D8.1 FIRST REPORT ON DISSEMINATION AND EXPLOITATION ACTIVITIES

WP8 – LEARNING FROM EACH OTHER & EXPLOITATION OF RESULTS

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D8.1 v1.1 CareWell First Report on Dissemination and Exploitation Activities

Executive summary

This deliverable reports in detail on the CareWell dissemination and exploitation activities during the first twelve months of the project.

Dissemination

Dissemination activities (section 2) include an elaborated multi channel dissemination and communication strategy. The strategy employs different media to reach the relevant target audience. The thematic focus of dissemination in the first year has been on development of integrated care use cases and pathways. It aimed to communicate the CareWell rationale, objectives and approach.

The major achievements of the first year include:

- Creating a visual identity including colour scheme, design guidelines, project logo, Word and PowerPoint templates.
- A project website available at www.carewell-project.eu. It describes the project and the six pilot regions' services. The website has been continuously extended and updated with 15 news items. Public project deliverables are available for download.
- Twitter allowed establishing a community of 63 followers by issuing 33 tweets on project events, publications, videos and pilot experiences.
- 2000 flyers introducing the project have been printed.
- A pull-up banner is available for use at conferences.
- Central press releases are planned for five important milestones of the project; regional press releases were issued at the project start.
- CareWell partners presented the project at 52 events.
- A set of slides for public presentation is a central source for presenting at events.
- The project has been informed on a regular basis about potential publication opportunities; 10 publications and newspaper articles have already been issued.
- 12 videos clips were produced presenting this initial phase of the project with lots of work going on regarding planning, requirements evaluation and implementation preparation.
- The consortium is well represented in the EIP on AHA; several partners are very active in the B3 Action Group on integrated care, including leading action areas such as patient empowerment and risk stratification. The project is closely cooperating and coordinating efforts with several other initiatives such as BeyondSilos and SmartCare.
- An Advisory Board of six renowned experts has been inaugurated.
- Plans for the second year include the continuation of the publication activities, regular website updates, and participation in events. Further dedicated activities planned are posters for conferences, show cases of CareWell services, and other project events.

Exploitation

Exploitation of results (Section 3) aims to make the CareWell integrated care services viable, sustainable and scalable. The final outputs of this work will be deployment plans for each of the six regions, and guidelines for deploying integrated care services all over Europe. The exploitation work uses the ASSIST approach based on Hammerschmidt,

Meyer (2014)[1] and focuses on the implementation environment and on how to optimise the service configuration. The approach has four consecutive steps:

- Stakeholder identification.
- Impact identification.
- Data collection.
- Analysing the value case – understanding the strengths and weaknesses of the service.

During the first year, the focus has been on the first two steps.

The major achievements of the first year are:

- Agreeing on a common approach and Reference database of potential cost-benefit indicators with SmartCare and BeyondSilos projects.
- Agreeing with WP7 on which data to collect and how to survey case level data from patients / clients and informal carers.
- Presentation of the approach to each site individually.
- Analysis of D2.2 and D3.1 to identify the stakeholders involved and potential impacts on each of them.
- Visual presentation of the stakeholders, the service components and potential impacts for each region.
- Discussing stakeholder and impact model with the sites.
- Validation and improvement by each site; revision of the models.

Both strands in this work package, dissemination and exploitation, are work in progress and will continue until the end of the project. Therefore this deliverable presents a snapshot in time of ongoing activities.

1 HAMMERSCHMIDT, R. & MEYER, I. (2014). Socio-economic impact assessment and business models for integrated eCare. In: MEYER, I., MÜLLER, S. & KUBITSCHKE, L. (eds.) Achieving Effective Integrated E-Care Beyond the Silos. Hershey, PA: IGI Global. doi:10.4018/978-1-4666-6138-7

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1 Introduction

1.1 Purpose of the document

This deliverable documents the activities undertaken in the first 12 month of the project in two areas:

- Dissemination.
- Exploitation of results.

Dissemination and exploitation are both strongly linked as they aim to sustain the results of the project. Dissemination is directed to the outside and aims to communicate the results and intermediary steps to different target groups that can be assumed to be interested in CareWell.

Exploitation is directed to the services produced, and aims to make the services viable and sustainable after the end of the project. Exploitation planning will lead to deployment plans for each pilot side, and to guidelines for the uptake of good practices that originate in CareWell.

1.2 Structure of the document

The document is structured in two major parts:

- Chapter 2 on **dissemination**, which introduces the communication strategy, the CareWell visual identity, and reports on the activities of the first year. This is complemented by CareWell's strategy towards important initiatives such as the EIP and the future plans for dissemination. Finally it reports on the CareWell advisory board.
- Chapter 3 on **exploitation**, which introduces CareWell's approach to showing that the services are viable, sustainable and scalable. Following this, it documents the site specific activities on value model development.

Both task are work in progress and will continue until the end of the project. Therefore this deliverable is not the final outcome, but a snapshot of ongoing activities.

1.3 Glossary

Business vs. value	Business refers to commercial services that aim to make profit; value refers to a broader concept of value added that also includes non-commercial effects and is better applicable not for profit, government services.
Business / value case	Concerns individual stakeholders in the service. „Under what conditions do we want to get involved?"
Business / value model	On the level of the whole service (all stakeholders). „Under what conditions is the service viable?"
CBA	Cost-Benefit Analysis: methodology used for SEIA. Distinctly different from cost-effectiveness analysis or cost-utility analysis. See e.g. Drummond 2005, UK HM Treasury Greenbook 2014.
CRM	Customer Relationship Management
Deployment plans	for each deployment site describing the value case and value model for the piloted service, as well as how this will be maintained in the long term

EHR	Electronic Healthcare Record
Guidelines for deployment	information, lessons learned and supporting evidence for other regions to implement services à la CareWell
SEIA	Socio-Economic Impact Assessment: approach to produce evidence supporting the creation of value cases and models, based on empirical analysis of service-related costs and benefits

2 Dissemination

The aim of dissemination is to communicate the progress of the project and its achievements to external parties. Results of the project shall be communicated to all relevant stakeholders. A dissemination and communication plan was set up to ensure that this aim can be achieved throughout the project's life cycle. The dissemination and communication plan is a living document that was established early in the project; it is reviewed regularly to adapt to upcoming opportunities. This plan is reproduced below, partly to document the strategy that the consortium is aiming to follow, and was has been achieved so far in the first year of the project.

The CareWell consortium acknowledges dissemination as a pivotal action line. Efficient dissemination is a fundamental activity, since its success contributes decisively to both the short- and long- term impact of the project and the services developed. Careful and early planning of dissemination, communication and marketing activities and the commitment of all partners is thus of great importance.

2.1 Dissemination & communication strategy

Dissemination activities are a horizontal activity within the CareWell project, and are strongly related to all other work packages. The dissemination work package receives input from different work tasks, depending on the current project phase, and interacts particularly strongly with the exploitation and evaluation work packages. Project aims, plans and (interim) results have and will be disseminated and communicated to all interested parties from kick-off onwards through a large set of different dissemination channels. In order to be effective and efficient, the dissemination strategy and channels need to:

- Be oriented towards the needs of the audience, using appropriate language and information levels.
- Include various dissemination methods: written text including illustrations, graphs and figures; electronic and web-based tools; and oral presentations at community meetings and (scientific) national and international conferences.
- Leverage existing resources, relationships, and networks fully.
- Interact with and effectively link to other relevant projects and initiatives.
- Be effectively conducted on several geographical levels, using appropriate dissemination channels.

CareWell will thus pursue a multi-dimensional and large scale dissemination approach as depicted in the figure below.

Figure 1: CareWell Dissemination & Communication Strategy

2.1.1 Key messages & topics

2.1.1.1 Dissemination & communication topics

Dissemination & communication activities will be informed by dedicated topics formulated by the consortium for time spans of between 3 and 12 months, according to the different project phases.

During each of these phases, special emphasis will be put on the assigned topic in terms of news items, short texts / blog posts, videos etc. This does not mean that all dissemination activities will solely focus on the topic currently running, but that concentrated efforts will be taken to specially promote the current dissemination topic, focusing on the appropriate means for each target group. It also facilitates overall structuring of dissemination activities and overall marketing. The suggested dissemination topics are presented in Table 1 below.

For each dissemination topic, an editorial team consisting of around three project partners will be set up. The editorial team will ensure the adequate dissemination of each topic and organise the collection and creation of content. In a first step, the target groups and appropriate dissemination means for the topic are defined. Further to this, key messages that the project will publish are proposed by the editorial team and agreed among all project partners.

For each dissemination topic, the editorial team will be set-up at the very beginning, and kicked-off with a conference call where main objectives, means and a time planning are

discussed and agreed. A chief editor will be selected who is responsible for overall management of the editorial team. Generally, the following activities are planned for each dissemination topic:

- Development of introductory documents (Blog, Vlog, Homepage on the website describing what the topic means for CareWell and what the project does in this regard; literature collection).
- Development of news items featuring the topic.
- Social network activities (Twitter).
- Summary of main achievements of CareWell.
- Transition to next dissemination topic.

For each dissemination topic, the editorial team decides on key messages to be communicated by which media and to whom. This approach ensures that key communication messages are formulated first, followed by choosing the appropriate channels and media, rather than the other way around.

2.1.1.2 Editorial teams

The proposed dissemination topics, team composition and time planning are shown in Table 1 below.

Table 1: Suggested editorial teams and time planning

Dissemination topic	Main target groups	WP	Team	Time planning
Requirements, Organisational models	Older people & patients, informal carers, health and social care professionals, care providers, third sector organisations	2/3	Ane Fullando, Kronikgune Joana Mora, Kronikgune Jess Vogt, empirica	June-December 2014
Interoperability	Older people & patients, informal carers, health and social care professionals, care providers, industry	4	Angel Faria, Osakidetza Leo Lewis, IRH Silvia Mancin, Veneto	October 2014- July 2015
Patient involvement	Older people & patients, informal carers, health and social care professionals, care providers, industry, public authorities, academia	3	Karlo Gustin, ENT Elisabetta Graps, AReS Puglia Christoph Schulz, PHB	December 2015-January 2017
Evaluation, deployment issues		6/7	Francesca Avolio, AReS Puglia Signe Dauberg, RSD Ane Fullando, Kronikgune	July 2016-January 2017
Good learning experiences	EU policy makers, academia, wider public, industry	8	Mario Kovac, FER Bruce Whitear, PHB Esteban de Manuel Keenoy, Kronikgune Leo Lewis, IRH	July 2016-January 2017

2.1.2 Dissemination objectives

CareWell will implement and regularly update a large set of different dissemination means that will pursue different dissemination objectives and target groups respectively. Following an adapted version of the marketing principle "AIDA" (Awareness, Interest, Desire, Action), the guiding dissemination principles in CareWell for the different groups of dissemination means are described in the figure below.

Awareness refers to informing the wider public of the rationale, aim, and (interim) results of the CareWell project and making the project well known in the wider public and dedicated research and practice scenes. Usual target groups are the wider public and larger groups of special target users. Appropriate dissemination means include short documents/flyers giving some general information of the project, posters, press releases, and to a limited extent also the website.

Interest means to make people who are already aware of the existence of the project curios and interested to know more and to get involved. Also, interest for dedicated sub-topics can be created by means such as presentation at conferences, videos and a well-designed project website.

Search means to keep project dissemination means updated in order to not lose the interest of the target groups as the project goes along. It also means to provide online material as well as printed materials and speeches at conferences and events. It will also be crucial to regularly engage in social media website such as Twitter or LinkedIn to keep up the interest in the project. The same is true for regular publication of news items on the project website and partner websites.

Action refers to taking action based on CareWell results. These can be dedicated target groups such public authorities or external care providers. This may in our case mean paving the way for replication of the CareWell services through dedicated exploitation workshops or informing policy makers through the active support of the EIP AHA initiative.

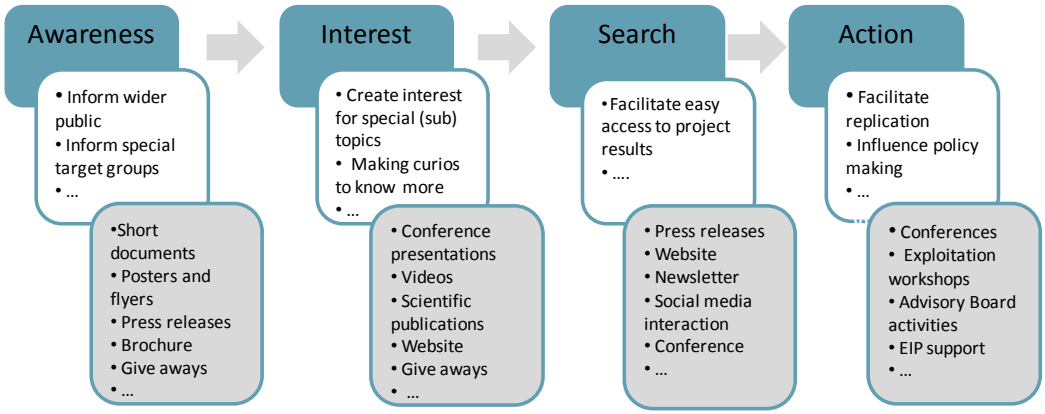

Figure 2: "AIDA"

The CareWell dissemination strategy is comprised by a set of goals:

- To widely disseminate the concept of the CareWell project and the innovative solutions and services which are developed within CareWell.
- To increase public awareness on the very sensitive and important issues in both the ICT and integrated care domain that CareWell addresses.
- Communicate the benefits of this project to the professional media, to the target service beneficiaries, to professionals working in this area (caring and delivering healthcare for those over age 65), to policy decision makers and to other interested stakeholders.

- To communicate with other R&D and EC or internationally funded related projects and initiatives, especially in the field of ICT-supported integrated care.
- To actively participate in forums related to the transfer of knowledge from academia and research centres to industry and help in the solid regulation of IPRs.
- To support policy making by actively contributing CareWell results to ongoing policy initiatives, in particular the EIP AHA.
- To facilitate service mainstreaming and replication through the publication of CareWell deployment guidelines and the conduct of exploitation workshops.
- To ensure that the project establishes and benefits from an effective network of stakeholders in the participating countries and elsewhere in Europe.
- To ensure that communication between stakeholders is effective and easy.
- To gain the trust and involve the media wherever possible to further help with dissemination.
- To establish a visual identity.

Based on these goals, and taking into account the target group definition, the communication & dissemination plan will not be static; but will be continuously updated as new opportunities for dissemination arise and new project results are available.

2.1.3 Dimensions and target groups

Identifying target groups is an important step in deriving the communication & dissemination plan. It is important to consider that while many dissemination means are a 'push out' towards the target audience, they are only effective when there are also mediums and channels for the target audiences to provide feedback and take action.

The term target groups implies all groups of people with certain characteristics that could, potentially, be interested in the CareWell project results. The reasons for being interested in CareWell may vary, and may be either personal, scientific or professional, or they may just be EU citizens interested in developments in a specific area and how these developments are going to affect their every-day life. The appropriate definition of the target groups is a crucial task, since dissemination activities and means need to be tailored to fit the specific interests (and sometimes abilities) of each group.

Dissemination activities need to be very carefully planned and need to "speak" various languages, because they address totally different target groups such as older people, the technical and research community, or business managers and policy makers etc. In order to adequately address relevant target groups, a mix of different dissemination means has been developed and is regularly updated during the project. Each dissemination means is designed according to the dedicated target group to be addressed. Target groups for each dissemination means are summarised in the table below.

Table 2: CareWell potential dissemination target groups

	Older people / patients	Informal carers	Healthcare and social care	Health and social care	Third sector organisations	Public authorities	EU policy makers	Industry	Wider public	Media	Academia
Website	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕
Poster			✕	✕	✕	✕	✕	✕			✕
Brochure, flyer			✕		✕	✕	✕				✕
Press releases						✕	✕			✕	
Presentations	✕	✕	✕	✕	✕	✕	✕	✕			✕
Scientific publications			✕	✕		✕	✕				✕
Newsletter			✕	✕	✕	✕	✕	✕			✕
Policy support						✕	✕				
Videos & Photos	✕	✕	✕	✕	✕	✕	✕		✕		
Social media	✕	✕	✕	✕	✕	✕	✕	✕	✕		
Exploitation workshops			✕		✕	✕					
Final conference			✕	✕	✕	✕	✕			✕	✕
Study visits & open days	✕	✕	✕	✕	✕			✕			

- **Older people (care clients / patients) & informal carers**: Services developed in CareWell ultimately address older people who are clients of social care providers or patients or both, making them of course a very important target group of dissemination activities. Language and format of the different dissemination means will be designed specifically for this target group. Pilot participants will, in addition, receive regular newsletters about the project to keep them informed and engaged.
- **Healthcare and social care providers & professionals**: Care providers and professionals are one of the key target groups in CareWell; their buy-in and engagement in the new services is of the utmost importance. It is thus crucial to focus different dissemination activities on this target group.
- **Public authorities:** Public authorities are one of the main players when it comes to care provision organisation and decision making. They will in CareWell be reached by a large basket of dissemination channels, as shown in the table above. The involvement of public authorities will also play a crucial role when it comes to ensuring the CareWell services will be retained as mainstream services, and when it comes to upscaling and replication of the services.
- **EU policy makers:** Support of policy making processes at supra-national level will be one of CareWell's key dissemination goals. Interaction, particularly with the members of the EIP AHA group on integrated care, will ensure that CareWell results will be exploited at EU level and inform policy making and other related projects.
- **Industry**: ICT industry needs to be informed on new developments in the field, in order to increase market potential for CareWell solutions. Addressing industry players through participation in fairs and exhibitions will be an important CareWell dissemination pathway.

- **Wider public**: Apart from dedicated target groups, CareWell will also be reachable for an interested wider public, mainly through its website and social media such as Twitter or Facebook.
- **Academia**: CareWell results such as CBA or evaluation methods and results for ICT-supported integrated care services will strongly contribute to new evidence in the field. Dissemination through journals and presentations in academic conferences is thus also crucial.
- **Media**: Unlike many of the other groups which are reached by means of journals, conferences and industry events / networking, the media present a less cohesive and focused, but important group. The media plays an important role in public education, and cannot be overlooked in that context.

2.1.4 Dissemination principles

Generally, dissemination activities in CareWell are planned following these principles:

- **Who** - target audience.
- **What** - key messages.
- **When** - timing.
- **Why** - desired outcomes.
- **How** - communication vehicle / means.
- **By whom** - responsibility for the dissemination activity.

2.1.4.1 General principles

To avoid confusion and misconceptions, and to enhance the quality of the presented material, all dissemination activities should follow a number of important principles:

- Respect Intellectual Property Rights (IPR) of all partners.
- Respect the work of all partners.
- Ensure the proper reference of all relevant parties whose work is directly or indirectly mentioned in the proposed publication.
- Follow transparent procedures.
- Respect confidential results and results where commercial issues arise.
- Avoid overlapping or duplication of dissemination events.
- Clearly distinguish between results suitable for dissemination and exploitable results.
- Target the right audience.
- Always mention CareWell and the EC / IST financial support to the project.
- Always follow the procedures described within this document.

2.1.4.2 Authorship and acknowledgement guidelines

Generally, IPR issues are regulated in the Grant Agreement and the Consortium Agreement signed by all partners. Further to this, the following authorship guidelines shall be applied to all publications of project results.

