered before an assessment of a telemedicine application is initiated.

- A multidisciplinary assessment of the outcomes the intervention within seven domains: Health problem and characteristics of the application; Safety; Clinical effectiveness; Patient perspectives; Economic aspects; Organisational aspects; and Socio-cultural, ethical and legal aspects.

- An assessment of the transferability of results found in the scientific literature and results from new empirical studies.

3.4 Research collaboration

MasterMind is active in many activities related to liaison, including research collaboration with other projects. Apart from joint meetings and participation in relevant conferences, MasterMind is involved in several research activities (e.g. PhD projects) overlapping with other relevant projects and initiatives. These research activities apply knowledge obtained through MasterMind, but they also feed knowledge back to the project, and thereby strengthen the project's liaison with other projects and initiatives; at the same time, they enrich the results obtained on both sides of the equation.

3.5 Uptake seminars

In February 2016, MasterMind hosted an uptake seminar where a targeted group of experts and policy makers were engaged to support the further uptake of project outcomes, the project results, and how these could be implemented outside MasterMind.

The experts offered their critical view on the steps taken by the project to promote the uptake of the eMental health services, and presented recommendations for future activities and initiatives. Therefore, the seminar supported both the identification of possible liaison opportunities within the project lifetime, and possibilities for liaison to promote wider deployment of MasterMind.

4   Results

This section presents the results of the liaison activities described in the previous section, both at project level and partner level. The results show some overlapping activities, but project level liaison refers to activities where the project as a whole has benefitted from the liaison, while partner level liaison refers to activities where the partners have benefitted from the liaison.

4.1   Liaison on project level

4.1.1   Liaison in relation to events

The tables listed under liaison at partner level reflect many of the events in which liaison has been obtained at project level. Therefore, the points below are not exhaustive:

- Effort has been put into the project's participation at the yearly conferences: European Health Forum Gastein; and European Telemedicine Conference.

- In 2014, the project was presented in a session about telemedicine alongside the projects Renewing Health and United4Health, amongst others.

- In 2015, MasterMind took part in the organisation and presentation of a session on how to best take advantage of the social innovation and technological progress available in preventing and treating mental illness. This session was a collaboration between representatives from the European Commission (DG Research), the EU funded projects E-COMPARED and MasterMind, the Global Alliance of Mental Illness Advocacy Networks-Europe, and the Black Dog Institute in Australia.

- The MasterMind project hosted a mid-term workshop as part of the European Telemedicine Conference in 2015.

4.1.2   Liaison between EIPonAHA and MasterMind

The partners have reported the following liaison and synergies between EIPonAHA and MasterMind. The actual synergies are reflected in the summary below, based on the examples from the partners:

- The "European Scaling-up strategy in Active and Healthy Ageing" became during 2015 a relevant part of the EIPonAHA, which is a EC Initiative started in 2012. It represented a meaningful point of reference in terms of scaling-up strategy for a further sustainability of eMental health services implemented at local level through the Mastermind project.

- The ccVC service is being provided mainly to elderly people living at rural areas. The sessions performed between the physicians at the Primary Care Centre and the psychiatrists at the Mental Health Care Unit reinforce the integrated care approach.

The project has initiated the involvement of eMental Health in the partnership to bring forward the lessons learned in MasterMind, and also an increased focus on mental health in relation to active and healthy ageing in Europe.

4.1.3   Liaison in relation to MAST

MAST was originally developed in the MethoTelemed project by a multinational team led by the Odense University Hospital. Odense University Hospital is part of the Region of Southern Denmark, which is the Coordinator of MasterMind. Several team-members that participated in the development and validation of MAST also participated in the evaluation of MasterMind, and have support the partners in the application of the methodology. Having partners support each other will lead to knowledge transfer towards organisations which are not familiar with MAST.

In this way, we also ensure the interaction with other projects using the same evaluation model, and ensure that use of the model and the results are shared.

MAST has an increasing level of success both inside and outside EU funded projects, and among organisations involved in the deployment of complex telemedicine interventions such as the MasterMind services. The approach provides a structured framework to assess the effectiveness of telemedicine applications and their contribution to quality of care, but with enough freedom to alter the framework to the service / solution in question.

MasterMind is therefore participating in the harmonisation of assessments for eHealth; MasterMind is the first project to use MAST for mental health solutions, and this work will be incorporated in an adaptation and further validation of the framework.

4.1.4   Liaison in relation to research collaboration

4.1.4.1 eCare@Home

Facts

eCare@Home is funded under the AAL programme.
http://www.aal-europe.eu/projects/ecarehome/

There are four partners in the project. The project has been completed.

Aims/Objectives

The eCare@home (eCH) project aims to develop and test a connected digital health service system for the promotion of self-management and the detection of early warning signs of relapse in older adults (aged 60 years and above) with a bipolar disorder or recurrent depression, to empower the patient, and to facilitate contact with the caregiver. The system enables the digitally supported monitoring of symptoms and serve as a platform for remote assistance to patients at home. Furthermore, it encourages social interaction by providing a platform for communication with family and friends, to promote inclusion in the digital society.

Services

The core service delivery platform of eCH is the tablet user interface software. This gives the user access to a broad range application based services created by the eCH project, including IP communication with their clinician.

Expected results

The system promotes possibilities for self-management and independence for older adults with mental disorders, and helps to improve social interaction; thereby increasing the care potential of their professional / informal carers.

Link to MasterMind (Added value for MasterMind)

Although targeted at elderly with chronic depressive disorder, the eCare@home project also made an attempt to introduce a new cCBT care concept in a specialised care setting. Of specific interest to MasterMind is the experience gained in developing system requirements for such treatments in a collaborative setting. Concrete methods for controlling minimal system requirements and the value of early end-user involvement and incremental system design are relevant to the work in MasterMind, and the further uptake and implementation of such services in routine practice.