- All persons designated as authors should qualify for authorship, and all those who qualify should be listed.
- Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

- One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.
- Authorship credit should be based only on substantial contributions to:
  - concept and design, OR acquisition of data OR analysis and interpretation of data OR other particularly relevant project work; AND
  - drafting the article or revising it critically for important intellectual content; AND
  - final approval of the version to be published.
- All others who contributed to the work who are not authors should be named, with their permission, in the Acknowledgments. All CareWell partner organisations should be listed in the acknowledgements.
- The order of authorship on the by-line should be a joint decision of the co-authors. If agreement cannot be reached, authors should be listed alphabetically.
- All publications need to refer to the programme and funding scheme:
  - "This work arises from the CareWell project which is co-funded by the European Commission within the ICT Policy Support Programme of the Competitiveness and Innovation Framework Programme (CIP). Grant Agreement No.: 62098".
- Add at the end of the document: "We acknowledge the contribution of the following participants in CareWell": Name all organisations and individuals that have contributed to CareWell, e.g. those who are listed in the contact list of the project.

2.1.4.3 eAccessibility principles

Accessibility – that is access to content by everyone regardless of disability – is one key aspect of CareWell's dissemination activities, because the project does not want to exclude people from its information if this can be avoided by reasonable means. After all, key target groups of the project's dissemination are likely to experience accessibility challenges stemming from old age, illness or disability.

To cater for any accessibility related needs, e.g. potential users with functional restrictions such as visual impairments, the website has been designed according to WACAG guidelines from the beginning.

2.1.4.4 Contractual obligation of all beneficiaries

Note that dissemination & communication activities by all partners are a contractual obligation as described in the GA:

- Grant Agreement, Annex II.18. Publicity: Beneficiaries are to take appropriate measures to engage with the public and the media about the project and to highlight the financial support from the European Union.
- Grant Agreement, Annex II.14. Dissemination: Each beneficiary is to ensure that their foreground (the project's results) is disseminated as swiftly as possible. If it fails to do so, the Commission may disseminate that foreground.
- Grant Agreement, Annex II.4. Project reports, deliverables and certificates on financial statements: The consortium shall submit a final report to the Commission within 60 days after the end of the project. This final report shall comprise a final publishable summary report covering the results, conclusions and socio-economic impact of the project.
- The reports submitted to the Commission for publication shall be of a suitable quality to enable direct publication and their submission to the Commission in publishable form shall indicate that no confidential material is included therein.

2.1.4.5 Formal references you have to make

This text is taken from the EC Guide for dissemination & communication activities: http://ec.europa.eu/research/social-sciences/pdf/communicating-research_en.pdf.

You are requested to indicate at all times that your project has received funding from the European Union, using a corresponding sentence as well as the following logos:

- EU flag: High-resolution emblems can be found here: http://europa.eu/about-eu/basic-information/symbols/flag/
- CIP PSP Logo: http://ec.europa.eu/cip/documents/cip-logo/index_en.htm

More information, including specific examples, can be found at the following link (notably p.3) http://ec.europa.eu/research/pdf/eu_emblem_rules_2012.pdf.

The following is taken from Annex II to the Grant Agreement:

Publicity	II.18. Unless the Commission requests otherwise, any publicity, including at a conference or seminar or any type of information or promotional material (brochure, leaflet, poster, presentation etc.), must specify that the project has received research funding from the European Union and display the European emblem. When displayed in association with a logo, the European emblem should be given appropriate prominence. [...] Any publicity made by the beneficiaries in respect of the project, in whatever form and on or by whatever medium, must specify that it reflects only the author's views and that the European Union is not liable for any use that may be made of the information contained therein.

2.1.4.6 Support from the European Commission

There are several support mechanisms provided by the European Commission that we should take advantage of. They are listed in the table below. **Please make use of this support but clarify with empirica first and do not approach the EC directly.**

Table 3: support mechanisms provided by the EC

Online News		
Headlines on the Commission's Research and Innovation website. http://www.ec.europa.eu/research/infocentre/all_headlines_en.cfm	Headlines report on recent developments in research and innovation in Europe and beyond, and are devoted purely to projects. Suitable stories to be published on the site are selected on a daily basis.	You may submit your news (by means of a press release, event announcement or otherwise) via http://tiny.cc/gk1p
CORDIS News http://cordis.europa.eu/news/	CORDIS is the European Commission's research results portal. CORDIS News looks at recent developments in Research and innovation in Europe and beyond with a focus on political matters, interviews, events, and projects, as well as other news related to research and innovation in Europe. Suitable stories to be published on the site are selected on a daily basis.	You may submit your news (by means of a press release, event announcement or otherwise) via http://tiny.cc/gk1p

CORDIS Wire http://cordis.europa.eu/wire	CORDIS Wire functions as a small press agency, issuing news releases and event announcements submitted by FP projects.	Requires one-time registration at http://tiny.cc/gc54k
Audiovisual		
Futuris and Innovation Magazine http://www.euronews.net/ sci-tech/futuris	These are both short documentary-style television magazines in various European languages, appearing at least 22 times on the EuroNews channel throughout Europe.	EuroNews has editorial independence, but we are in contact with them to suggest good stories. Since it is television, this is interesting for visually appealing projects and demonstration activities. Please contact your project officer if you would like your project to be put forward.
Publications		
research*eu http://ec.europa.eu/research/research-eu/index_en.html	This print magazine is currently suspended and will soon reappear as an online platform, covering European research in depth, often on thematic issues.	Please check the Commission's Research & Innovation website http://www.ec.europa.eu/research/ for latest news on the new magazine.
research*eu results magazine http://www.cordis.europa.eu/news/research-eu/magazine_en.htm	This print magazine features highlights from the most exciting EU-funded research and development projects. It is published 10 times per year in English, and covers mainly the research areas of biology and medicine, energy and transport, environment and society, IT and telecommunications, and industrial technologies.	Please contact your project officer about any interesting project outcomes. Furthermore a journalist contracted by the European Commission may contact you.
research*eu focus http://www.cordis.europa.eu/news/research-eu/research-focus_en.html	This print magazine covers in each issue a specific topic of research interest. It features articles on EU policies, initiatives, programmes and projects related to research and technological development and their exploitation. It is published at irregular intervals up to six times a year in English. Exceptionally, it may be available in other European languages as well.	A journalist contracted by the European Commission may contact you.
Newsletters	Newsletters are published by the European Commission for different research areas.	Please contact your project officer to get more information on how to publish something in a specific newsletter.

Co-publications or editorial partnerships	The European Commission works with private publishers and international organisations to promote the dissemination of relevant publications. Scientific publications and books, including conference proceedings, may be co-published in this way.	Please contact your project officer to discuss the possibilities.
Events		
Events on the Commission's Research & Innovation website http://www.ec.europa.eu/research/index.cfm?pg=conferences&filter=all	This website displays research-related conferences and events.	Please contact your project officer.
Events on the CORDIS website http://www.cordis.europa.eu/fetch?CAaLLER=EN_NEWS_EVENT	This website displays research-related conferences and events.	Submitting an event requires one-time registration at http://tiny.cc/gc54k
Conferences and events organised by the European Commission	Throughout the year, the European Commission (co-)organises a variety of conferences, both in Brussels and elsewhere. These may include exhibition areas or sessions at which you could present your work.	Please contact your project officer if you have suitable exhibition items (prototypes, demonstrators).
Open access scientific publishing		
Openaire http://www.openaire.eu/	The Open Access Infrastructure for Research in Europe is an electronic gateway for peer-reviewed articles and other important scientific publications (pre-prints or conference publications).	You may (voluntarily, for transport projects) submit your publications to http://tiny.cc/wlu4x

2.1.5 Disseminating CareWell results and achievements on different geographical levels

2.1.5.1 National activities

Dissemination activities at national level will be the responsibility of the pilot regions and include:

- Participation in national events and fairs.
- Articles in national newspapers and magazines for both the general public and the healthcare professionals and managers.
- Encourage participation in national TV programmes and debates whenever possible.

2.1.5.2 European and international outreach

European and international outreach is a crucial part of the overall communication plan. Topics such as large scale replication of the CareWell services, the establishment of an evidence base on the effectiveness of ICT-supported integrated care service provision, and the development of deployment guidelines are topics that, amongst other topics, lend themselves for the European and international dissemination level. Appropriate dissemination means include:

- Website.
- Promotional video(s).
- CareWell final conference.
- Participation in international events and fairs.
- Interaction with and support of EIP action group B3.

2.2 CareWell visual identity

Visual identity plays a significant role in the way the project presents itself and leads to a strong recognisability of the "brand" CareWell. Three main elements have been produced to underpin this dissemination goal; they are described below.

2.2.1 Project logo

The project logo that was agreed upon amongst all CareWell partners represents the basis for further designs and layouts of all dissemination channels. It was circulated to all project partners at the beginning of the project in different formats.

2.2.2 Document templates

Once the logo was finalised, templates for Word and PowerPoint documents were produced, and the layout for the project website designed. The layouts are strongly aligned with the layout of the logo in order to facilitate the creation of a visual identity that is well recognisable, and is based on common principles for the different dissemination channels.

2.2.2.1 Template for Word documents

The template for external and internal deliverables and reports is, as with all other templates described below, strongly aligned with the overall design of the logo.

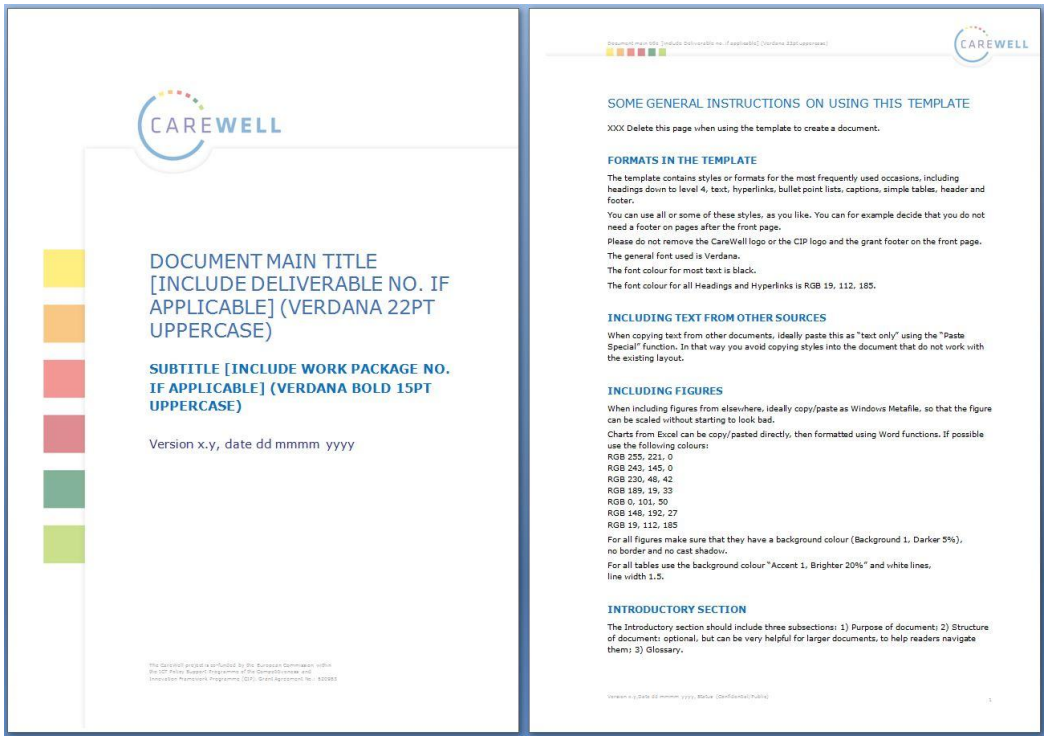

Figure 3: CareWell Word template

CareWell partners are asked to use these templates whenever they present CareWell somewhere or write project-related documents.

2.2.2.2 Template for PowerPoint presentations

Similar to the word template, a template for PowerPoint presentations has been developed, underpinning the importance of presenting the project to the outside world in a coherent way. It is to be used for all presentations of CareWell at conferences, events, seminars, and workshops, as well as internal meetings such as consortium, board or review meetings.

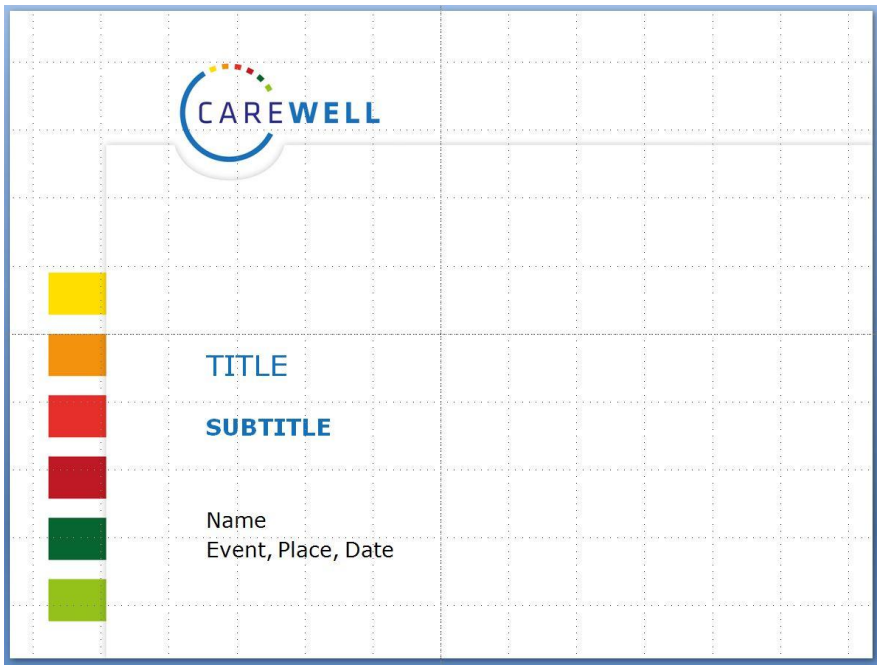

Figure 4: CareWell PowerPoint template

2.2.3 Colour scale

The CareWell colour scale is the following:

RGB 255, 221, 0	
RGB 243, 145, 0	
RGB 230, 48, 42	
RGB 189, 19, 33	
RGB 0, 101, 50	
RGB 148, 192, 27	
RGB 19, 112, 185	

2.3 Dissemination Activities in Year 1

2.3.1 Websites

The project website is one of the most important dissemination means of the CareWell project, and provides an entry point for a variety of stakeholders such as the scientific community, care providers and professionals, industry, policy makers and a wider audience.

The long-term objective of the website is to create a community of interested parties around the project to accelerate their involvement, to create awareness of the results, and to inform them about the latest evolutions in the field. The structure of the website is described in the figure below. The website http://www.CareWell-project.eu/ became public in July 2014.

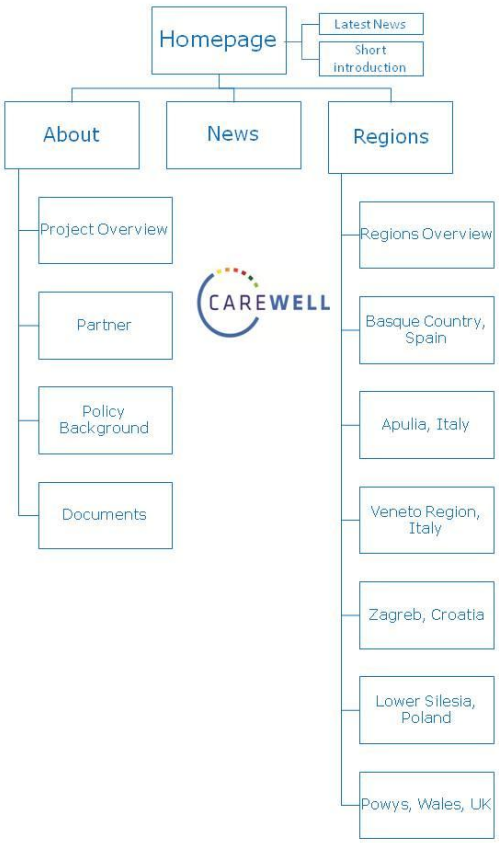

Figure 5: CareWell Website structure

The content of the website currently reflects the status of the project: It reflects the plans and status of the six pilot sites. They are the major pillar of the project and thus have a prominent role on the website. Another pillar is the project as such, with its project objectives, partners, documents and founding policy background. The third pillar is recent activities of the project that aim to get across what is currently going on and what interim results the project has achieved. Further development will guided by the dissemination topic explained above.

Special attention was given to the visual identity. The teaser image on the homepage aims to reflect the user group of CareWell, patient's affected by multiple diseases. Another core element is the nurse explaining the technology to the patient. Thirdly, the graphical representation of a care pathway expresses the major element of care coordination. In the background is a multi disciplinary team of professionals.

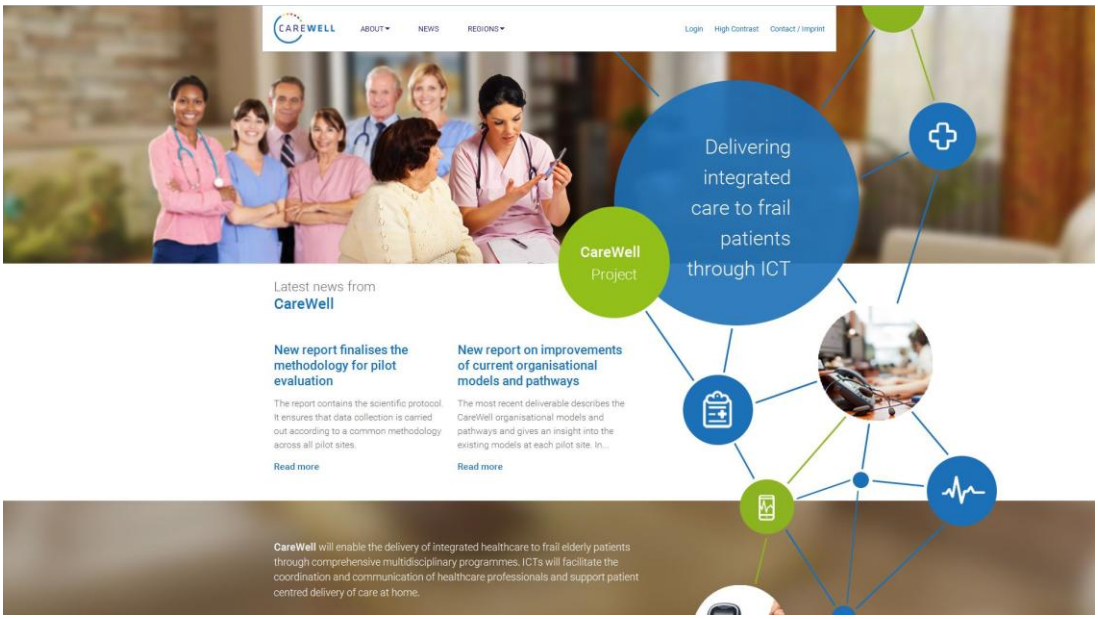

Figure 6: Homepage visual appearance

2.3.1.1 Time line: Website updates and revisions

The website has been regularly updated with news, deliverables, and project outcomes, as set out in Table 4 below.

Table 4: News on website

#	Headline	Date of News
1	CareWell Kick-Off	25-06-2014
2	Beyond Silos and CareWell cooperate	26-06-2014
3	Innovation Forum on active and healthy ageing	27-06-2014
4	„The more, the better" – a patient experience	18-07-2014
5	Do care pathways fit requirements of reality?	20-09-2014
6	"If I were gone somewhere else it wouldn't have been the same."	6-10-2014
7	What do professionals from Powys expect from CareWell?	13-10-2014
8	ULSS N.2 di Feltre opened its doors for CareWell	20-10-2014
9	Do Instable patients take a different pathway?	27-10-2014
10	User requirements analysed – report available	27-10-2014

#	Headline	Date of News
11	Partners report on progress at Project Assembly in Wroclaw	27-10-2014
12	CareWell is addressing EC objectives best	08-12-2014
13	Project Assembly successfully addressed open issues	08-12-2014
14	New report on improvements of current organisational models and pathways	5-01-2015
15	New report finalises the methodology for pilot evaluation	26-01-2015

2.3.1.2 CareWell on company websites of partners

Apart from the main project website, each partner was asked to provide a short summary of the project on their organisation's website, plus a link to the CareWell project website.