4.1.4.2 E-COMPARED

Facts

E-COMPARED is funded by FP7, and includes 14 partners.
http://www.e-compared.eu/

Aims/Objectives

E-COMPARED aims to provide mental healthcare stakeholders with evidence-based information and recommendations about the clinical and cost-effectiveness of blended depression treatment. Comparative Effectiveness Research is conducted in nine European countries to determine what treatment works best, for whom, and under what circumstances. Current practice of Cognitive Behavioural Therapy (CBT) in routine and specialised mental healthcare is compared with innovative 'blended' treatment for depression.

The central assumption is that both forms of treatment will lead to similar clinical improvements in patients (non-inferior), but that the blended form can be offered at significantly lower costs.

Services

Besides the internet-based therapy, the ICT platforms contain: a mobile phone component, presenting CBT therapies to the patient and enabling daily monitoring of the state of the patient; an intelligent reasoning system, that provides automated tailored feedback to patients and professionals on the basis of patient progress; and finally, the ability to collect data through Ecological Momentary Assessment.

Expected results

The project will deliver evidence-based recommendations for national and European mental health policy and decision makers that allow them to make informed decisions regarding the uptake of internet-based treatments into primary and specialised care for patients suffering from depression. E-COMPARED will furthermore provide a better understanding in the evaluation of clinical- and cost-effectiveness in real-life treatment settings.

Link to MasterMind (Added value for MasterMind)

MasterMind concerns a summative evaluation of implementing cCBT and ccVC in routine practice in 15 European regions. The project setup does not allow for direct comparisons of the effects and costs of treatment as usual versus cCBT. As such, the evaluation is limited to observations of symptom reduction and impact on budgets. The added value to MasterMind is that E-COMPARED does engage in comparative effectiveness research (in a multi-centre RCT design). Amongst others, E-COMPARED will deliver tools and recommendations for modelling cost-effectiveness of (blended) cCBT in a given routine care setting. When combined, the budget impact analyses in MasterMind estimating the implement costs, and the economic modelling in E-COMPARED, will provide nuanced and more accurate information regarding the implementation costs and cost-effectiveness of cCBT in routine care.

4.1.4.3   iCare

Facts

iCare is funded by Horizon2020 and includes 13 partners
https://www.icare-online.eu/en/

Aims/Objectives

The objective of iCare is the development of one common platform with validated online interventions for prevention, early recognition, and treatment of common mental health problems, such as anorexia, bulimia, low self-esteem, anxiety and depression. The platform and interventions are then distributed throughout Europe.

Services

The iCare online platform encompasses evidence-based risk detection, disease prevention, and treatment facilitation for common mental health disorders. There are seven clinical trials included in iCare which are designed to investigate the effectiveness of online interventions for a variety of mental health problems.

Expected results

iCare is designed to improve existing healthcare models, open new access paths, and overcome traditional implementation barriers. Also, iCare expects to reduce the economic burden in Europe of common mental health problems by enabling more European countries to implement online interventions.

Link to MasterMind (Added value for MasterMind)

iCare primarily engages in efficacy and effectiveness research of various eMental health interventions, including cCBT for depressive disorder, anxiety, and eating disorders in both adult and adolescent populations. In addition, iCare will also evaluate specific dissemination activities that are designed to strengthen the uptake and implementation of cCBT based interventions in routine practice. Recommendations stemming from these evaluations target the ability to reach patients, adoption by professionals, concrete implementation, and issues maintaining the services in practice, and not only effectiveness. The factors found in MasterMind can inform these dissemination activities and vice versa; the outcomes of the dissemination trials can inform further uptake and implementation of the MasterMind services.

4.1.5 Liaison in relation to the uptake seminar

The uptake seminar was held in Treviso on 10th February 2016, and is described in detail in the document "MasterMind Uptake Seminar White Paper".

The uptake seminar has supported the wider uptake of the MasterMind services. The experts invited to the seminar liaised with MasterMind, and provided their experience and knowledge on how ensure wider deployment and fast uptake of eMental Health services in their particular organisation / setting. This means that MasterMind has benefitted from the liaison with the experts at the uptake seminar in terms of taking the project forward beyond the project duration. Furthermore, the experts were introduced to the project, project activities and preliminary results; this has resulted in liaison especially with WHO (World Health Organisation) which can pass on the results to relevant communities for further liaison.

4.2 Liaison at partner level

4.2.1 Liaison with EU-initiatives

4.2.1.1 EU events, conferences and workshops

The MasterMind partners have participated in a wide range of EU supported or EU promoted events (conferences, workshops etc.) with a topic similar to and/or complementary to that of MasterMind. During these events, the partners have collected information valuable to MasterMind. These initiatives indicate the different opportunities the project has had for liaising in a European context, and the events that have been relevant for MasterMind to participate in.

Table 2: EU liaison events

Name of event	Type of event	Audience
The 2014 EU Summit on chronic diseases. 3rd-4th April 2014	Conference	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
Evidence generation and successful knowledge transfer in public health. 19th April 2014	Conference	- Decision makers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
Innovation and Technologies for Integrated Mental Healthcare. 28th-29th April 2014	Workshop	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry
Cool North. 30th Sep-1st Oct 2014	Conference	- Politicians and Government (incl. Civil servants)

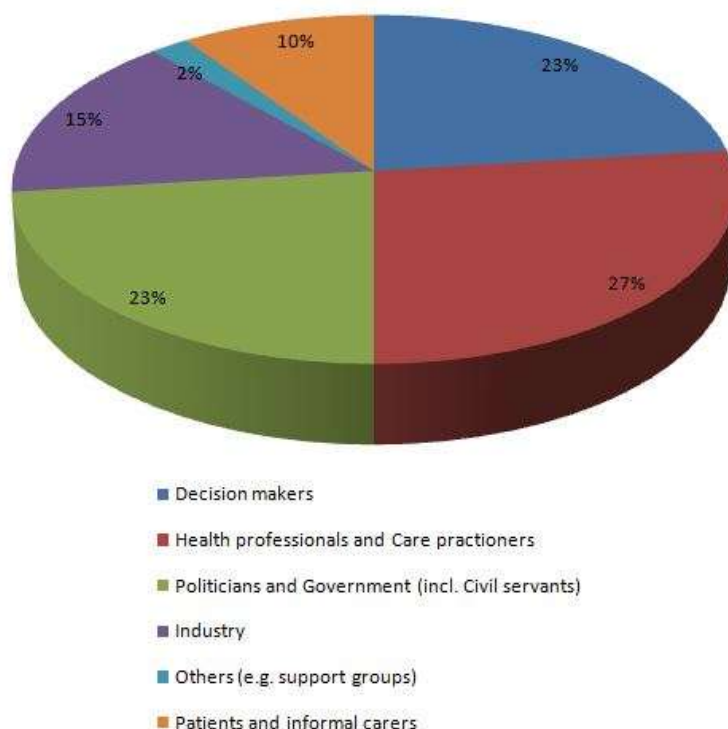| Name of event	Type of event	Audience
Signo Conferences. 22nd-24th October 2014	Conference	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
ADOCARE. 20th-21st January 2015, Brussels 6th-7th February 2015, London 4th-5th March 2015, Stockholm 17th-18th March 2015, Rome 16th October-2014, European Parliament, Brussels 3rd December-2015, European Parliament, Brussels	4 workshops and 2 conferences	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
European Summit on Innovation for AHA. 8th -9th March 2015	Conference	- Decision makers - Patients and informal carers - Health professionals and Care practitioners
Digital Health and Care Conference. 17th June 2015	Conference	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
International foundation for integrated care (IFIC). July 2015	Conference	- Health professionals and care practitioners
1st Roman Forum on Suicide. 17th-18th September 2015	Conference	- Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
NPA annual conference 2015 - state of the region. 30th September 2015	Conference	- Politicians and Government (incl. Civil servants)
Implementation Science and Mental Health. ENMESH international conference. 1st-3rd October 2015	Conference	- Health professionals and Care practitioners
Connected Health. Latin-American Telemedicine Forum. 23rd-25th November 2015	Conferences	

Name of event	Type of event	Audience
4th Conference of Partners of EIP-AHA. 9th-10th December 2015	Conference	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
Eufori (Filantropy). January 2016	Workshop	- Decision makers - Industry - Politicians and Government (incl. Civil servants)
Joint Action on Mental Health and Well-being. 21st-22nd January 2016	Conference	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
International conference on integrated care. May 2016	Congress	
European Health Forum Gastein. 28th-30th September 2016	Conference	- Decision makers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
ETC. 21st October 2016	Conferences	- Decision makers - Health professionals and Care practitioners - Industry
E-Compared project. 3rd-4th November 2016	Consortium meeting	- Others (e.g. support groups)

Audience profile

In relation to the EU initiatives, the primary target groups are health professionals and care practitioners (27%), decision makers (23%) and politicians and government (23%). This gives an indication of the groups the MasterMind partners have been in contact with and liaised with during the project.

Table 3: Audience profile: EU initiatives

- Decision makers
- Health professionals and Care practioners
- Politicians and Government (incl. Civil servants)
- Industry
- Others (e.g. support groups)
- Patients and informal carers

4.2.1.2 Collaboration with EU projects and programmes

The MasterMind partners have collaborated with a number of EU funded projects and programmes with similar topics as MasterMind. The field of eMental Health has become increasingly relevant; it is therefore important to identify fruitful collaboration with other EU projects and programmes. The table below shows an overview of the collaboration with other EU projects and programmes that the partners have found relevant and valuable for their work in the project.

Table 4: List of EU projects and programmes

Type	Name	Added value for MasterMind
Project	FI-STAR	Experience and knowledge in providing cCBT for patients with bipolar disorder. An on-line application was developed for patients with bipolar disorder, similar to the one designed for Mastermind.
Project	United4Health	Experience in deploying complex integrated care pathways in several organisations across Osakidetza.
Project	CareWell	Three partners mentioned this project: - Experience in deploying complex interventions. - The lessons learned have been used related to the coordination and communication between healthcare professionals and empowering the patient and/or caregiver, and home-based care and support based on the use of information and communication technologies (ICT). - Use and utilisation of simpler technologies with patients.

Type	Name	Added value for MasterMind
Consortium meeting	E-COMPARED	Comparative Effectiveness Research on the clinical and cost effectiveness of blended CBT versus treatment as usual in eight countries in the European Union.
Initiating	ImpleMentAll	Tailored implementation strategies for cCBT for depressive disorder. Starting from the barriers and facilitators identified in MasterMind (a.o.), the ImpleMentAll project seeks to develop and test tailored strategies to implement cCBT in routine practice in a more efficient manner.
Project	Joint Action on Mental Health and Well-being	Information and analysis about the state of e-health, including telehealth. Information about the treatment gaps.
Project	eCAP	Two partners mentioned this project: - Cooperation and exchange of experiences. - Shared experience in use of video.
Project	ComMent	The added value for the MasterMind project hopefully lies in the establishment of online based mental health projects; learnings from MM will also feed into the ComMent project.
Conference (Youth mental health: from continuity of psychopathology to continuity of care, 16-18 of December 2014, Venice, Italy)	MILESTONE	MILESTONE aims to improve the transition of adolescents with mental health problems who become adult, and thus need to be transferred from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). At this moment, the link between both service types is very weak, hence many adolescents who need help get lost during the transition period. MILESTONE identifies care gaps in current services across diverse healthcare systems, and evaluates an innovative transitional care model. One of the work packages creates clinical, organisational, policy and ethics guidelines for improving care and outcomes for transition age youth. Video conference may facilitate the transition period. It could be incorporated into the guidelines as a good example.