2.3.2 Social media

With the purpose to leverage the general dissemination efforts, the project started to make use of the online social networking service Twitter in March 2014, by creating its own account in order to reach a wider audience and to facilitate dialogue with relevant stakeholders. Since its creation in 2006, Twitter has rapidly gained popularity on the global scale and has had a major impact on how people interact online, and has attracted users in the hundreds of millions. Regarding CareWell's social network presence, the following activities have been undertaken:

- Establishment of a CareWell account on 4th March 2014 named @Carewellproject.
- Search for relevant stakeholders among network users and their invitation to follow the project's account.
- Wrote 33 tweets regarding:
  - project events;
  - publication of videos documenting project activities;
  - visits to pilot sites, and patient experiences from several sites.
- Joined a specific group ("list") of EU-funded eHealth projects and inclusion of links to the project website in the profiles of consortium members.
- Re-tweet relevant articles or activities by partners and stakeholders.

As described earlier, social network activities will be strongly steered by the editorial teams of the dissemination topics. Thanks to the continuous activities, the number of followers has increased, and now stands at 56 (last check 27/01/2015). We follow a long term strategy of building a community of followers that is dedicated to the topic of integrated care. This will take some time to gain trust and create interest. Since 23rd January 2015, EU_ehealth is a follower, which created some interest in the twitter feed. Key to attracting relevant Twitter user to the project's presence are continuous activities such as cross-referencing stakeholders, partners and their activities, publishing news from the pilot sites, as well as information on the progress of the project. Hence, a successful promotion of CareWell, its activities, and its results is also highly dependent on the partners' engagement in Twitter.

Figure 9: CareWell Twitter account

Apart from online dissemination & communication means, printed material will be used, mainly for distribution and presentation at events, with the main aim to inform people about the project and attract them to the website, which will be updated more regularly than the printed material.

2.3.3 Flyer

A short flyer was produced in October 2014. It was developed centrally in English, and provided to all project partners for feedback.

The time scale for the flyer was as follows:

Table 5: Time scale for flyer development

Development of initial draft	15th July 2014
Feedback on initial draft flyer	21st July 2014
Development of second draft	12th October 2014
Feedback on second draft	23rd/24th October 2014
Revision	5th December 2014
Print & Publication	10th December 2014

It includes the following information:

- What is CareWell about?
- Domains of an integrated approach.
- Who is involved?

Figure 10: Cover of flyer

The flyer was designed in English and circulated as pdf to all partners. Printing was done centrally and distributed to each partner. The development of "national versions" of the flyer is recommended. Basque, Spanish, Polish, Italian and Croatian versions are in preparation.

2.3.4 Pull-up banner

The banner should be used at sessions, events, and workshops organised by members of the project. It follows the overall CareWell design, and includes a link to the website and the CareWell QR Code. The pull-up banner was circulated to all partners in July 2014.

Figure 7: CareWell pull-up banner

2.3.5 Press releases

Press releases offer one of the most efficient and effective ways to disseminate information, particularly to the media and other organisations.

2.3.5.1 Initial timeline for central press releases

In relation to press releases, global press releases (developed by the dissemination manager in English, covering a topic relevant for the whole project) and regional press releases (developed by e.g. pilot sites covering a more regional topic and addressing the regional / national media) need to be distinguished.

Further ideas for project-wide press releases include:

- Press release 1 announcing the start of the pilots (March 2015).
- Press release 2 announcing availability of first evaluation results (January 2016).
- Press release 3 announcing final conference (January 2017).
- Press release 4 announcing availability of final project results (March 2017).

2.3.5.2 Regional press releases

Veneto region has already published two press releases:

- 16th July 2014 - Ricercatori tedeschi e spagnoli studiano il modello di assistenza territoriale dell'ULSS 2 [German and Spanish researchers study the primary care assistance model of LHA2].
- 19th September 2014 - La Pneumologia veneta e l'assistenza della persona con malattie dell'apparato respiratorio: congresso dell'AIPO al Santuario dei S.S. Vittore e Corona [Veneto's Pulmonology and the territorial and primary care to people affected by breathing apparatus diseases].

2.3.6 CareWell QR-Code

A QR-code linking to the CareWell website has been designed and made available on DropBox. It should be used on printed dissemination material.

Figure 8: CareWell QR Code

2.3.7 Presentations at conferences, workshops and other events

Personal contacts with relevant stakeholders are a great way to promote and demonstrate projects goals and results, as well as network with interested members of the community. This is particularly important for the project, as the results will be of interest to people at the intersection of three main areas, namely social care, healthcare and ICT, as well as administration and politicians. Independent of the size of the event (number of participants, duration or degree of popularity), or the kind of input given at the event, an interested, open minded and dedicated audience is present which will take on board the information provided about the project. To address the community present, and discuss results, members of the consortium submit and contribute to important conferences and events.

In order to address the wider communities, present and discuss results, and drive future exploitation, project partners are requested to submit papers and actively contribute to national, European and international conferences and events.

The list of conferences presented in Appendix B includes events that are seen as important events where CareWell needs to be present. empirica takes care of monitoring deadlines for these conference, and circulates an invitation to CareWell partners to submit papers on time. However, as for all dissemination means, this depends on the active engagement of all project partners.

In order to monitor deadlines for other relevant events, CareWell employs an events collection template that is regularly circulated to all project partners (see section 2.7).

CareWell partners have already participated in 52 events. They were of different natures: some were European, but also numerous national and regional events were attended to present CareWell to stakeholders.

Table 6: Events participation

Events	Totals		
	1st Period	2nd Period	3rd Period
Conference	11	0	0
Fair	0	0	0
User Recruiting	0	0	0
Workshop	7	0	0
Dissemination	0	0	0
Informal dialogue	12	0	0
Presentation	20	0	0
Poster	3	0	0
Total	**53**	**0**	**0**

A full list of events can be found in Appendix A.

2.3.8 Set of public presentation slides

To support individual partners in presenting the project to external parties, a set of standard project presentation slides has been developed. They will be regularly updated as outcomes and experiences become available from the project. This standard project presentation is intended to serve as a general template that is to be adapted by partners on a case by case basis to the specific needs of the audience to be addressed in a particular case.

The aim is that the project partners will use the standard project presentation slides to develop different types of presentations in the course of the project:

- General presentation presenting the project in overview format.
- Pilot site specific presentations (each using the same format and structure) as stand-alone presentations which can easily be included into the general presentation, which would allow mixing and matching slides as needed.
- IT system / services specific presentation highlighting and presenting the different IT-based services solutions (more a technical presentation).
- Evaluation specific presentation, showing the methodological approach and (later in the project) the results achieved in the zero measurement, early and late evaluation phase.
- Business case / plan specific presentation. This will come towards the end of the project.

As these presentations are developed, they will be shared with and made available to the consortium.

2.3.9 Publications

As part of the dissemination activities, several possible means of publications were discussed with the project:

- Newsletters.
- Books and journals.
- Newspapers.

The proposals made to the consortium can be found in Appendix C & D.

Although the project is only in its first year, 10 publications could already be achieved. Most of them are directed to the general public, but there is already one scientific publication directed to experts.

Table 7: Publications in the first year

Partner	Date	Type	Name of the publication
FER	01.10.14	International Journal Article	Kovač, Mario," E-Health Demystified: An E-Government Showcase", IEEE Computer , 2014 (2014) , 10; 34-42
VENETO	18.06.14	Corriere delle Alpi - Regional daily newspaper	Servizi sul territorio agli anziani, l'ULSS2 selezionata dall'Europa - Il Feltrino sarà uno dei sei siti pilota per un progetto innovativo di assistenza dei pazienti cronici; accertamenti e prelievi verranno compiuti a domicilio di un'ottantina di persone oltre i 65 anni. [Territorial services to elderly people, the LHA 2 selected by the European Commission - Feltre will host one of the six pilot sites of an innovative project on chronic patients' assistance; examinations at home for 80 people over 65]
VENETO	19.06.14	Corriere delle Alpi - Regional daily newspaper	Bond: "Progetto europeo sugli anziani, merito all'ULSS2 [Regional Councilman Bond: Congratulations to LHS2 for the European project on elderly people]
VENETO	19.06.14	Il Gazzettino - Regional daily newspaper	Assistenza ad anziani e cronici, Santa Maria del Prato tra i migliori [Assistance to elderly and chronic patients, Santa Maria del Prato among the best]
VENETO	17.07.14	Corriere delle Alpi - Regional daily newspaper	Telemedicina, un progetto che fa scuola in Europa - Delegazioni da Germania e Spagna per osservare il modello clinico-assistenziale [Telemedicine, a project for creating a new model in Europe - Study visit from Germany and Spain to observe the clinical care pathway]

Partner	Date	Type	Name of the publication
VENETO	17.07.14	Il Gazzettino - Regional daily newspaper	L'ULSS modello di assistenza: Europa a scuola in città. Ricercatori spagnoli e tedeschi in missione per studiare gli indirizzi di politica sanitaria. La delegazioen in visita nella sede del Servizio Domiciliare. [The LHA2 model of assistance: European study visit in Feltre. Spanish and German researchers visited the LHA2 to study the clinical model. The delegation visited also the Homecare Service]
VENETO	11.09.14	Corriere delle Alpi - Regional daily newspaper	Telemedicina per ottanta pazienti [Telemedicine for 80 patients]
VENETO	21.09.14	Newspaper/ Magazine	ULSS2, telemedicina per ridurre i ricoveri. In partenza l'assistenza a casa dei pazienti per la broncopneumopatie, malattia invalidante. [LHA2. telemedicine for reducing the hospitalisation. Developing a homecare service for COPD, a crippling disease]
VENETO	03.12.14	Corriere delle Alpi - Regional daily newspaper	Fusello lascia il settore sociale dopo averlo potenziato [Fusello leaves the Social and Territorial services after enhanced it] (CareWell mentioned)
VENETO	10.01.15	Newspaper/ Magazine	Modolo guarda ai fondi europei. Cambio della guardia all'ULSS2: il nuovo direttore sociale annuncia attenzione alla ricerca di risorse [Modolo looks at European funds. Change in the top management of LHA: the new director of social and territorial services looks at fund-raising.] (CareWell mentioned)

2.3.10 Give-aways

Give-aways are an excellent means to increase the visibility of the project and to attract our target groups to our project website / twitter account. Dissemination WP lead has calculated the costs for the different give-aways mentioned below, and will produce them in the context of a bigger event mid 2015 to ensure that they are fit for purpose.

- Pens.
- Stickers.
- Key fobs.
- Post-it's.
- Bags.

2.3.11 Videos

Videos are used to communicate project news and background information in an appealing format, complementing the use of textual content.

Video production is usually done by the Dissemination WP lead, but videos can also be produced or provided by project partners to be embedded on the website. The content

side of video production is done by staff members actively involved in project work, including script writing, arranging interviews or on-location shots, carrying out interviews, content editing in post-production, and quality check prior to publication.

Technically, video is recorded either in 4k (3840x2160), 29.97fps PAL or FullHD (1920*1080), 29.97fps PAL, rendered as FullHD for publication. Different frame rates may be used in recording for special effects (e.g. slow-mo) or to avoid screen flickering (e.g. when recording computer screens or under neon light). Audio is usually recorded on separate audio recorders, using directional microphones to reduce pickup of background noise. Post-production usually consists of editing, image stabilisation and optimisation, audio cleaning and rendering, using professional grade software from the Adobe Creative Suite family. A video intro and outro were produced, using elements of the overall project design as well as the project logo, in order to facilitate identification across media. Videos are scored with a signature music track that is also the same across all videos produced.

Videos are published on YouTube in a dedicated playlist for the project, reachable via: https://www.youtube.com/watch?v=TxGRFUXUXaQ&list=PLVBzL7WI9g036Uv4ShR_pLZXxwePcHqc5 . Videos are also embedded on the project website, as part of a news item and on the pilot region pages. Each video is also tweeted via the project's Twitter account.

Figure 9: Screenshots of video intro and outro

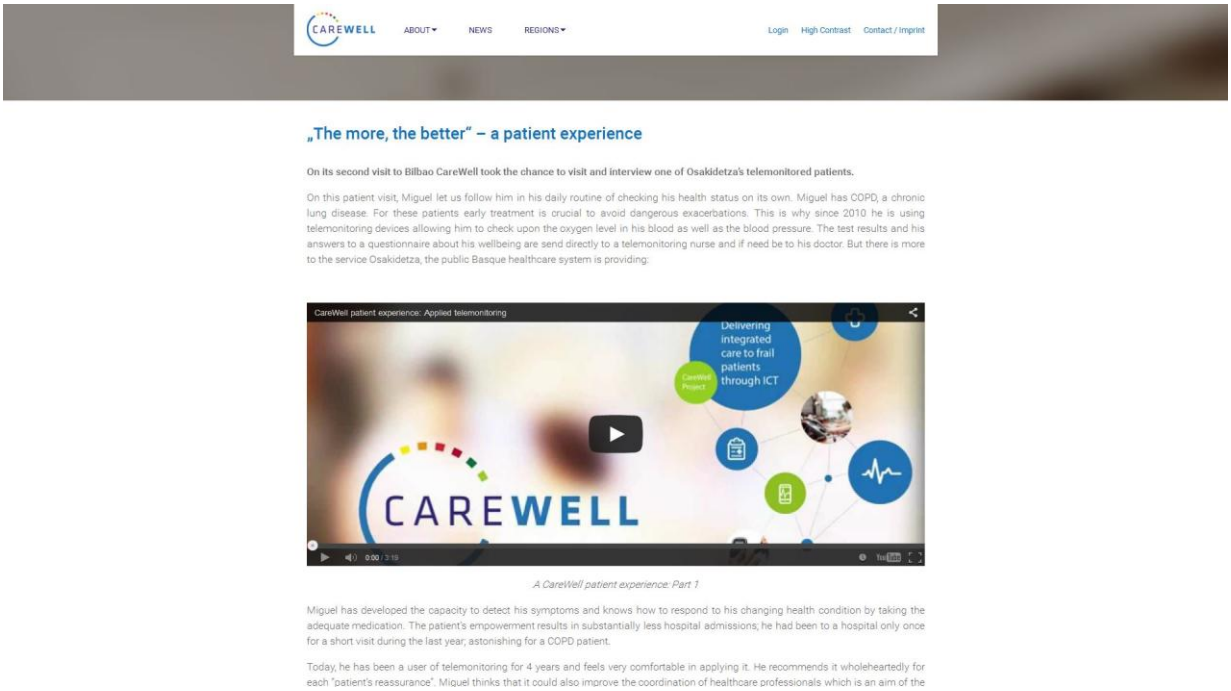

Figure 10: Video embedded in a news item on the website

In the first project year, the project produced and published twelve videos, with a thirteenth one on a visit of the pilot site in Zagreb being in the post production at the

time of the writing of this deliverable. The first two videos published document the project's kick-off meeting and a visit to the Basque e-Health Centre in Bilbao. The following three videos have been shot on a different occasion, but again in Bilbao, and present a telemonitoring experience from a patient's perspective. A sixth video was then produced about the *Lower Silesia-Saxony Innovation Forum on Active and Healthy living*, capturing some impressions of this conference. At the occasion of the pilot site visit in Bari, another three videos have been produced introducing the local team of healthcare professionals, as well as providing another patient perspective on the service in place. Two videos have been produced about a pilot site visit to Powys, Wales, where healthcare professionals were invited to discuss service requirements and present their expectations from CareWell. For the time being, a final video covering the visit of the Veneto pilot site has been published.

Figure 11: Screenshot from video of the Bari pilot site visit

2.3.11.1 Videos by Partners

More and more, videos are becoming a means of communication. So partners are also producing videos presenting their pilot site. These are in the national language, and thus can be directed more to users and professionals.

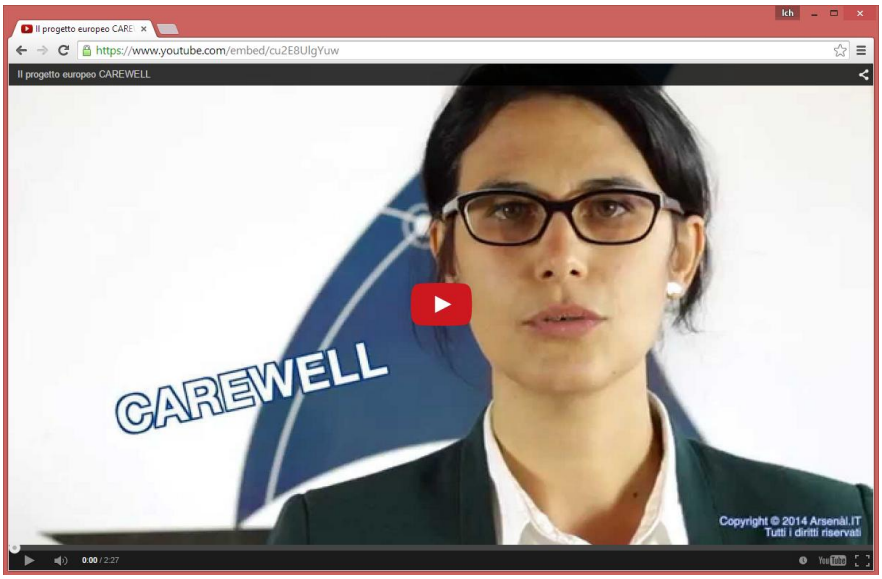

Figure 12: Screenshot from video of the Veneto pilot presentation

2.4 Engaging with EIP B3 and other relevant initiatives

Engaging with EIP AHA and other relevant initiatives is a dedicated task in WP8.

There are a number of initiatives (among which are EU-funded pilot projects and the EIP Action Group B3 on integrated care) that lend themselves as sources of good practice examples, experience and hard evidence from which new adopters of integrated care (including the CareWell pilots) can learn. Based on this, and the high degree of

connectedness and continuity among partners involved in these early adopter pilots, the B3 Action Group, and CareWell pilot sites, the project will pursue a dedicated learning approach to ensure that: this potential is realised; avoidable mistakes are not repeated; and more generally, the quality of CareWell outcomes is improved. The seven CareWell pilot sites intend to become themselves sources of knowledge (or "teachers") for any future adopters of integrated care in the European Union and elsewhere, submitting relevant documents and guidelines to a wider, open knowledge base.

The combined learning approach to be adopted for this is depicted in the figure below, and described in some detail in the following.

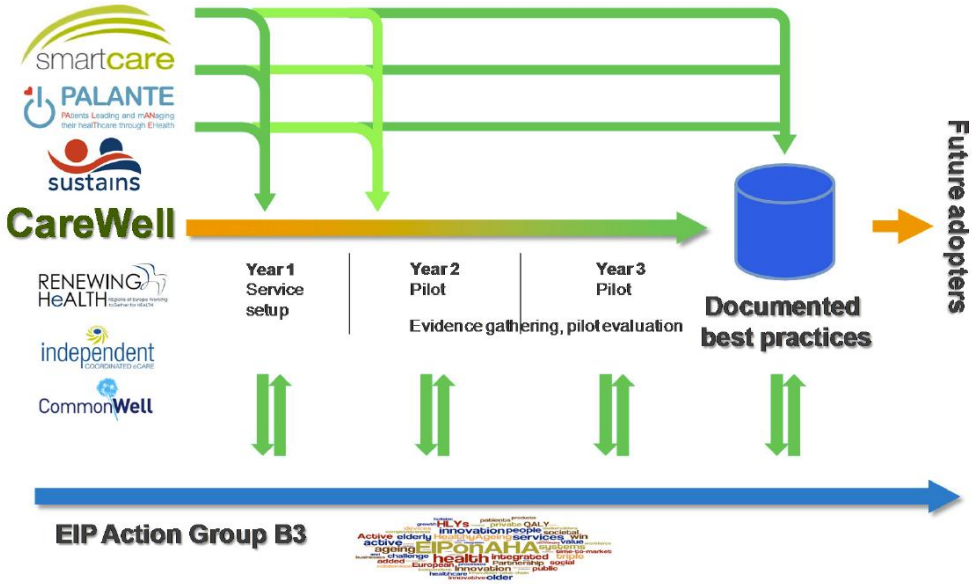

Figure 13: CareWell combined learning approach

During the first year of CareWell (in which the services at the pilot sites were set-up), the pilot regions were provided with access to relevant material (use cases, service models, evaluation results, deployment guidelines etc. good practice) from the early adopter pilots of CommonWell, INDEPENDENT, EIP AHA, BeyondSilos and SmartCare. In addition, a training school was held in October 2014 in Lisbon, bringing together representatives of early adopters and CareWell pilots.

When first results of the CareWell pilot evaluation become public (with D7.2 Interim process evaluation report), the project will begin to feed results into a common and open knowledge base, to which the results of CommonWell, INDEPENDENT, EIP AHA and SmartCare will also be joined.

During the entire duration of the project, CareWell will be particularly in close collaboration with the EIP on AHA Action Group B3 by exchanging relevant materials, making targeted inputs based on project outcomes, and participating in meetings of the Action Group. Possibilities to jointly develop the open knowledge base together with the Action Group will be discussed and, if agreed, realised.

All action areas of the Action Group B3, illustrated in the following figure, are of great interest to CareWell, and their activities are being closely monitored.

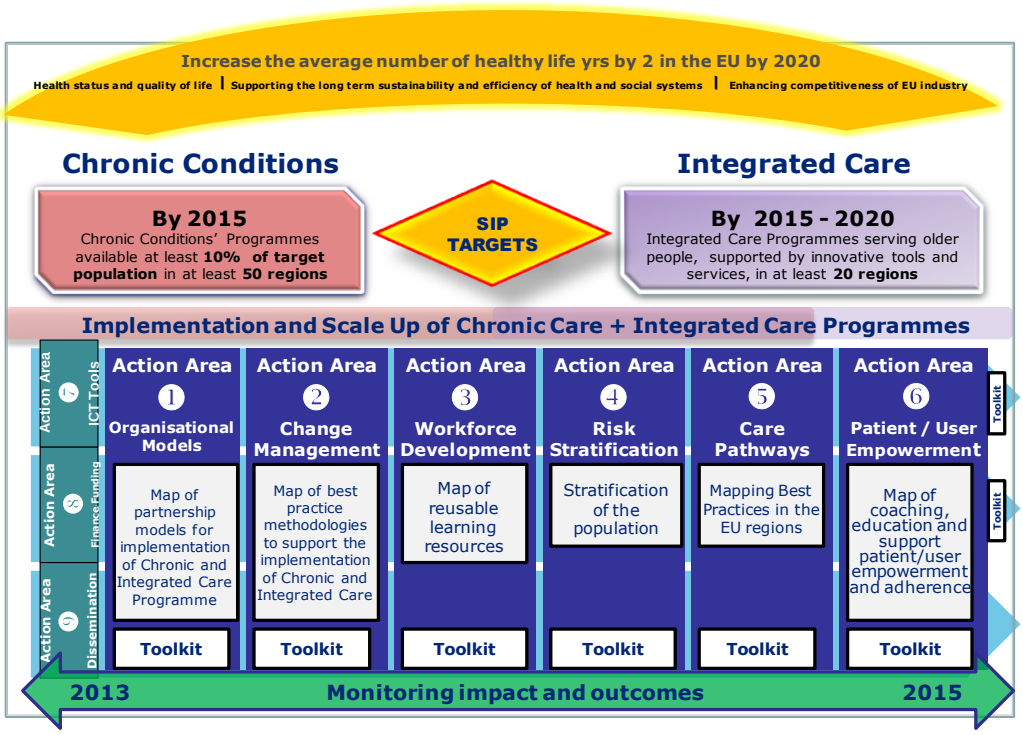

Figure 14: EIP AHA B3 Action Areas

Many of the CareWell regions and partners are committed to key areas of B3, and are thus in an excellent position to provide significant contributions:

- Kronikgune is coordinating Action Area (AA) 4 "Risk Stratification".
- Puglia is coordinating Action Area 6 "Citizen Empowerment" and contributing to several other AAs.
- RSD is contributing to Action Area 1 "Organisational Models" (task: Identify different organisational models supporting integrated care delivery via good practice examples, and development of tools and practical tips for organisational development), Action Area 5 "Care Pathways" and Action Area 6 "Citizen Empowerment" (task evaluation).
- Veneto, IRH, Powys are contributing to several Action Areas.
- empirica is following Action Area 5 "Care Pathways" and Action Area 7 "ICT tools".

Table 8: EIP Action Areas in B3 and contribution by CareWell

Nr	B3 Action Area	Expected CareWell contribution
1	Organisational Models	√
2	Change Management	√
3	Workforce Development, Education and Training	√
4	Risk Stratification	√
5	Care Pathway Implementation	√
6	Patient Empowerment	√
7	ICT Teleservices	√
8	Finance, Funding, Value Creation and Procurement	√
9	Communication, Marketing and Dissemination	√

A detailed analysis will be conducted in order to identify common topics and goals. Following this, a conference call between Dissemination WP Lead and B3 Action group leaders will be organised, and bilateral conference calls between Action Area leaders and WP Lead will take place.

2.5 CareWell Advisory Board

Following internal consultation and meetings to identify project needs for expert advice and support, the CareWell consortium has established a) a Scientific Committee (SC), directly supporting WP7 in evaluation matters, ensuring the quality of the evaluation, and b) an Advisory Board (AB) of distinguished experts to provide advice on specific topics. The role of the Scientific Committee is clarified within WP7; here we briefly describe the expertise of the Advisory Board members and the way of working with them.

It was agreed to hold virtual meetings and plan face-to-face meetings primarily around other events such as project and WP meetings and workshops, including those by SmartCare and BeyondSilos projects, meetings organised by the EIP on AHA, in particular Action Group B3 on integrated care, conferences, and other relevant events. This will not only save resources, but also facilitate cross-fertilisation and wider dissemination of outputs and lessons learnt.

The following table provides an overview of the experts' involvement according to their specific expertise.

Table 9: List of advisers

	Expert name	Topics
	Prof Dr Dipak Kalra, Eurorec	Patient-centred use cases, interoperability
	Prof. Jean Bousquet, Univ. of Montpellier	Care pathways
	Bridget Moorman, Continua	Interoperability, service specification
	Dr Albert Alonso	Implementation
	Prof Dr George Crooks, NHS 24	Multiplier, transferability
	Dr Philippe Swennen, AIM	Incentives, reimbursement

The following briefly describes the contributing role of the experts, including a short bio.

1. Prof. Dipak Kalra is contributing expertise on patient-centred use cases in WP2 helping to identify European lessons learned. He will advise on specific issues of

interoperability in the context of WP4. First discussions have taken place, and a face-to-face meeting is planned in Brussels, at the European Summit on Active and Healthy Ageing, 9th-10th March 2015.

Bio: Prof. Dipak Kalra is President of the EuroRec Institute and plays a leading international role in research and development of electronic health record (EHR) architectures and systems, covering requirements, information models, representation of clinical meaning, and protection of privacy. He has led the development of the international standards on EHR interoperability, security and confidentiality.

2. Prof. Jean Bousquet will support on organisational models, and in particular advise on care pathways for integrated care.

   Bio: Jean Bousquet is Full Professor of Pulmonary Medicine at Montpellier University, France. He was Chairman of the WHO Global Alliance against Chronic Respiratory Diseases (GARD 2005-2013). He is leading MACVIA-LR (Fighting Chronic Diseases for Active and Healthy Ageing in Languedoc Roussillon), a reference site of the EIP on AHA. He leads the B3 Action Group on care pathways.

3. Bridget Moorman will contribute experience from several EU projects on telehealth, homecare and integrated care. She will advise on specific issues of interoperability in the context of WP4.

   Bio: Bridget Moorman is the Technical Manager to the Industry Advisory Teams for the European projects of Renewing Health, United4Health and SmartCare, supporting the Continua Health Alliance. She has 25 years' experience in the clinical engineering field, and provides independent clinical engineering consulting services in the international healthcare field. Clients include public administrations, healthcare organisations, medical device and IT companies and SDOs

4. Dr Albert Alonso will advise on implementation, with particular focus on organisational and management issues. His long standing experience in studying new models of healthcare for older people and those with complex needs will help develop guidance for deployment.

   Bio: Management and Organisation of Information Systems Postgraduate degree (Pompeu Fabra University, 1996). Responsible for the area of new models of healthcare services supported by ICT at Innovation Directorate of Hospital Clinic, Barcelona. Main work lines: definition, evaluation and deployment of new models of healthcare provision with a special emphasis in integrated care models that use ICT. Participation in numerous R&D projects since 1997, often as a member of the coordinating team. At present, local PI of the Homecare project (completion of evidence base of integrated homecare and dissemination of research results) and deputy of the coordinator for the Nexes project (large deployment and validation of eHealth programmes for chronic patients with different pathologies). Regular lecturer in pre-graduate and post-graduate courses. Founder and scientific advisor for the private company Linkcare Health Services, a spin-off created from the EU funded Linkcare project.

5. Prof. George Crooks will help disseminate lessons learnt and advise on transferability and scaling up opportunities. Being the chair of the EIP on AHA Action Group B3 on integrated care and President of EHTEL, he is well positioned to support the project in this regard. CareWell partners are in regular contact with Prof. Crooks. A face-to-face meeting is planned in Brussels, at the European Summit on Active and Healthy Ageing, 9th-10th March 2015.

   Bio: Prof. George Crooks joined NHS 24 in September 2006, and is now the Medical Director of both NHS 24 and the Scottish Ambulance Service, as well as Director of the Scottish Centre for Telehealth and Telecare (SCTT). He is President of EHTEL. George is leading the EIP on AHA Action Group B3 on integrated care.

6. Dr. Philippe Swennen was asked to advise on incentives and reimbursement, contribute to better understanding the barriers to adoption and opportunities through incentivisation. However, he very recently left AIM, and we will discuss the need and possibilities for his replacement.

   Bio: Dr. Philippe Swennen is Project Manager at AIM, the Association Internationale de la Mutualité, an umbrella organisation of mutual benefit societies and health protection organisations in Europe and in the world. Philippe is in charge of International Affairs at AIM, and coordinator of the Working Groups for Health Systems Reform, Disease Management and Long Term Care / Healthy Ageing.

2.6 Future plans

2.6.1 Brochure

Creating a brochure about CareWell approaches and results offers a concise and visually-appealing way to disseminate information to broad audiences. While this format requires extensive simplification of information due to limited space, much of the information created through the research process includes visuals such as graphs and tables, which are particularly adaptable for this format. The brochure is used to give the interested target group an introduction to the project and its aims and achievements, and also points the reader towards dissemination means that are subject to regular updating (such as the CareWell project website). This approach offers a chance for personal interaction in academic, commercial and socio-economic conferences, EU organised events, and conferences and trade fairs and exhibitions.

The project brochure will be developed towards the end of the project, when tangible results from the evaluation and exploitation are available.

2.6.2 Posters

The current view is to produce two project posters during the lifetime of the project. They will be used at poster sessions at conferences and other events.

- Project poster 1: It will be produced in Autumn 2015. Suggested main contents: Short description of background & the project, pilot sites, pathways.
- Project poster 2: It will be produced at the end of 2016. Suggested main contents: Short description of background & the project, pilot sites, evaluation & CBA results.

2.6.3 Show casing CareWell services

An effective dissemination means towards end users are case studies describing the CareWell services developed and piloted in the pilot regions, including the benefits and stakeholders involved. The current plan envisages the development of case studies following a common template provided to the pilot sites.

The current plan is to have case studies ready towards the end of the project.

2.6.4 Organisation of events

Throughout the lifespan of the project, CareWell will organise various (dissemination) events on local, regional, national and European level.

2.6.4.1 Dissemination Workshops

An important part of the CareWell project is its dissemination to stakeholder groups that are relevant to address when it comes to paving the way for the development of sustainable (and replicable) services. Relevant stakeholder groups that are to be addressed of course differ from country to country, and for the different pilot sites,

depending on how healthcare is organised on a country level, but also on the service delivery processes. In most countries, however, public authorities and relevant ministries are to be addressed to ensure (financial) sustainability of the services. Dissemination to these stakeholder groups is conducted at each of the CareWell pilot sites.

The project follows a two-staged approach as regards the organisation of workshops to support exploitation. The first stage comprises the first and second year of the project and aims at paving the way (internally) for a robust and stable pilot. The second stage is strongly orientated towards ensuring a sustainable service delivery and exploring the potential of upscaling, or even replication of the service elsewhere with relevant stakeholders. This will be the focus in the third project year, when results from the evaluation and cost-benefit analysis become available.

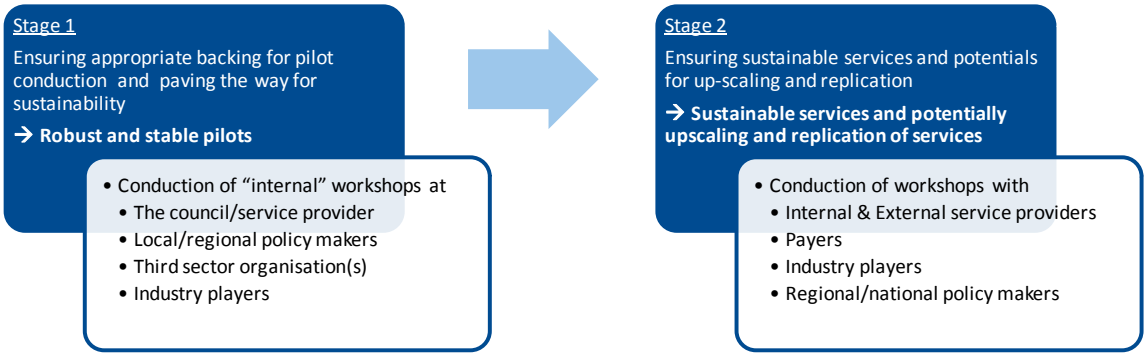

Figure 15: Two-staged approach for workshop conduction

In year 2 of the project, one or two workshops will be organised by pilot regions at national level to enable interactive contact with stakeholders and potential replicators.

An approach for contacting relevant stakeholder groups will be developed which will be followed by each pilot site. However, there are also adaptations necessary in order to accommodate the different situations and circumstances at regional / national level. Common steps of the approach are:

- Identification of relevant stakeholder target groups for each of the CareWell pilot sites.
- Development and circulation of a CareWell project introduction letter / flyer to the relevant stakeholders identified.
- Contact of relevant stakeholders offering different ways of information exchange: Regular personal meetings and workshops are conducted.

Information is tailored to the requirements and needs of each organisation that has been contacted, i.e. each organisation was offered the opportunity to select which type of information it wants to receive.

A dedicated guiding document will be provided in early 2015.

2.6.4.2 Final conference

A high-profile final conference, potentially with TV coverage and simultaneous interpretation in several languages, will be conducted to address a large audience. The participation of a panel of international experts and opinion leaders from outside the Consortium is foreseen for this event.

The conference will take place in a major, easy-to-reach European city in a suitable venue, in order to attract many visitors from the project's target groups. The conference

is envisaged to consist not only of presentations by project partners, but also presentations of other projects and activities, key note speeches by societal representatives, and a panel discussion between various experts and the audience. Good coverage of the conference in online and traditional media will be sought.

Detailed planning and concept for the final conference will be developed by Kronikgune with contributions from all other project partners.

2.7 Monitoring and reporting of dissemination activities

A dissemination reporting template has been developed and circulated to all partners to report on dissemination activities. It will be circulated once a year. The reporting template will include instructions on how to complete the template, and will facilitate overall reporting of dissemination activities. However, the template can also be applied as a tool facilitating partners' dissemination planning.

The reporting template has been circulated to all project partners for the first time at the beginning of January 2015 for completion by the end of the month. As part of the dissemination reporting, each partner was asked to upload any kind of document (e.g. flyer, poster, article) used in the respective activity.

3 Exploitation of results – towards viable and sustainable services

3.1 Introduction

Exploitation in CareWell aims to make integrated care services:

- Viable – working successfully.
- Sustainable – maintaining a positive ratio of costs and benefits.
- Scalable – working for all patients and not only the pilot population.

Focusing on a service instead of a product has several consequences for exploitation planning. It puts an emphasis on the implementation environment and its impact on service delivery, as well as on the task of optimising the service configuration to work in the given environment. Market aspects such as a competitor analysis are less relevant because a decision to use products within the service has already been taken.

Therefore the tasks in WP8 on exploitation support are primarily designed to support the individual pilot regions in shaping an optimal service configuration under given local circumstances. In that sense, work is primarily directed towards formative value case modelling in a given multi-stakeholder service environment, rather than ex-post evaluation of the pilot service under field conditions. The approach adopted for this purpose, called ASSIST, has been developed by empirica over several EC funded projects. It has been refined and complemented, and now has a rich body of methods for data gathering, stakeholder identification, indicator development and outcome indicators. The approach is described in detail in Hammerschmidt, Meyer (2014)[2]. The final output of this work at the end of the project will be evidence-based deployment plans for all pilot regions.

Another important aspect of exploitation planning is the European dimension, which extends beyond the immediate deployment in the project's pilot regions. It aims to develop guidelines to deploy integrated care services incorporating an ICT component.

3.2 Approach to value case development

The following summarises the four steps that will be taken within the project to achieve these goals in operational terms.

3.2.1 Step 1 – Stakeholder identification

Work starts with consolidating the initial assumptions made by the pilot sites on which stakeholders will play a role in the service. Each pilot site has already made such general assumptions as part of the initial use case development (WP2). These will, however, often require further elaboration and fine-tuning.

As a general rule, the value case should cover all stakeholders that are:

- involved in the service, i.e. playing an active role; or
- affected by the service, i.e. in a passive manner.

Both cases, active and passive, are characterised by a stakeholder experiencing any kind of impact, negative or positive, due to the new or changed service.

[2] HAMMERSCHMIDT, R. & MEYER, I. (2014). Socio-economic impact assessment and business models for integrated eCare. In: MEYER, I., MÜLLER, S. & KUBITSCHKE, L. (eds.) Achieving Effective Integrated E-Care Beyond the Silos. Hershey, PA: IGI Global. doi:10.4018/978-1-4666-6138-7

Initial assumptions made about the stakeholder in a service show a tendency to neglect a number of affected stakeholders. These concern reimbursement organisations, family members of the patients or clients receiving the service, but also professionals. A possible reason for this can be seen in the fact that the initial stakeholder model, being an instrument to plan service development and implementation, is primarily concerned with stakeholders that have an active role. Individuals and organisations that will neither deliver nor receive the service therefore do not play an essential role in these considerations. With a view to sustainability and scalability, however, they may be of importance, in so far as they could support the service (if it is beneficial for them) or act as veto players (if it causes them more costs than benefits).