The project and programmes mentioned in the table above show that the partners in MasterMind have found relevant information and experience from a number and variety of projects, not just in the field of mental health. The comments show that the partners have shared many experiences with other EU projects and programmes to the benefit of both MasterMind and the other projects, which is the indication of liaison. In the case of the CareWell project, the liaison is related to the experiences in implementing ICT based communication. In the case of the Joint Action on Mental Health and Well-being, the liaison is related to knowledge exchange on the state of eHealth and telehealth; and in the case of FI-STAR, the liaison is related to the development of a cCBT online application for bipolar disease. These examples show a broad range of liaison activities that reflect that MasterMind is a project related to different topics such as integrated care, ICT components, more mental health specific aspects (cCBT), video consultations and telehealth in general.

4.2.1.3 Other EU initiatives

Other initiatives cover activities not related to conferences, events, EIPonAHA and projects / programmes. Other initiatives have been incorporated to cover participation in initiatives

where the project could have influence; so in the questionnaire, partners were asked to report on their participation in EU initiatives and activities that could potentially influence the field of telehealth, telemedicine and (e)mental Health (e.g. Green Papers, Recommendations, Policies, Working Groups etc.).

Table 5: Other EU initiatives

Type	Name	Thematic link to MasterMind	Relevance for MasterMind
Research Project	CareWell	Telehealth	Implementation experiences and project resources and expertise shared.
Green paper		Ehealth	
Project		mHealth	Research and feasibility implementation
Framework for Action	Joint Action on Mental Health and Well-being	mHealth	The framework suggests the use of e-health solutions, including telehealth.
Publication from the Joint Research Centre	SIMPHS 3 - Strategic Intelligence Monitor on Personal Health Systems	Personal Health Systems	The case studies include a wide range of initiatives.
Green paper	mHealth	mHealth	It aims to help identify the way forward at EU level, so that mHealth can reach its full potential.
Recommendation	Joint Action on Mental Health and Well-being	Participation in the WP about depression, suicide and e-health	The recommendations will be adapted to the varying levels of resources available in countries; the MM tools (cCBT, ccVC) fit the recommendations.
Recommendation and guidelines	ADOCARE - Guidelines towards good mental health care for adolescents in Europe	Improve mental health care for adolescents by focussing on themes such as accessibility and collaboration between services	See table 3.

From the table, it is evident that MasterMind partners have been part of a number of initiatives where it has been possible to have influence on the fields of telehealth, telemedicine, and (e)Mental Health, and use the MasterMind experiences in a wider perspective. In this case, it is not only in relation to the field of mental health, but also telehealth, eHealth and mHealth more broadly. It shows liaison in different contexts at project, research and political level.

4.2.2 Liaison with non-EU initiatives (Local, regional and national)

In order to distinguish between initiatives related to a European setting, and initiatives related to the partners' local, regional and national settings and activities, the questionnaire was divided to reflect this. The partners' responses reveal many local activities and efforts to support synergies among projects, initiatives etc.

4.2.2.1 Local, regional, and national events, conferences and workshops

The partners have reported their participation in local, regional or national events with a topic similar to and/or complementary to that of MasterMind, where they have collected information that could be valuable to MasterMind. They have also reported on the audience present at the event; this provides an indication of the people with whom they have liaised.

Table 6: Local, regional and national liaison events

| Name of event	Type of event	Audience
Wild at hearth and weeird on top 2010	Project	- Health professionals and Care practitioners
National Congress on health care for chronic patients 27th-29th March 2014	Congress	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
E-RESATER "Innovation and technology for integrated care in mental health" (SUDOE-INTERREG programme) 29th April 2014	Congress	- Patients and informal carers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
Jornadas de atencion integrada en euskadi November 2014	Conference	
International Conference in Integrated Care 27th-30th March 2015	Conference	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
National Congress on Psychiatry 24th-26th September 2015	Congress	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)

Name of event	Type of event	Audience
International Conference of the European Network for mental health service evaluation 1st-3rd October 2015	Conference	
Jornada de buenas practicas November 2015	Conference	- Health professionals and care practitioners
Jornada de salud digital December 2015	Conference	
Navigando verso il Fascicolo Salute mentale e informatizzazione: stato dell'arte e opportunità in Regione del Veneto 10th February 2016	Conference	- Decision makers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
Affrontare la depressione on-line: un approfondimento del progetto Mastermind 5th March 2016	Educational professional workshop	- Health professionals and Care practitioners
Dansk psykiatrisk selskab 17th March 2016	Conferences	- Health professionals and care practitioners
National congress on healthcare for chronic patients 7th-8th April 2016	Congress	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
International Conference in Integrated Care 23rd-25th May 2016	Conference	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. Civil servants)
Interpsyk. Summer and fall 2016	Working on a project	- Decision makers
ESRII 22nd-23rd September 2016	Conference	- Health professionals and Care practitioners
Immagini della depressione 14th October 2016	Conference at the Municipality	- Patients and informal carers - Public - Politicians and Government (incl. Civil servants)
European telehealth Conference 15-16/10 2016	Conference	

Name of event	Type of event	Audience
International Congress on telemedicine and health evaluation 20th-21st October 2016	Congress	
National Congress on Psychiatry 27th-29th October 2016	Congress	
Le depression 11th-12th November 2016	Conference	- Health professionals and care practitioners
Terapi psicologiche per ansia e depressione: costi e benefici 18th-19th November 2016	Conference	- Health professionals and Care - Politicians and Government (incl. Civil servants)
Workshop with municipality of Tromsø 28th November 2016	Workshop	- Health professionals and care practitioners
Regional cooperation conference 2016 30th November 2016	Conference	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
Experiences of family caregivers of persons with severe mental illness: An international exploration 2016	Workshop	- Decision makers - Patients and informal carers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)
Warme Steden (Warm Cities) 2016	Workshop	- Decision makers - Health professionals and Care practitioners - Politicians and Government (incl. Civil servants)

Audience profile

In relation to the local, regional and national initiatives, the primary target groups have been health professionals and care practitioners (27%), decision makers (27%) and politicians and government (20%). This gives an indication of the groups the MasterMind partners have been in contact with and liaised with during the project.