Initial stakeholder models can also neglect individuals or organisations with a potential active role in the service. This often concerns informal carers (family members, friends or neighbours), but also professionals outside the immediate care loop. Reasons for this can be simple oversight, or an unawareness of the capacities and competencies of these stakeholders, but also factual concerns e.g. about split of responsibility, skill levels, data security etc. Similar to the case of the affected stakeholders, inclusion of additional active stakeholders will usually have an impact on the entire service and can cause fundamental changes to the value model.

As the first step in the process, the stakeholder identification is conceived as a pragmatic exercise which usually requires to be informed by the stakeholders at the site. Telephone conferences are organised to arrive at reasonable assumptions about how the new service might in general impact on each stakeholder involved or affected. Usually it takes several sessions until all stakeholders are identified. The process is supported in a one-to-one manner by the task leader, who brings in supporting evidence from earlier projects or literature to help the formulation of ideas or to check existing ideas against proven practice. In that sense, the work is largely reciprocal, combining local context and pre-existing information.

With a view to the project's work plan, the activities described above are part of the viability assessment task.

3.2.2 Step 2 - Impact identification

The second step is to identify all relevant positive and negative impacts for each stakeholder, as well as to define suitable indicators to measure each impact. Again, the final shape of the impact model and indicator set depends largely on the local context. On the one hand, the indicators need to make sense in relation to the locally implementable service configuration and any given framework conditions that cannot be changed. At the same time, populating the indicator set with data needs to be practically feasible under the given circumstances. Picking up the results of Step 1, work now is more systematic, with a view to ensuring a full coverage of all relevant impacts and a correct identification of the indicators for each. This is achieved by employing a causal chain linking the outputs and outcomes of the service to its impacts. For example, the implementation of an EHR system into existing care processes (output) makes certain information available to all professionals involved in the process (outcome). This in turn may then lead to increased efforts for data entry and maintenance (negative impact) as well as to increased efficiency in service provision due to improved availability of relevant data (positive impact). These impacts then create the value of the outputs and outcomes for each stakeholder. Whereas the outcomes and outputs are neutral, impacts are positive or negative. Indicators are then defined that allow the measuring of each impact. For the example just given, indicators for efficiency gains could for example measure the time spent by a doctor on a patient consultation before and after the introduction of the EHR. The efficiency gain would be commensurate to the time saved.

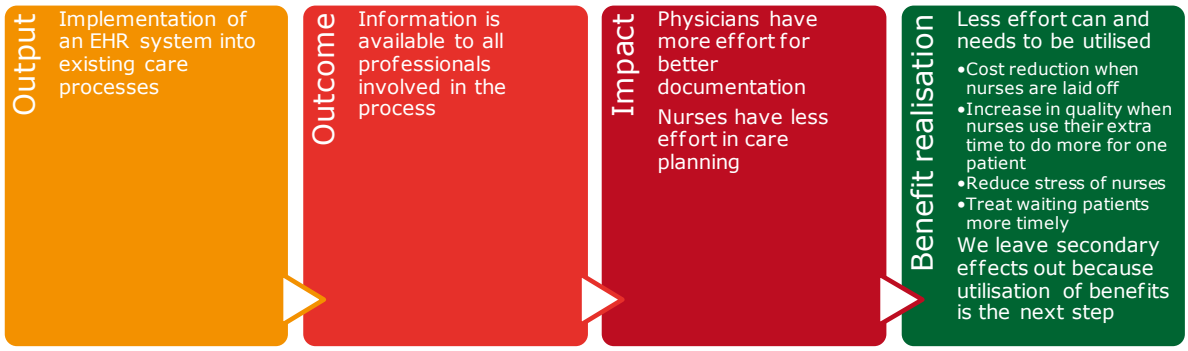

Figure 16: Causal chain: From output to impacts.

Sometimes non-monetary impacts need to be realised to be of utility for a stakeholder. Turning time savings into cost savings for example may necessitate a reduction in staff. Alternatively, in a growing service, efficiency gains can lead to a slower growth of staff base compared to client base. Usually, there are different ways to realise a given benefit, each with its own knock-on effects (e.g. public protest against staff lay-offs). Because of the high number of alternative ways of benefit realisation, as well as their sensitivity to financial and political framework conditions, they are not a regular part of the value model in a calculatory sense. Instead, options for benefit realisation are discussed in the textual analysis of the value model (see Step 4).

Same as for Step 1, impacts and indicators are checked against knowledge gained from previous implementations or other sources. A key instrument for this applied in Step 2 is the pre-defined cost-benefit indicator set described in section **Error! Reference source not found.** below. Formally, this work is also part of the viability assessment task, and is done in close co-operation with the evaluation WP to ensure that there is one coherent set of indicators across the project, and that there is no duplication of indicators and work for the pilot sites. Practically, all indicators that are specific to the economic work are also included in the overall indicator list maintained within the evaluation WP.

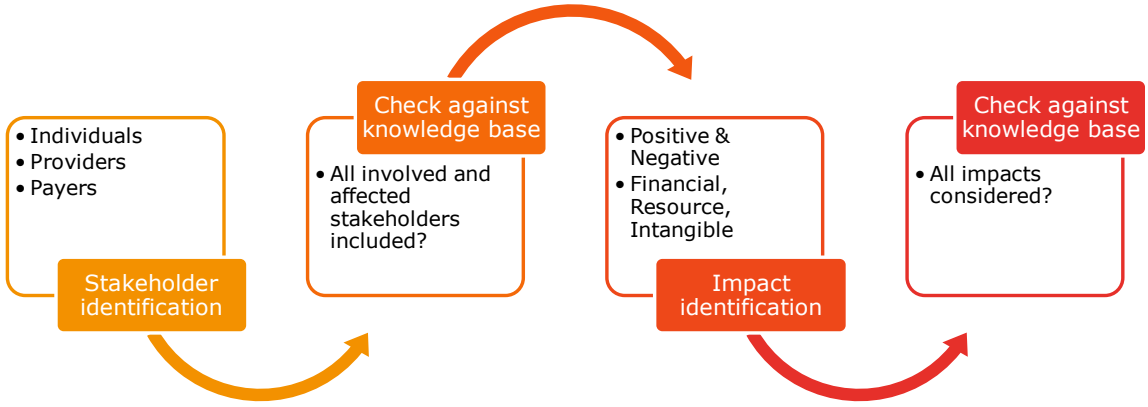

Figure 17: Summary of steps 1 Stakeholder model development & 2 Impact identification

3.2.3 Step 3 – Data collection

Data to populate the indicators defined in Step 2 usually comes from different sources. Primary sources include all data collected directly in the course of the pilot, such as log data stored in ICT systems, administrative data, and time sheet data particularly gathered for the purpose of the project. Also, end-user / staff related data is usually gathered by means of a dedicated questionnaire applied towards the end of the pilot duration. Where necessary, secondary data will be used, e.g. derived from official

statistics, published studies or administrative databases. Depending on the individual mix of sources to be exploited in a given case, information gathering may start prior to the piloting stage and continue until the end of the project. Formally, this work is part of the exploitation planning task, and is again done in close co-operation with the evaluation WP to ensure that there is an overall planning of all data collection and to avoid duplication of data collection. Collection of case level data from patients / clients and informal carers specifically for the exploitation work is done as part of overall data collection in the evaluation WP, and case level data are collected in a joint database.

3.2.4 Step 4 – The value case: strength and weakness of the service

The final step of the approach focuses on analysing the quantified costs and benefits for each stakeholder. This includes the calculation of key performance measures such as "socio-economic return", "economic return" and "breakeven point". It also includes identification of the key "adjusting screws" that are available to the pilot service to further optimise the value case under the given conditions.

Overall, the analysis of the results will allow the pilot sites to:

- Identify benefit shifts: These occur frequently when new services are being introduced or existing ones are changed. Wherever such a change is to the disadvantage of a stakeholder, that one is likely to become a veto player which will reduce the overall utility and performance of the service, especially if that stakeholder holds a powerful role. To avoid veto players, it could become necessary to find additional (financial) incentives for stakeholders who are experiencing costs but no immediate benefits from the service.
- Justify investment: The analysis of the overall performance of the service will allow responsible service managers and other decision makers to prove that the investment (both in terms of money and time) is worthwhile.
- Calculate break-even: When communicating the costs and benefits to involved persons it is important to understand when the benefits surpass the costs. This will allow preparing stakeholders for a prolonged phase of investment, again both in terms of money (e.g. cost for equipment) and of time (e.g. staff time for training and adapting to the new way of working). In integrated care, as in health and care in general, services may often take a comparatively long time to arrive at break-even. Time spans between 5 and 7 years are not uncommon. This is especially the case when a value case depends on the full-scale utilisation of the service, as compared to a more limited pilot scale. A counter measure can be to think about quick wins for stakeholders affected by delayed benefits and high and early costs.
- Understand service impacts: The understanding of all impacts (including secondary and long-term effects) may offer a new perspective on the service that is led by an economic and strategic view. This is a value in its own right, because it complements a technical and organisational point of view and explains and predicts why stakeholders behave as they do.

This work again requires close collaboration with the pilot regions to link this analysis with any strategic decisions potentially taken in that respect. Formally, this work is part of the exploitation planning task, but is planned to deliver valuable inputs to the tasks of the Guidelines (T8.8) and the Deployment Planning (T8.9). Outcomes of this work will be presented in the final documents of the work package (D8.4).

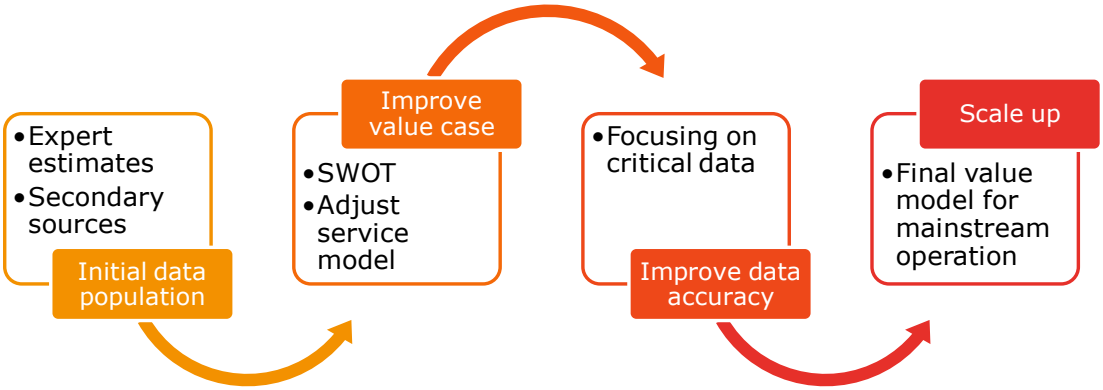

Figure 18: Summary of steps 3 Data collection & 4 The value case

In the first year, the first two steps were tackled as described below. This is also reflected by the task structure which places the first two steps in the viability assessment (T8.2) and the related exploitation planning (T8.1).

3.2.5 Reference database of potential cost-benefit indicators

The socio-economic impact assessment uses a pre-defined set of cost and benefit indicators for different potential stakeholders in a service, covering service clients / patients, informal carers, different types of health and care provider organisations, payers and the ICT industry. The pre-defined indicator set was specifically developed to capture the impacts of integrated care services and to allow for the development of value or business models in this field. It is however also applicable to other service concepts that do not focus on vertical and horizontal co-operation of service providers.

The full reference database of potential cost-benefit indicators is contained in Annex 1.

The indicators cover the most common costs and benefits occurring in the implementation of health and care services, including efforts for service development, efforts for training (providing and receiving), costs for the procurement of hardware and software and other material goods, costs for the procurement of supporting services (such as installation or maintenance), different types of quality and efficiency benefits, as well as different types of revenue streams.

A core element consists of indicators covering the time spent (cost) on service provision (for providers) and service use (for clients / patients and informal carers), as well as time liberated (benefit) e.g. due to more efficient work processes, avoided hospital stays or visits to and by providers. This part of the indicator set is conceptually linked to the Pathways for Integrated Care (short- and long-term) that are one of the outcomes of the SmartCare pilot project, and that also form the basis for the services to be implemented in CareWell and BeyondSilos. Common activities defined in the pathways were used to construct the respective indicators; an example is shown in Figure 19. For a more detailed discussion of the pathways see Meyer, Müller et al. (2014).

The example shows a cost indicator for a fictitious community nurse providing home healthcare to a certain patient group (Clients / Patients 1). The indicator is broken down into four areas of activity derived from certain activities in the pathway, as shown in Table 10below. In the same manner, effort-related indicators for all stakeholders are constructed.

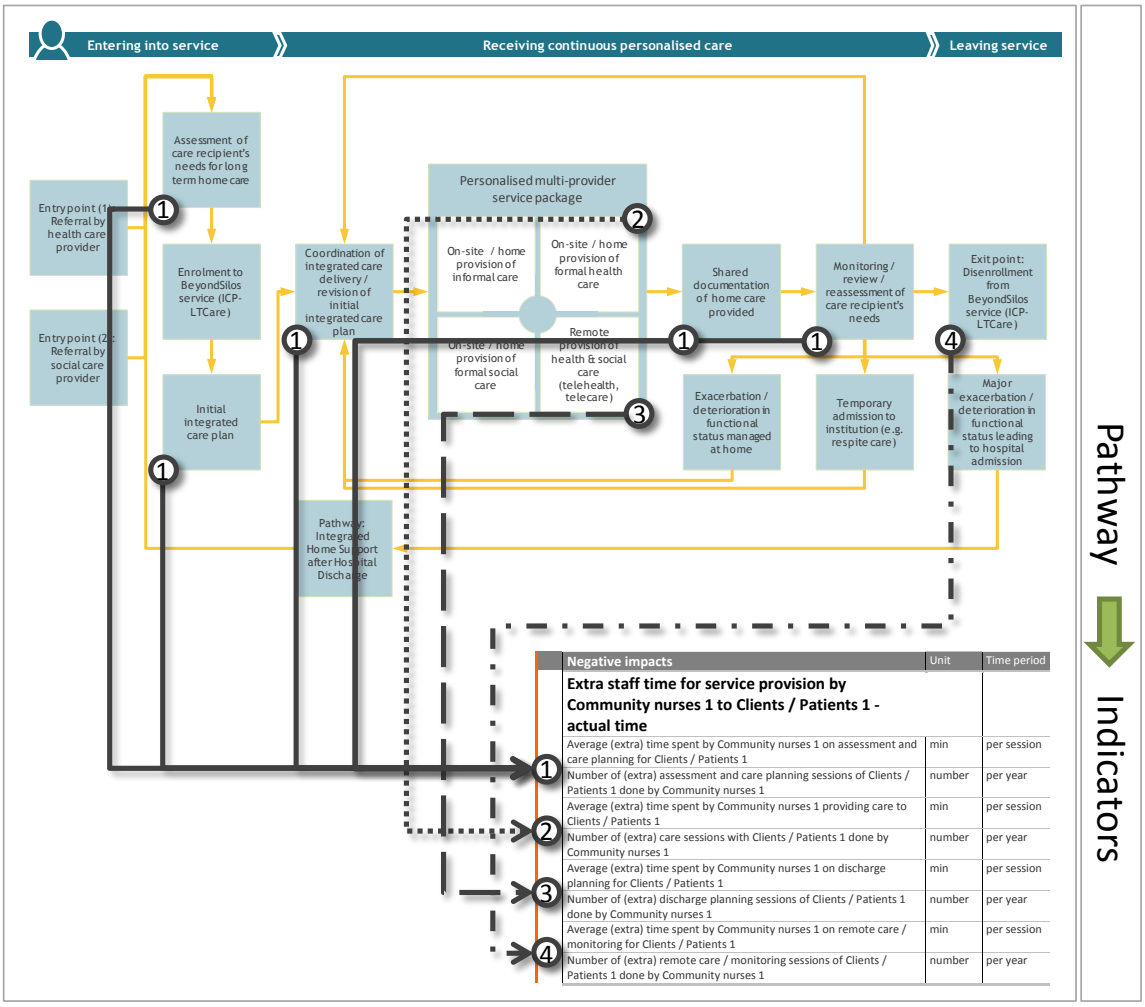

Figure 19: From pathway to indicator: an example from BeyondSilos

Table 10: Mapping of activities in pathway to indicator (example)

Activity in pathway	Activity indicator
Assessment of care recipient's needs for long term home care	Time spent on assessment and care planning
Initial integrated care plan	
Coordination of integrated care delivery / revision of initial integrated care plan	
Shared documentation of home care provided	
Monitoring / review / reassessment of care recipient's needs	
On-site / home provision of formal health care	Time spent on care provision
Remote provision of health & social care (telehealth, telecare)	Time spent on remote care / monitoring
Exit point: Disenrollment from CareWell service (ICP-LTCare)	Time spent on discharge planning

Together with the other cost and benefit indicators, the pre-defined set of indicators is used to check and complement the impacts identified by the pilot sites and to arrive at a contextualised indicator set, as described earlier in this deliverable. Data collected along the variables of the indicator set then serve as an input to the calculation engine of the ASSIST software tool in order to calculate different key performance measures, as shown

in the figure below. For a description of the mathematics and the calculation of the performance measures see Hammerschmidt and Meyer (2014, p. 154).

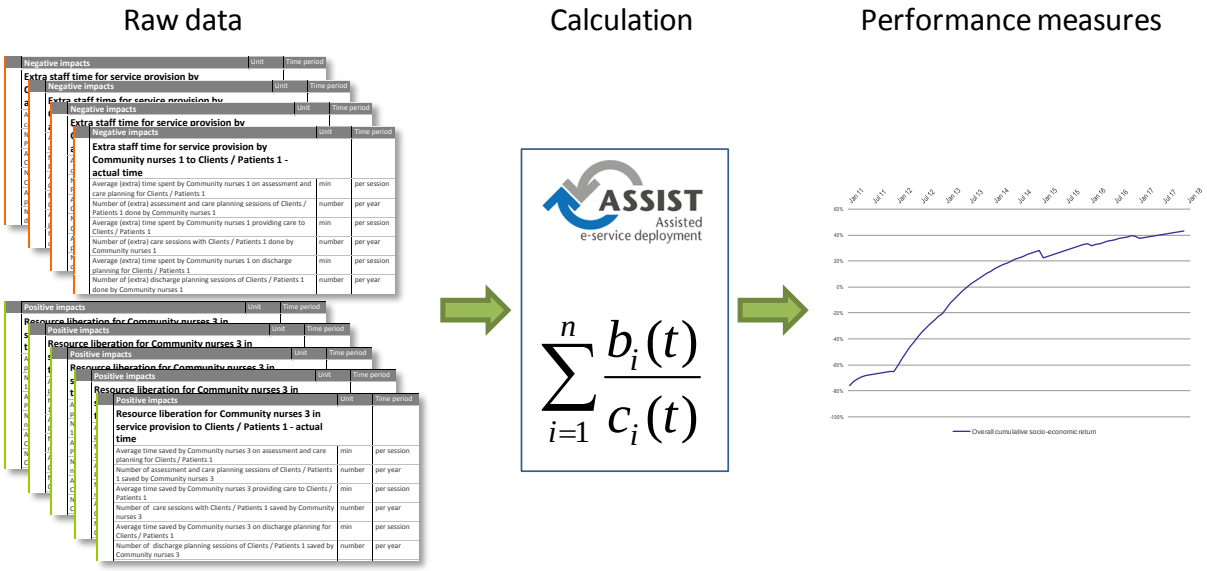

Figure 20: From data to performance measures

3.3 Initial value models per site

The initial value models document for each site which stakeholders are involved or affected by the integrated care service, and which impacts can be assumed to result from the changes introduced in CareWell. As explained in section 3.2 above, the models document steps 1 and 2 of this approach.

In the following, an example is given to explain the graphical appearance. The blue boxes are individual persons, the grey boxes are economic entities. The service component introduced in CareWell (an output of CareWell) is displayed in the round blue shapes. The dashed line indicates the flow of information or the service.

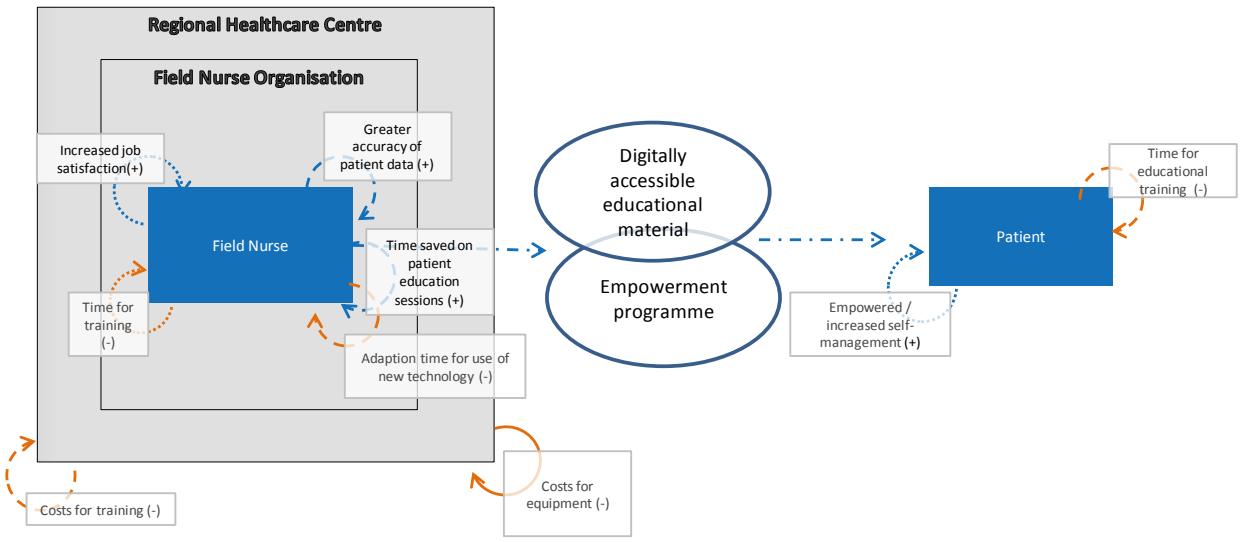

Figure 21: Example value model

In this example, a field nurse (blue box) works in a field nurse organisation which is part of a regional healthcare centre (grey box). In CareWell, digital educational material and an empowerment programme are introduce. Now the nurses can hand out quality

assured educational material to a patient in digital format. The patient sees this on his TV. In this example, information is delivered by the nurse to the patient.

The circular lines display the impact assumed to be the result of the CareWell service. Impacts are always on a stakeholder. So for example, the nurses will need to invest in time for training. For the employer of the nurses, the regional healthcare centre, this is an investment in the working time of nurses. For the nurses, this is adding another task to the things they need to manage during their working time. It is pressuring them. For that reason, this is regarded as an intangible cost. Intangible impacts are dotted lines. For the employer this is a reduction of its time resources. Resource impacts are dashed lines. Both take away time and thus are negative impact which are display in orange. The positive result of the digital empowerment programme is many-fold in this example. The first is increased empowerment and self management of the patient; A positive but intangible impact for the patient which is displayed as a blue dotted line. In turn, the nurses can be expected to be freed from patient education sessions which gives them time. A positive resource impact displayed as blue dashed line. Another impact could be better accuracy of patient information. When patients understand better their disease, they might also be able to better communicate. This could turn into a positive resource impact for the nurses as well. In essence, all these measures might also have an impact on the working satisfaction of the nurse; if this turns out to be positive or negative remains to be seen. This information will be elicited from interviews with nurses at a later stage of the project, when nurses have experienced the service and have overcome the first hurdles of adapting to the service.

3.3.1 Basque Country – Spain

Figure 22 below describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in the Basque Country. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In the Basque Country, the service components include:

- CRM (Customer Relationship Management Service); a workflow for pathways. CRM will be extended in CareWell to include a telemonitoring module, transmission of telemonitoring data automatically from CRM to the EHR and inclusion of the eHealth Centre into CRM for telemonitoring alarm management.
- Extension of telemonitoring service to a wider spectrum of patients and healthcare professionals.
- Improvement and extension of access to the EHR, specifically but not limited to the eBook; shared common space for primary and secondary care professionals in EHR.
- Extension of ePrescription service so that primary and secondary care can access the same space where patient's pharmacological treatment is described.

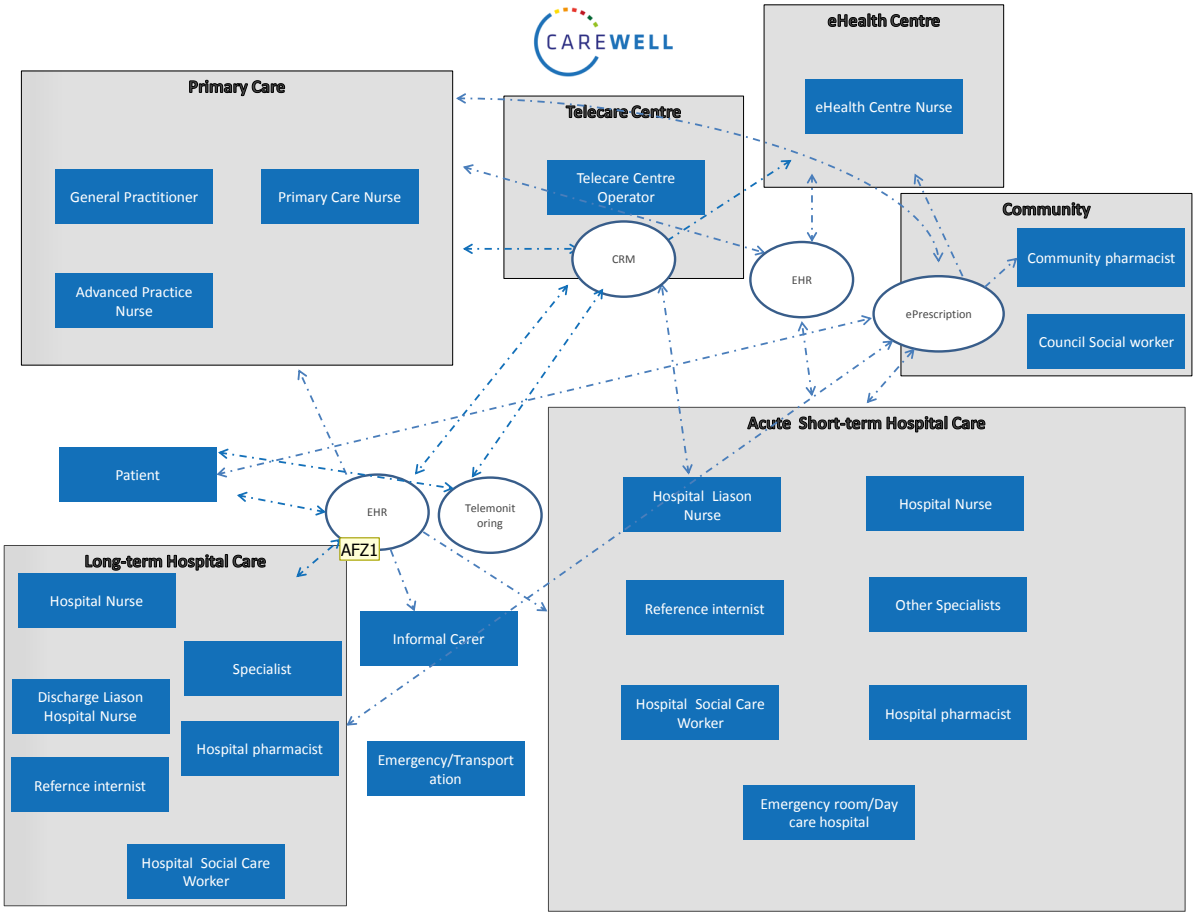

Figure 22: Basque Country stakeholders and CareWell service components

The figure below describes the positive and negative impacts of the above described CareWell service components on relevant stakeholders across the Basque healthcare system. Impacts include: cost impacts such as the costs to implement and carry out the social integration questionnaire, borne by the short-term hospital when the hospital nurse administers the questionnaire; resource impacts such as the extra time a telecare centre will have to take to monitor clinical parameters due to the increase of patients as the telemonitoring service is expanded to a wider spectrum of patients; and intangible impacts such as the empowerment that patients will gain through being actively involved in their care through taking telemonitoring measurements and being able to follow their telemonitoring data via the EHR.

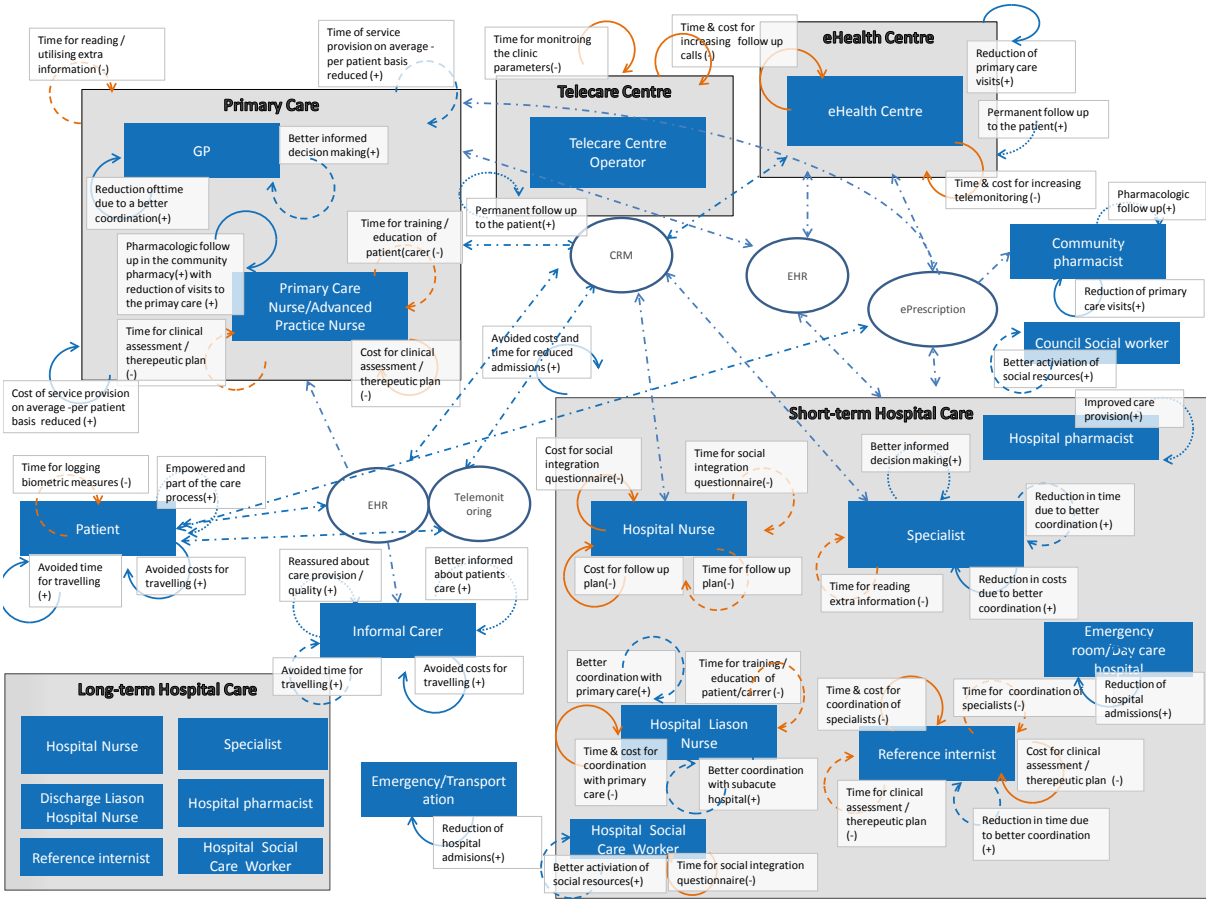

Figure 23: Basque Country mapping of stakeholder impacts

3.3.2 Lower Silesia – Poland

The below figure describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in Lower Silesia. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In Lower Silesia the service components include:

- A directory of educational websites.
- ePrescription will be extended to give patients and informal carers quick access to information on prescriptions and drug history.
- Internet Patient Account (IKP) will provide patients and informal carers with quick access to their medical information.
- Introduction of a telemonitoring service.
- Primary and secondary care professionals' access to a central Electronic Care Record (ECR) discharge report.

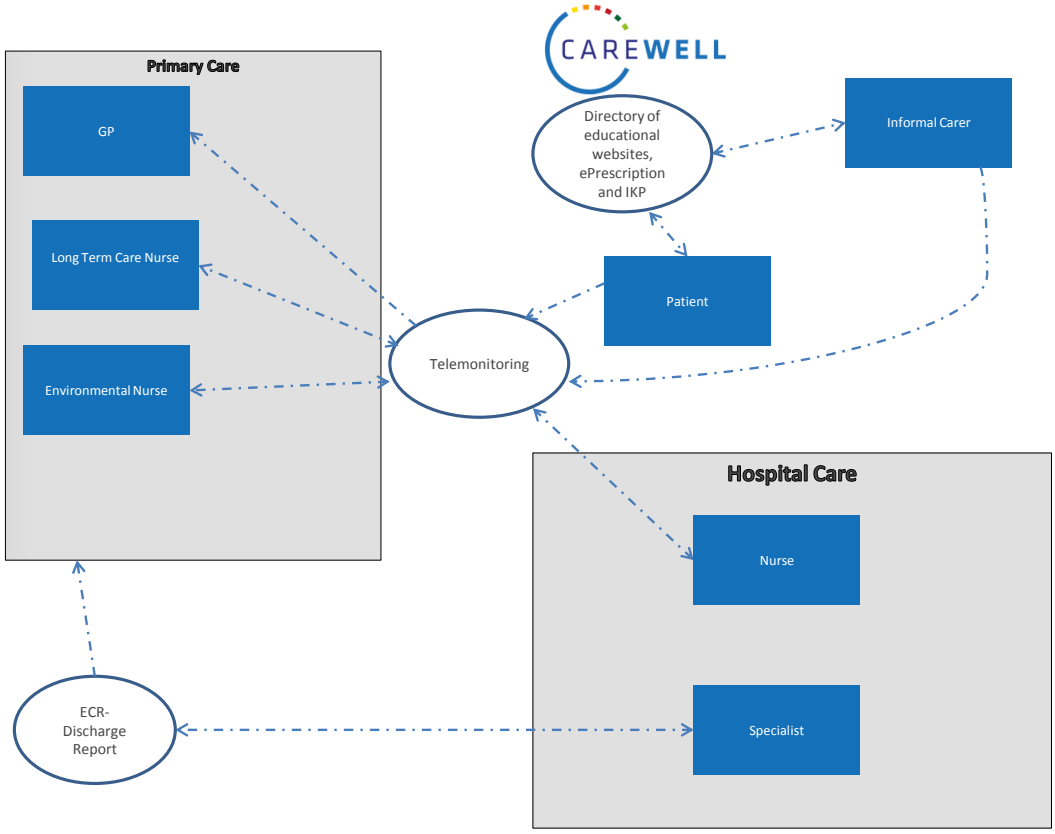

Figure 24: Lower Silesia stakeholders and CareWell service components

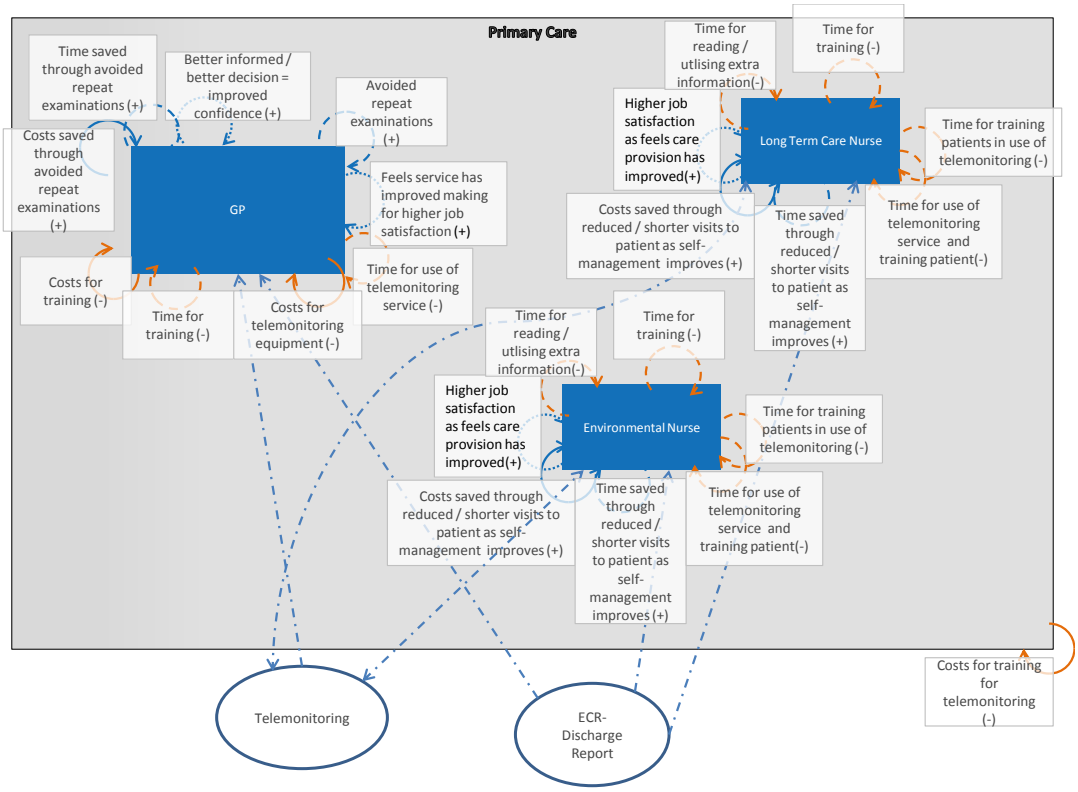

Figure 25: Lower Silesia mapping of primary care stakeholder impacts

The figure above describes the positive and negative impacts of the above described CareWell service components on the primary care stakeholders in the Lower Silesian

healthcare system. Impacts include: cost impacts, such as the costs for telemonitoring equipment, borne by GPs; resource impacts, such as the time required to train long term care nurses and environmental nurses to use the telemonitoring equipment; and intangible impacts, such as higher job satisfaction for all healthcare professionals in primary care, as they are better informed due to access to telemonitoring data and the ECR discharge report.

The figure below describes the positive and negative impacts of the above described CareWell service components on the hospital care stakeholders in the Lower Silesian healthcare system.