Table 7: Audience profile local, regional and national events

- Decision makers
- Health professionals and Care practiners
- Politicians and Government (incl. Civil servants)
- Industry
- Public
- Patients and informal carers
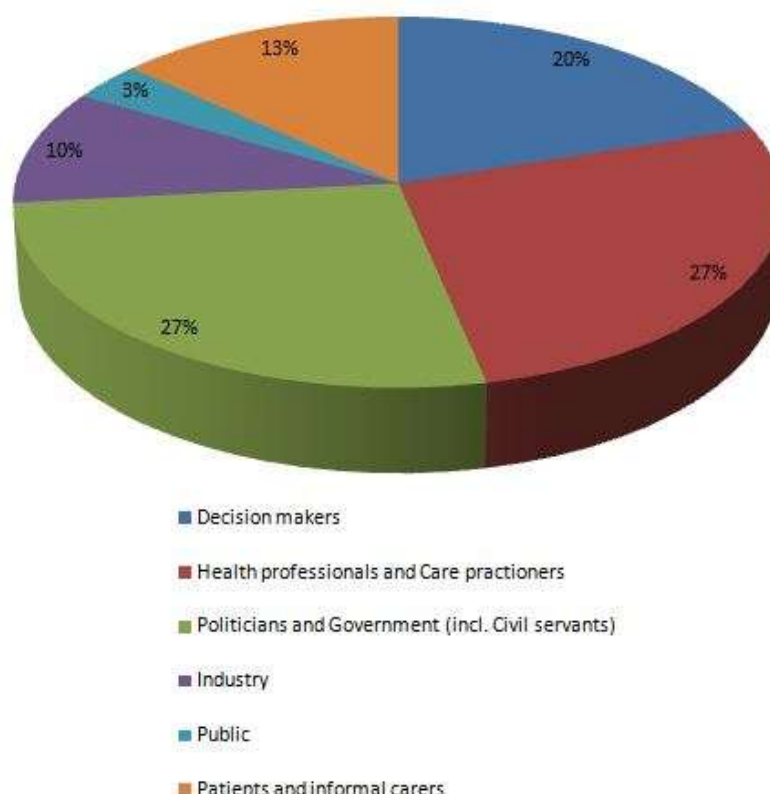
4.2.2.2 Collaboration with local, regional and national projects and programmes

The partners were asked if they have collaborated with any local, regional or national projects or programmes with similar topic as MasterMind. They were also asked to explain why the collaboration has provided added value to MasterMind.

Table 8: List of local, regional and national projects and programmes

Type	Name	Added value for MasterMind
Programme	cCBT TEC	Expansion and sustainability of cCBT in Scotland.
Programme	Dialectical Behaviour Therapy	Could be seen as a stepped therapy beyond online cCBT.
Local programme	Technical guide for treating depression in primary care	We adapted the procedure in order to apply it in Mastermind project, videoconference liaison programme.
PhD study	Qualitative study on the use of video	Gives information on what goes on in video conferencing patients compared to face-to-face.
Programme using video	Using video conferences across municipalities and psychiatry	Another upscaling project.
PhD study	The use of videoconferencing in acute care	Gives more information on implementing video in acute care.

Type	Name	Added value for MasterMind
Project	SIGRA	mHealth for vulnerable citizens in Amsterdam.
IHCC & Welsh Government	International Health Coordination Centre	Senior decision makers' and policy makers' awareness and input to the process.
Public-private project	Caring.me	Similar exercise as Mastermind related to cCBT. Pilot going on in Badalona with 200 patients and a clear business model.
Programme	Choose the life	Commitment of local professionals and civils to use e-health solutions, including telehealth.
Project	DeVaVi	Some of the same challenges and technical solutions.
Project	TUBITAK 113E624	Future collaborations.
Project	TEC, Florence	Text messaging to patients, improved communication and treatment compliance.
Project	Methodological, structural and capacity enhancement in mental health promotion, public health and social services supporting people at risk of or struggling with mental health problems	Local implementation experiences of new tools.
Project	Intromat	Secure continuation of relevant programmes for treatment.
Project	Fengselshelseprosjektet	Also uses VC in treatment of patients.
Project	Jobb smartere	Introduces VC solutions that are used in MasterMind.

According to the table, the MasterMind partners have had a collaboration with a number of local, regional and national projects and programmes that have supported the liaison and fostered synergies at partner level. It shows that experiences from local projects have been applied to MasterMind, e.g. the adaptation of a procedure for using technical guidance in treatment of depression in primary care. The liaison has also supported the use of MasterMind experiences in a local context, e.g. the introduction of VC solutions used in MasterMind.

4.2.2.3 Other local, regional and national initiatives

The partners had the opportunity to add other initiatives at local, regional and national level that were not related to EU initiatives where they have participated in initiatives and activities that could potentially influence the field of telehealth, telemedicine, and (e)Mental Health (e.g. Green Papers, Recommendations, Policies and Working Groups).

Table 9: Other local, regional and national initiatives

Type	Name	Thematic link to MasterMind	Relevance for MasterMind
Telehealth	Various	Florence, CareWell project	Telehealth solutions that could be interoperable solutions.
Working Group	Forum ITESSS	Integrated Care	ICT deployment to foster Integrated Care.
Co-authoring Danish psychological Association guidelines for online psychological services			Guides principles for psychologists also in the area of cCBT.
Sanitary e-structured protocol (process)	Proceso atención integrada en EPOC	mHealth	We have learnt how to engage general practitioners in innovation programmes.
Establish research group on e-mental health	E-mental in the region of southern Denmark	E-mental	The pilots in mastermind in Denmark are included in this group.
Telehealth Review in Powys	Telehealth Review in Powys	Standardisation and utilisation of systems	We are in Powys currently reviewing the systems available and linked to telehealth and looking at the best ways to ensure utilisation and benefit of such systems, some of which are directly linked to our MasterMind project.
Recommendations, Guidelines, Policies	Mental Health Strategy in Hungary	mHealth initiatives	The willingness and commitment of the political decision makers.
Working Group	Innovation Team of the Barmer Health Insurance Company	Reimbursement	Continuing funding of telemedicine in Germany and possible guideline for other countries.
Research	Global Telehome Care	Telehealth	Tackling the social isolation and loneliness of older people living at home by daily telephone calls with a trained nurse. At the same time, information is gathered concerning their health condition.
Recommendations	Jobb smartere	Use of video conference in health care sector	We used their technical solution.

Type	Name	Thematic link to MasterMind	Relevance for MasterMind
Recommendations	E-Bup	Use of VC in mental health	Use of VC with young patients.
Recommendations	Tromsø municipality	Want to use cCBT	Asked us for advice.
Policy	National welfare technology programme	Architecture, mHealth, welfare technology	Future policy recommendations.

The table shows that MasterMind partners have participated in several local, regional and national initiatives, and have had the possibility of influencing the fields of telehealth, telemedicine and (e)Mental Health. Similarly to the EU initiatives, the initiatives are not only related to mental health, but also ICT, engagement of users, use of video consultations, and policy recommendations.

4.2.2.4 Local, regional and national influence

The partners in MasterMind have reported where they have had the opportunity to influence local, regional and national initiatives such as political decisions and strategies and recommendations. The partners have reported how MasterMind actually influenced these initiatives and brought added value.

Table 10: Influence on local, regional and national level

Title	Type	Level	Status	MasterMind influence
Mental Health Strategy	Strategy	National	Under Development	Inclusion of cCBT as a key deliverable.
Piedmont Region - Assessorato Sanità	Strategy and Recomendation	Regional	Under development	MasterMind is monitored by the Piedmont Region to assess whether it is a possible alternative to prescription of antidepressants in treatment of mild depression.
Psychological Therapy Provision	Strategy	Regional	In effect	Provided additional and different service delivery options.
		Local	In effect	Co-operation between hospitals.
Influences policy regarding national roll-out of cCBT		National	Under development	The European focus on this area increases pressure on national authorities. Additional, it helped to scale the service to a level which has a real impact.
Mental health services in the Region of Southern Denmark	Regulation	Regional	In effect	Prames are included in Tele-psychiatric centre.

Title	Type	Level	Status	MasterMind influence
Re-imbursement of Video-based Psychotherapy	Policy	National	Under development (implemented but up for revision after 1000 patients)	MasterMind initiated the discussion.
Discussion on credibility of online therapy for therapists in training	Policy	Regional	Under development	The MasterMind project initiated the discussion.
Jobb smartere	Recommendations	Regional	Late in development	Technical pilot for VC solution.

The table shows that MasterMind partners have had an influence on a number of local, regional and national contexts by means of liaison activities. This shows that MasterMind has had an impact, and that the partners' participation in the project has supported the activities in their individual regions. In one case, MasterMind has initiated the discussion on reimbursement of video based psychotherapy.

4.2.3 Liaison with non-EU initiatives (international)

International initiatives are also under this category; however, it was found relevant to make a distinction and have international initiatives in a separate section.

4.2.3.1 International liaison events

The partners have participated in a couple of international events where they have collected information valuable to MasterMind. The events are shown in the table below.

Table 11: International liaison events

Name of event	Type of event	Audience
Xxx 2015	Project NIH (USA)	- Health professionals and Care practitioners
Latin-American Forum. Connected Health. 23rd-25th November 2015	Conference	- Decision makers - Health professionals and Care practitioners - Industry - Politicians and Government (incl. civil servants)
ISRII 8th scientific meeting 22nd-23rd September 2016	Conference	- Others (e.g. support groups)
ESRII 4th scientific meeting 22nd-23rd September 2016	Conference	- Decision makers - Health professionals and Care practitioners - Others (e.g. support groups)

Name of event	Type of event	Audience
WPA - World Psychiatric Association. 18-22/11 2016	International Congress	- Health professionals and Care practitioners
A comprehensive assessment for networks in mental health care. How can interRAI contribute to practice, policy and research? 20th April 2017	Conference	- Health professionals and Care practitioners - Politicians and Government (incl. civil servants)

4.2.3.2 Collaboration with international projects and programmes

The partners were asked to report on collaboration with international projects and programmes with a similar topic. Additionally, they have reported the added value for MasterMind.

Table 12: International projects and programmes

Type	Name	Added value for MasterMind
Project	Implementing the model for provision of youth friendly health care services in Vilnius municipality.	This project will develop an internet based service based on the MasterMind cCBT for young people in Vilnius. We will share experiences, consult and work together to create training programmes.

One partner has identified collaboration with an international project that is focused on liaising with Vilnius municipality on the development of an internet based cCBT service based on MasterMind. This liaison is an excellent example of how liaison can support the wider deployment of MasterMind.

4.2.3.3 Other international initiatives

Three initiatives at an international level where they have participated in an initiative that could potentially influence the field of telehealth, telemedicine, and (e)Mental Health (e.g. Green Papers, Recommendations, Policies and Working Groups).

Table 13: Other international initiatives

Type	Name	Thematic link to MasterMind	Relevance for MasterMind
Working group	IFOTES (International Association of Telephone Emergency Services)	mHealth	The online emergency services use several tools which can be useful for telehealth (skype, chat etc.).
Working group	iFightDepression working group / annual meeting 15th November 2016	Implementation of online based self-help programme iFightDepression across Europe, testing the effectiveness of the tool in different EU countries.	iFightDepression has been used and is still tested within the MasterMind project (Italy, Estonia).
Working group	ETHEL innovation initiatives	Implementation challenges.	Future implementation of services like MasterMind.

5 Conclusion

5.1 Summary

It is evident that the MasterMind project and partners have been part of numerous liaison activities that have been relevant for the project, with added value.

The table below shows the number of events and initiatives identified by the partners.