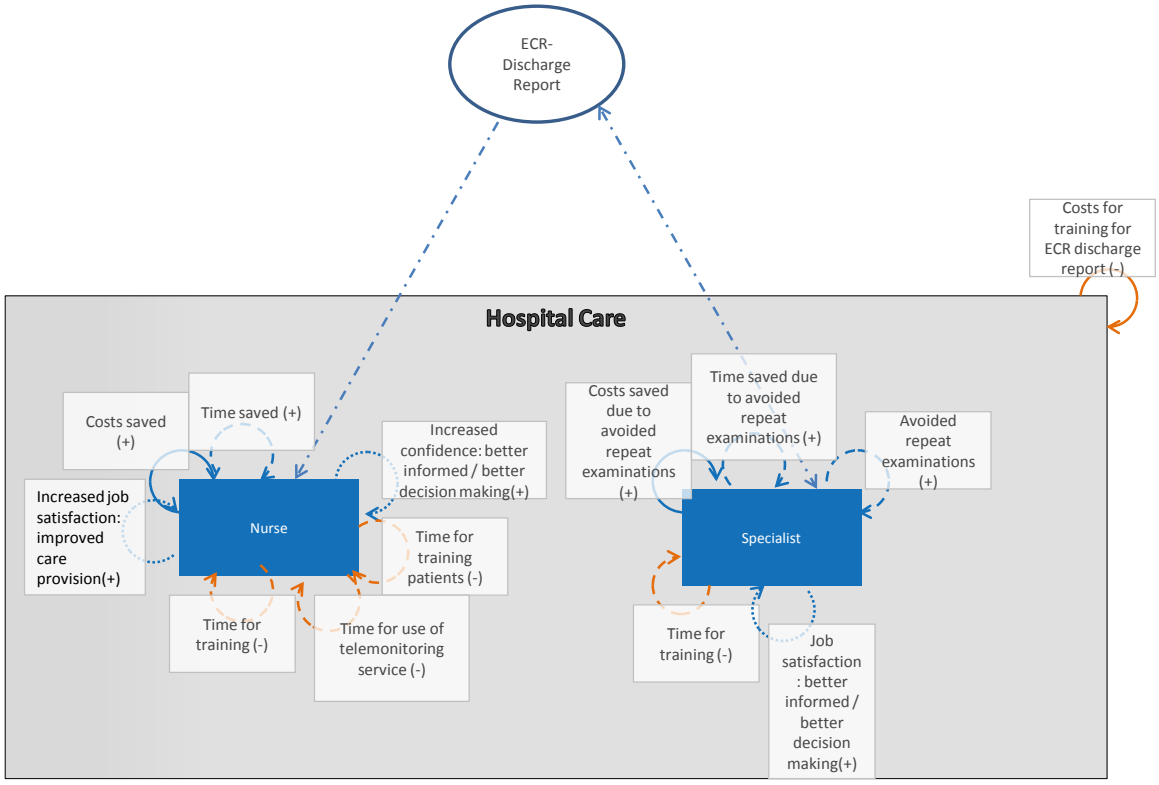

Figure 26: Lower Silesia mapping of hospital care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on patients and informal carers in Lower Silesia.

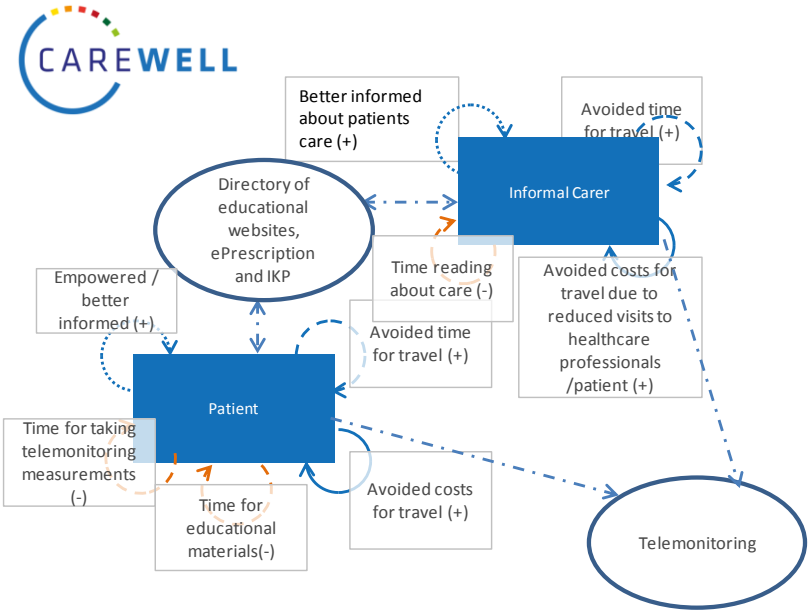

Figure 27: Lower Silesia mapping of patient and informal carer stakeholder impacts

3.3.3 Puglia – Italy

The below figure describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in Puglia. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In Puglia the service components include:

- Introduction of Virtual Clinical Sessions where healthcare professionals are able to contact each other to discuss cases via messaging service.
- Introduction of video consultations.
- All healthcare professionals and patients will be allowed access to EHR / ePrescription via CarePuglia digital platform.
- Access to Care Pathways / Plans: Vertical framework for new pathways for specific chronic pathologies within the CarePuglia web-based platform for care management. The pathway allows the relevant healthcare professionals to have access to the relevant documentation.
- Extended use of Care Manager: The Care Manager is a specialised nurse in primary care setting who coordinates all the care management processes, and ensures adherence to the care plan and therapy. In CareWell, the use of Care Managers will be extended to a wider patient population.
- Introduction of patient messaging service, where patients can message care professionals about their concerns instead of waiting for an appointment.
- Extension of telemonitoring service to a wider spectrum of patients with the use of new devices.
- Educational material from Care Managers will now be made available to patients and informal carers online.

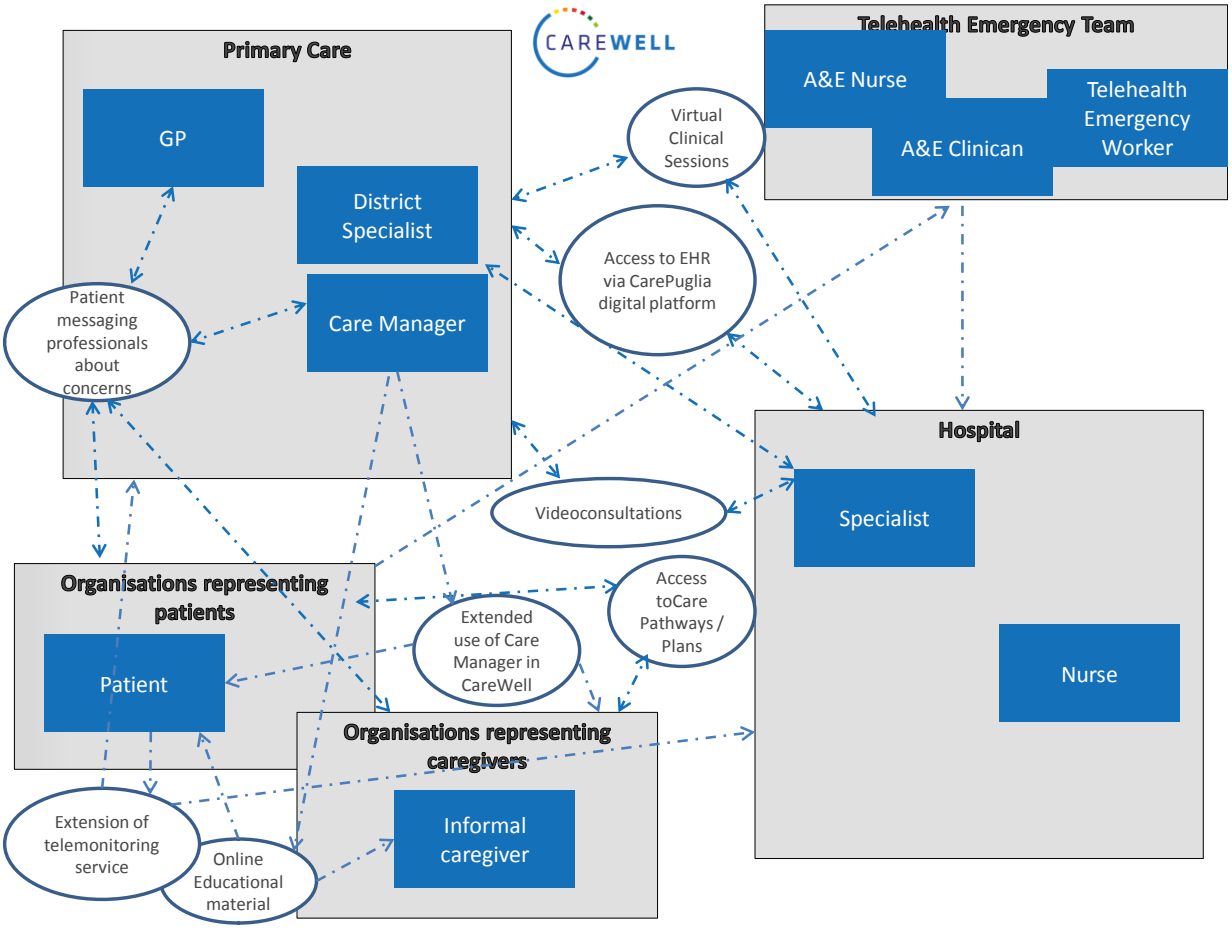

Figure 28: Puglia stakeholders and CareWell service components

The figure below describes the positive and negative impacts of the above described CareWell service components on the primary care stakeholders in the Puglia. Impacts include: cost impacts, such as the costs for additional telemonitoring equipment, borne by the primary care service; resource impacts, such as the time for additional training required for Care Managers to use of new telemonitoring devices, or to train additional Care Managers; and intangible impacts, such as higher job satisfaction for all healthcare professionals in primary care due to happier patients, as the patients are better informed, better supported and more involved in their care through the various CareWell service components.

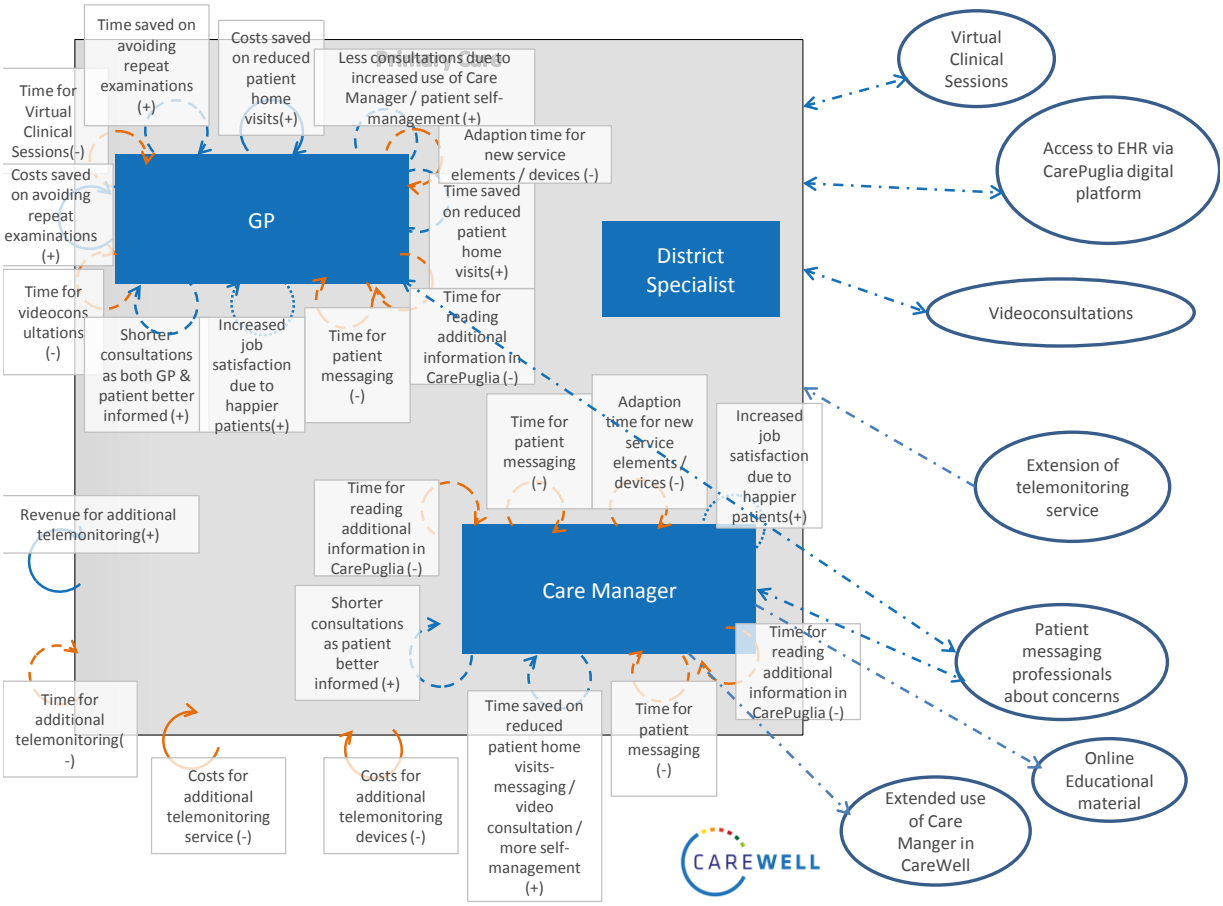

Figure 29: Puglia mapping of primary care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on hospital care stakeholders in Puglia.

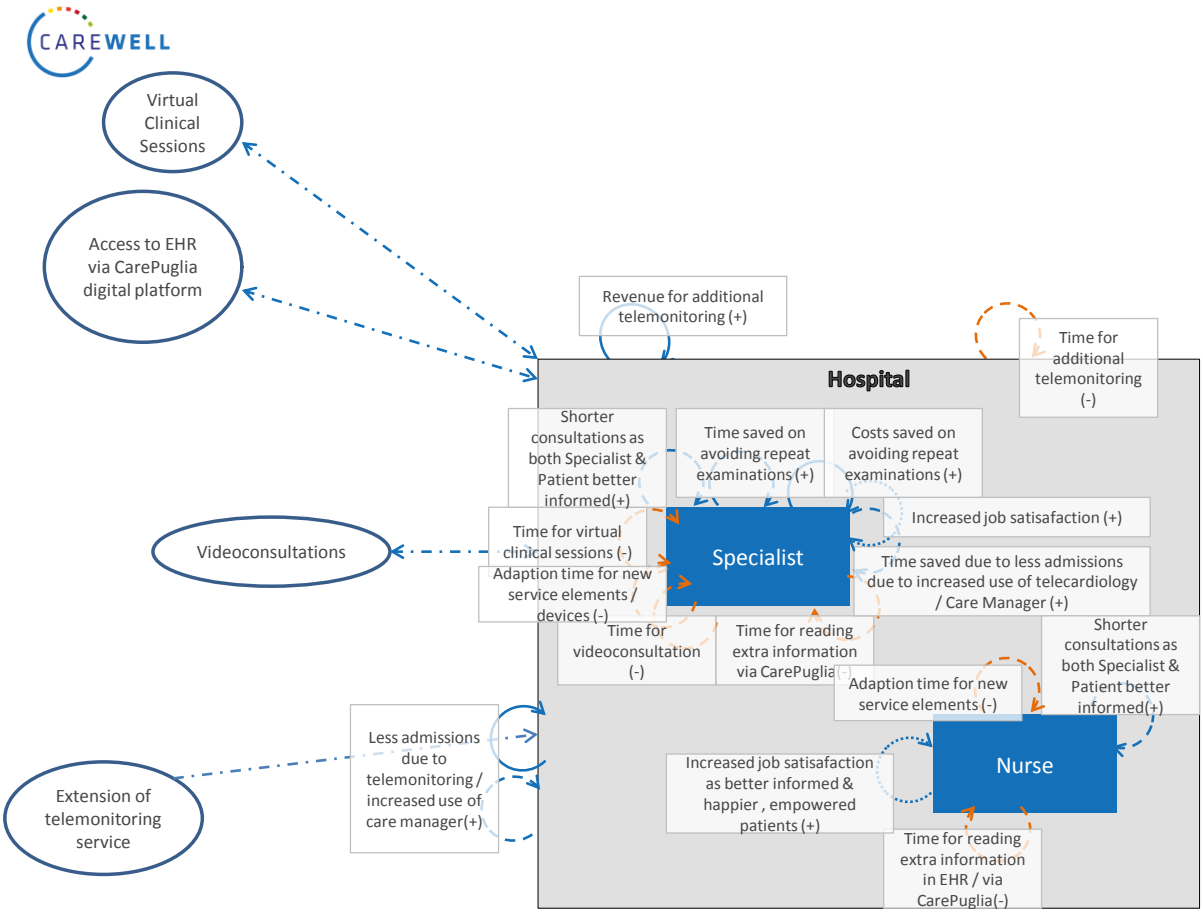

Figure 30: Puglia mapping of hospital care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on patients and informal carers and their respective representative organisations in Puglia.

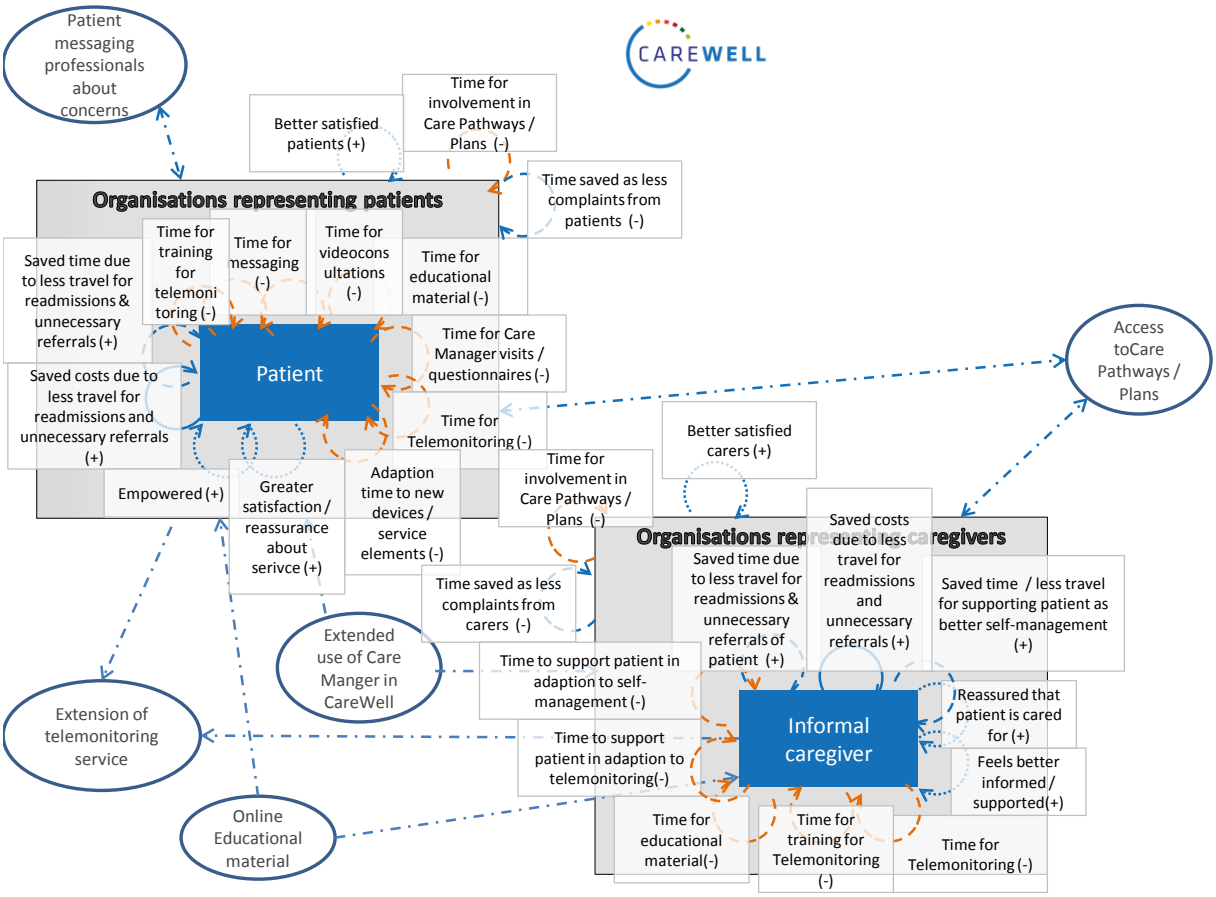

Figure 31: Puglia mapping of patient and informal carer stakeholder impacts

3.3.4 Veneto Region – Italy

The below figure describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in Veneto. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In Veneto the service components include:

- Introduction of Patient's dashboard application: The dashboard will allow the sharing of patient information among all professionals. Different profiles in the ICT system will be created in relation to the role of the professional. Depending on the role, it will be possible to have a different level of access to information. A specific change will be inclusion of GP access to the dashboard, which they currently do not have.
- Modification of pathways to the multidisciplinary assessment unit: The multidisciplinary assessment unit creates and tailors the personalised care plans for the care of frail, chronic patients. Pathways to access the multidisciplinary unit will be modified so that they are available online, and collect data directly from the patient dashboard.
- Introduction of inter-consultations via electronic health record between healthcare professionals.
- Introduction of video consultations performed by homecare nurses.