Table 14: Overview of liaison activities

European	Local, Regional & National	International
20 events	26 events	6 conferences
9 projects	17 projects	1 project
8 initiatives that could influence policy	13 initiatives that could influence policy	3 initiatives that could influence policy

A large amount of the information provided in this report was collected with the questionnaire developed in the WP. The idea behind the questionnaire was to obtain knowledge about the liaison activities that might not be obvious in daily operations, and to show that the project is actually creating value by means of liaison.

The number of liaison activities reported through the questionnaire shows that it was a suitable methodology for collecting information on liaison activities, as the liaison at partner level is quite extensive.

5.2 Added value

At project level, MasterMind has been part of 20 events, conferences and workshops that has proven relevant for the project. The partners have collected information relevant to support the deployment of the MasterMind services. Furthermore, MasterMind has presented the project activities and results during some of these events, and such presentations have proven valuable for the participants in these events, as the experiences from the project can be transferred to other settings. The audience profiles in these events show that the project has liaised with important stakeholders; it is positive that the project has had the opportunity to liaise with care professionals and decision makers.

MasterMind has used the MAST evaluation framework and has been part of the harmonisation of the framework to support assessments of eMental health services. A number of the project participants have had previous experiences with the framework, and the exchange of knowledge is an example of liaison in the harmonisation. Also, the further development and adaptation of the framework can benefit from the MasterMind MAST assessment to expand the use of the framework.

The project has been active in the EIPonAHA, and the knowledge and experiences that are part of the partnership can be valuable for MasterMind and the further deployment of the project services and lessons learned. Also, the project has initiated the involvement of mental health in the partnership to ensure an increased focus on mental health in active and healthy ageing and the impact of mental health in this field.

MasterMind has been engaged in specific research collaborations with three European projects working in the field on mental health. However, the project has collaborated with nine projects in total; the synergies and exchange of experiences is related to mental health specific aspects, but also to deployment of eHealth services in general. The MasterMind experiences have also been transferred to many of these projects.

The project has had the opportunity to include the experiences from MasterMind in influential green papers, recommendations and guidelines that will potentially influence the field of telemedicine, telehealth and (e)Mental health on several occasions; eight initiatives have been reported by the partners.

At partner level, MasterMind has been part of 26 local, regional and national events where liaison has occurred. The partners have also collaborated with 17 local, regional and national projects and programmes, and identified the relevance of this collaboration. The experiences and lessons learned in MasterMind have therefore been transferred to local initiatives by the partners, and show a positive outcome of liaison activities at local level for the further deployment of eHealth services. Also, the services used in MasterMind have been used in other local projects. The audience profiles of the events support this, as the participants at these events have primarily been care professionals and decision makers.

From the questionnaire results, it is evident that MasterMind has had an impact on the local settings, and influenced the health area in the partner regions. MasterMind has among other things initiated a discussion on reimbursement of vide-based psychotherapy, and put pressure on policy makers in relation to initiating national roll-out of cCBT.

The results of the questionnaire indicate that the MasterMind project has had great impact on a local, regional and national level.

The MasterMind project has also reached beyond European borders, and has been part of six international events. Only one partner has reported collaboration with an international project, but it reflects the impact of liaison as this international project will develop an internet based service based on the MasterMind cCBT targeted at young people in Vilnius.

Overall, the liaison and creation of synergies strengthen the deployment of eHealth services in local settings, at a European level and in an international context, and create added value for all parties. Such liaison supports the pooling and flow of knowledge in the field, and creates awareness about liaison and the potential of being involved in liaison activities for the benefit of local, European and international activities and health settings. This report shows that MasterMind and its partners have been highly active in EU and non-EU liaison activities and initiatives, and continue to be so.

Appendix A: Overview of questionnaire for organisational liaison activities

Section 0 – respondent information

Please name the organisation you are representing:
Please state your name:
Please state your title:
Please state your email:

Section 1 - EU initiatives

> *EU initiatives* refers only to initiatives that are supported and promoted by the European Commission, even if executed at a regional or national level (e.g. Structural or Regional Funds) or limited to one part of Europe (e.g. Interreg Programme). It is however, essential that the initiative (project, event, conference, Working Group etc.) is supported and promoted through a European Commission agency.

➢ **Participation in EU supported or promoted events (Conferences, Workshops etc.) with a topic similar and/or complementary to that of MasterMind and collected information / experiences / knowledge that would be valuable to the project (MasterMind)**
  o If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
  o You can list as many as needed

➢ **European Innovation Partnership on Active and Healthy Ageing (EIPonAHA)**
  o You can then mark which Action Groups and if Reference Site
  o Describe synergies between EIPonAHA and MasterMind

➢ **Collaboration with any projects and programmes funded by the European Commission with a similar topic**
  o If yes, you are asked to list: Type; Name; Added value to MasterMind; Evidence/link to material
  o You can list as many as needed

➢ **Active participation in any of the following or similar EU initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc.)**
  o If yes, you are asked to list: Type; Name; Thematic link to MasterMind; Relevance for MasterMind; Evidence/link to material
  o You can list as many as needed

- ➢ **Knowledge of any other ongoing EU funded projects, programmes or initiatives that have similar and/or complementary objectives to MasterMind that could benefit from liaison with MasterMind, but which there has been no liaison with to date**
  - o If yes, you are asked to list: Type; Name; Relevance for MasterMind; Evidence/link to material
  - o You can list as many as needed

Section 2 - Non EU initiatives (regional and national)

> *Regional and national non-EU initiatives* refer to initiatives which take place within a local, regional or national context but which are not linked to any EU funded or international initiative. (International initiatives are covered in Section 3 of the questionnaire.)

- ➢ **Participation in local, regional, national events (Conferences, Workshops etc) with a topic similar and/or complementary to that of MasterMind and collected information / experiences / knowledge that would be valuable to the project (MasterMind)**
  - o If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
  - o You can list as many as needed

- ➢ **Collaboration with any local, regional, national projects and programmes with a similar topic**
  - o If yes, you are asked to list: Type; Name; Added value to MasterMind; Evidence/link to material
  - o You can list as many as needed

- ➢ **Active participation in any of the following or similar local, regional, national initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc.)**
  - o If yes, you are asked to list: Type; Name; Thematic link to MasterMind; Relevance for MasterMind; Evidence/link to material
  - o You can list as many as needed

- ➢ **Influence of MasterMind on any local, regional or national political decisions and strategies, recommendations, etc.**
  - o If yes, you are asked to list: Type; Level, Name; Status; Influence of MasterMind
  - o You can list as many as needed

- ➢ **Knowledge of any other local, regional or national projects, programmes or initiatives that have similar and/or complementary objectives as MasterMind that could benefit from liaison with MasterMind, but which there has been no liaison with to date**
  - o If yes, you are asked to list: Type; Name; Relevance for MasterMind; Evidence/link to material
  - o You can list as many as needed

Section 3 – Non-EU Initiatives (International)

International non-EU initiatives describe initiatives that have international coverage and involvement, hence extending beyond the European Union.

- ➤ **Participation in international events (Conferences, Workshops etc) with a topic similar and/or complementary to that of MasterMind and collected information / experiences / knowledge that would be valuable to the project (MasterMind)**
    - o If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
    - o You can list as many as needed

- ➤ **Collaboration with any international projects and programmes with a similar topic**
    - o If yes, you are asked to list: Type; Name; Added value to MasterMind; Evidence/link to material
    - o You can list as many as needed

- ➤ **Active participation in any of the following or similar international initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc.)**
    - o If yes, you are asked to list: Type; Name; Thematic link to MasterMind; Relevance for MasterMind; Evidence/link to material
    - o You can list as many as needed

- ➤ **Knowledge of any other international projects, programmes or initiatives that have similar and/or complementary objectives as MasterMind that could benefit from liaison with MasterMind, but which there has been no liaison with to date**
    - o If yes, you are asked to list: Type; Name; Relevance for MasterMind; Evidence/link to material
    - o You can list as many as needed

Section 4 – Closing remarks

If there is information you feel is relevant but which you did not find the appropriate place to enter above, please enter it here. *If relevant, please include links to more information.*

Thank you for your time and participation!

Appendix B: Q&A for WP9 Liaison Questionnaire

The questionnaire has five sections:
Section 0 – Practical Information
Section 1 – EU initiatives (incl. EIP on AHA)
Section 2 – Non EU initiatives (regional and national)
Section 3 – Non-EU initiatives (international)
Section 4 – Closing remarks

The questions for the three main sections (1-3) are for the most the same but focuses on the level of the liaison (EU Initiatives; Regional and National; and International). It is important to keep that distinction in your replies.

About the survey	
QUESTION	ANSWER
1. What activities are characterised as 'liaison'?	Activities and events where there has been/could be added value for you and MasterMind in interaction with other people, projects etc. AND where the learning and new knowledge has been/could be used actively in relation to MasterMind and associated topics.
2. How is it different from dissemination?	Dissemination can be one-way communication or activities where the purpose is to promote and present, whereas 'liaison' specifically has/could have a relevant outcome and practical consequence. For instance, you will all have participated in many conferences etc. where telehealth, chronic condition management etc. has been demonstrated, discussed etc. but it is only a liaison activity if it had a subsequent impact for you or MasterMind. You either learned something useful that you then used locally or the project did.
3. Is the dissemination information we have already provided not sufficient?	As 'Liaison' varies from dissemination (see question 1 and 2), the dissemination reporting already completed for the first period of the project does not capture the nature and outcome of any possible liaison activities. WP2 (Dissemination) will however, use the liaison information if relevant and thus we will avoid double reporting from partners.
4. What if I have no liaison to report?	If you have no liaison to report on one, two or all three levels, you simply mark No in the reply. For reporting purposes, this is still very valuable that you do this rather than not completing the survey at all.
5. What is the liaison information used for?	The survey is used to support the completion of the two mandatory deliverables in WP9.
6. What is the deadline?	The deadline is Monday February 1st 2016
7. Whom do I contact with further questions?	You can contact Emilie Nielsen @: Email: emilie.nielsen@rsyd.dk Mobile: +45 24669245

About the tool/survey link

QUESTION	ANSWER
8. Can I save information and return to complete later?	No. The survey does not allow you to save and return later to add and/or complete. If you close the survey without having pressing 'Finish' at the end, the information is lost. The survey link is generic which is why it is not possible to save your answers. *Also see Q10 for changing replies and Q11 for additional information after submission.*
9. Can I skip to the next question without relying to a question?	Yes and No. Some questions are mandatory and require a reply (Yes/No), while others are not mandatory and you can move forward to the next question without completing. *Also see Q10 for changing replies.*
10. Can I go back and change a reply?	Yes. You can always use the 'go back' arrow and change your reply. You can use the arrow to go all the way back to the start of the survey if needed
11. Can I add more information after I have submitted a response?	Yes – but not in the same response … If you have already submitted a response but have more to add, then complete a new survey and make a note in the Closing Remarks section that this response is associated to a previous one and we can manually merge.
12. How long is the survey?	There are 17 questions and some sub-questions. Completion time depends very much on how much information on 'liaison' you have to provide. If you in advance has given thoughts to what liaison you have had at the three levels, then the survey does not take long to complete, approx. 30-60 minutes. If no liaison, then much shorter.
13. Can I see how far in to questionnaire I am?	Yes. The bar below the questions will always show your completion percentage.

Appendix C: Participation in EIPonAHA

The table below shows the responses provided by the MasterMind partners when they were asked "Does your organisation or region participate in the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA)?"

Involvement / Partner organisation	A1 Prescription & adherence	A2 Falls Prevention	A3 Prevention of functional decline and frailty	B3 Integrated Care	C2 Independent Living	D4 Age-friendly Environments	Reference Site
RSD		X	X	X	X	X	X
SALUD				X			
Badalona Serveis Assistencials				X	X		
ASLTO3				X			
NHS 24	X	X	X	X	X		
KRONIKGUNE/OSAKIDETZA	X		X	X	X		X