- Introduction of telemonitoring service. In conjunction with taking telemonitoring measurements, which will be conducted by the homecare nurse, education and training on disease management will also be delivered to the patient. Education material will also be available online.
- Introduction of the sharing of plans to monitor parameters and self-management education. Efforts to empower patients will be reinforced and supported by various health professionals in a patient's care plan.
- Introduction of a dedicated portal on the ULSS 2 website called My Health Portal, where patients will be able to insert information, find information, download results of tests, and book appointments.
- Extension of ePrescription service.

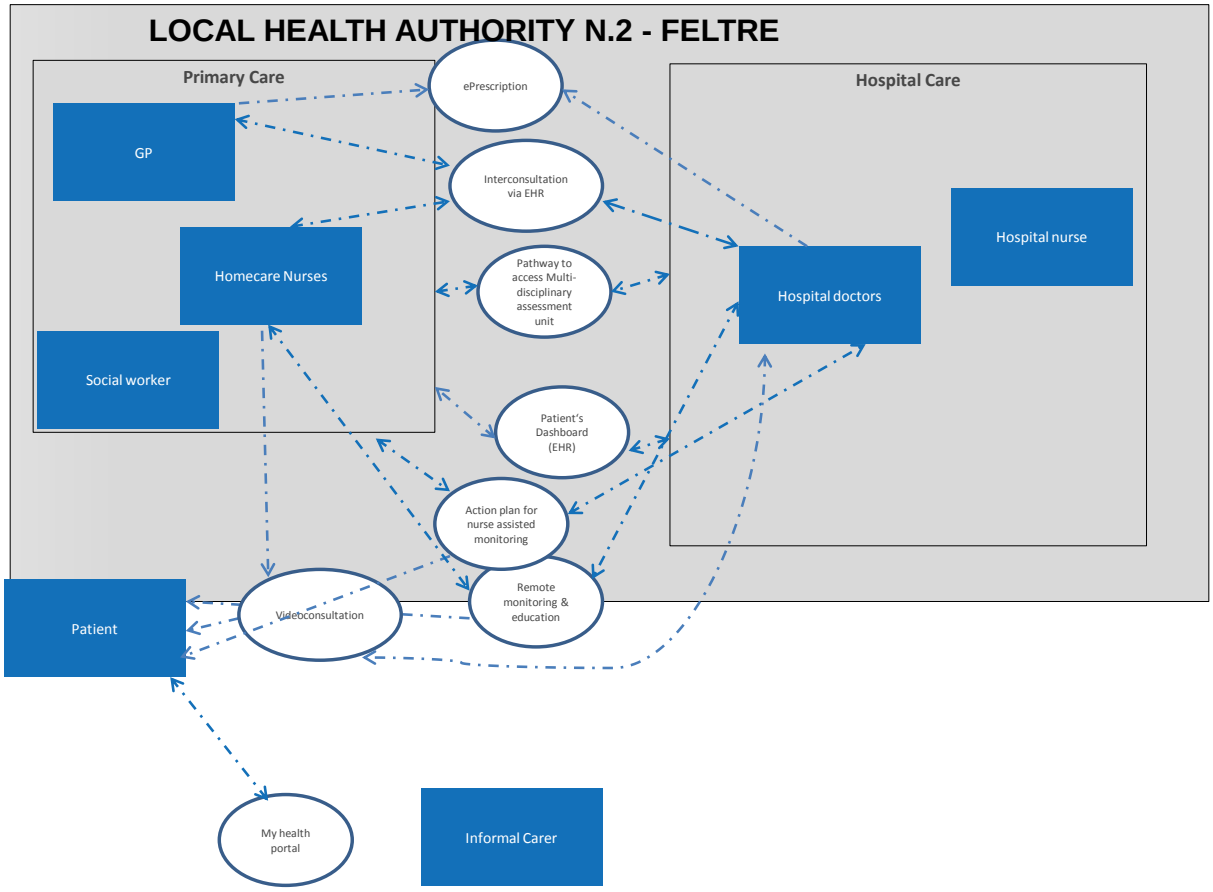

Figure 32: Veneto stakeholders and CareWell service components

The figure below describes the positive and negative impacts of the above described CareWell service components on the primary care stakeholders in Veneto. Impacts include: cost impacts, such as the costs for video consultation equipment, borne by the regional health authority, which bears all such costs, but is specifically applicable in primary care for Homecare Nurses; resource impacts, such as the time to conduct video consultations performed by Homecare Nurses; and intangible impacts, such as higher job satisfaction for all healthcare professionals as they are better informed and better able to make decisions about a patient's care through the various CareWell service components.

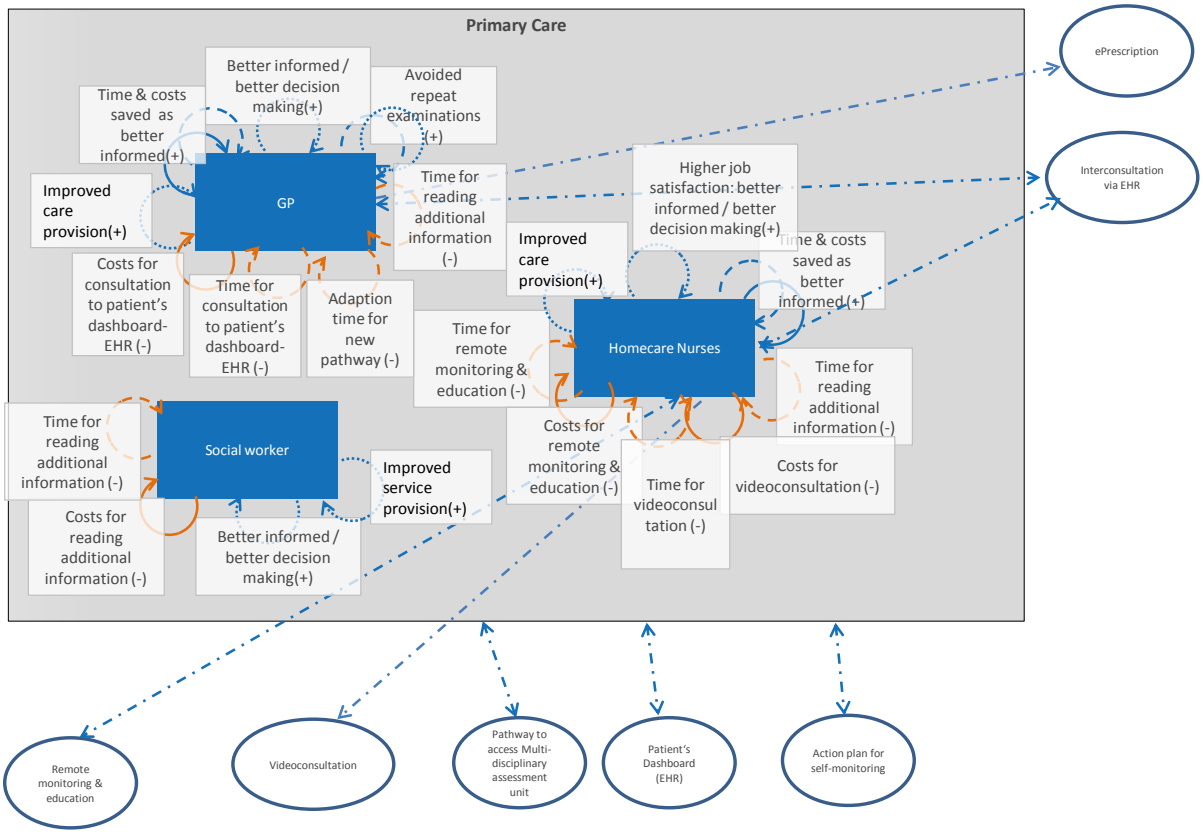

Figure 33: Veneto mapping of primary care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on hospital care stakeholders in Veneto.

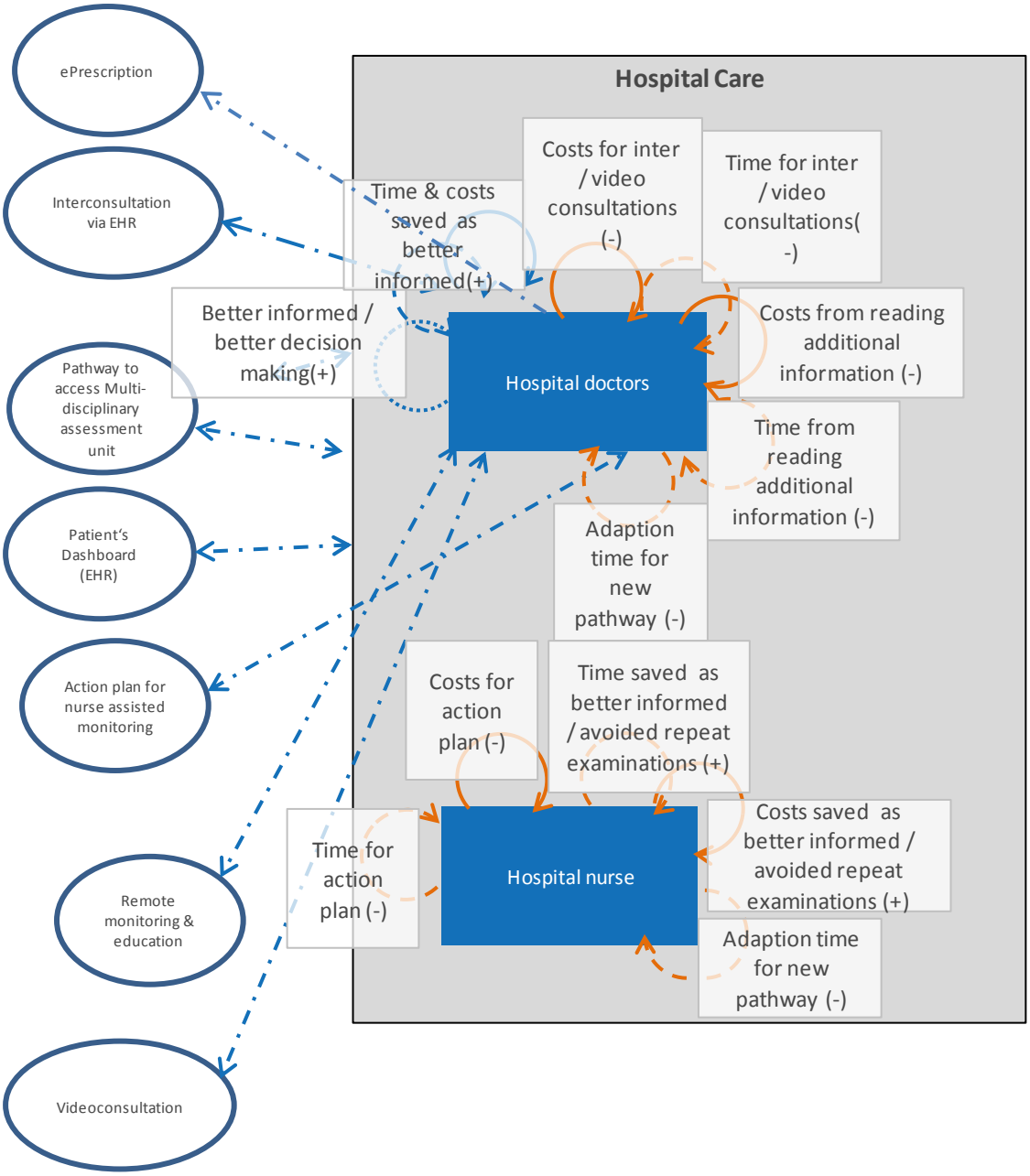

Figure 34: Veneto mapping of hospital care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on patients and informal carers in Veneto.

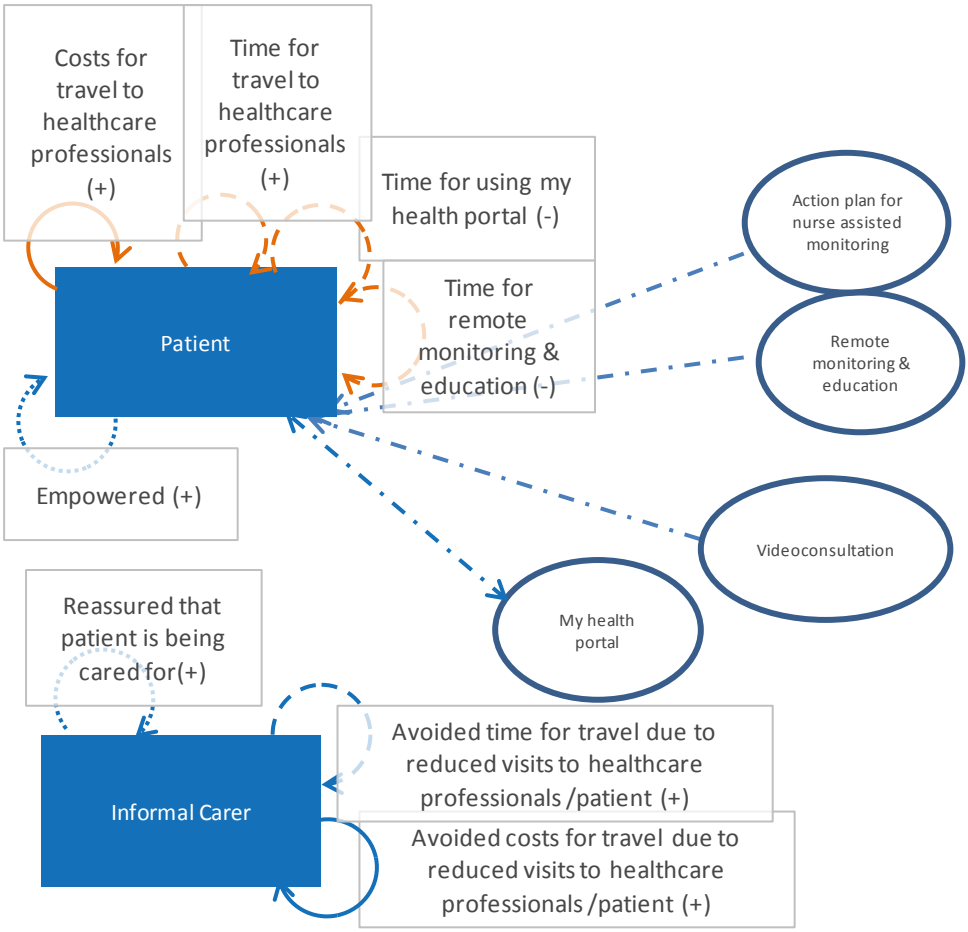

Figure 35: Veneto mapping of patient and informal carer stakeholder impacts

3.3.5 Powys – Wales- UK

Figure 36 below describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in Powys. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In Powys the service components include:

- Introduction of extracts of data from the primary care EHR for inclusion in a referral to secondary care via Wales Clinical Communication Gateway (WCCG).
- CareWell patients will be highlighted through the Individual Health Record system (IHR) to the Out of Hours GP service on a view-only basis.
- Introduction of video consultation between GPs and patients.
- Introduction of mobile communication for community nursing staff which would allow remote access to electronic health record (EHR) and near live remote updating of information in EHR and patient administration systems (PAS).
- Introduction of remote monitoring service.
- Extension of InfoEngine, a local directory of services, so that it is accessible via tablet and mobile devices.
- Education and support materials will be made available through the Powys Teaching Health Board (tHB) website for patients and informal carers to access at home.

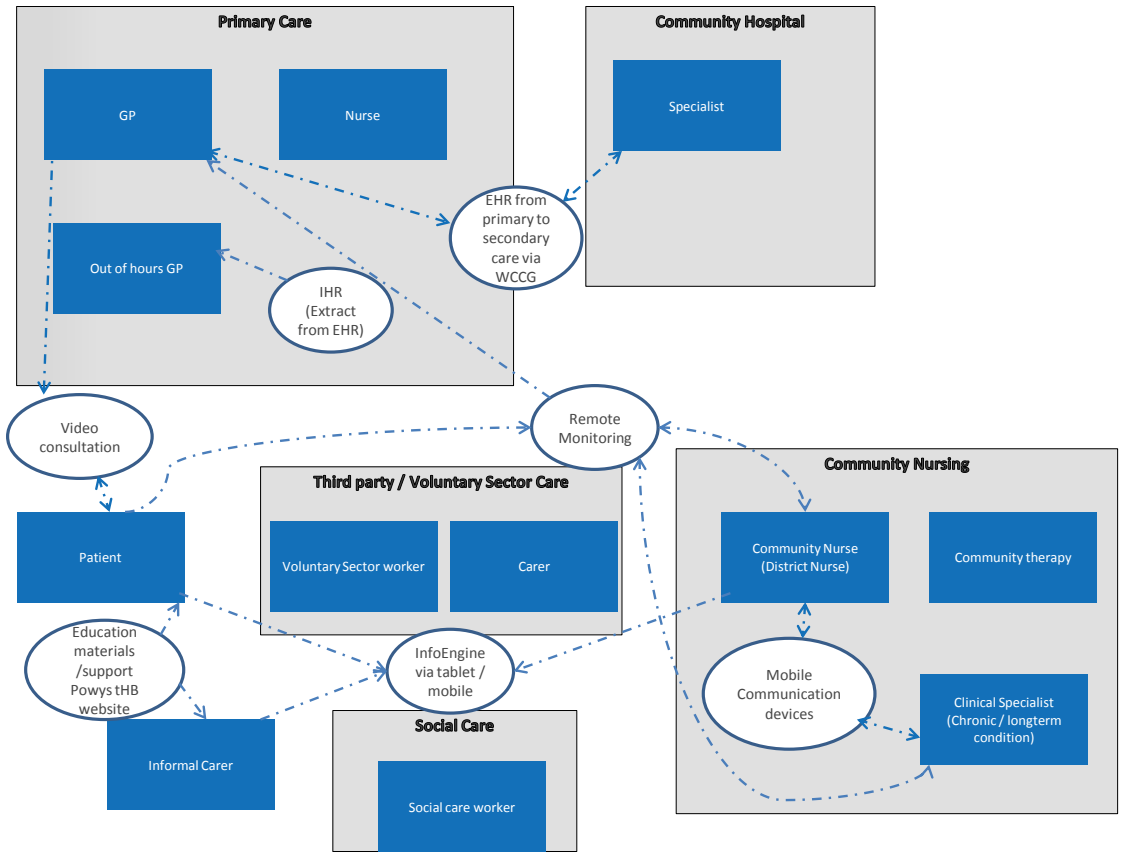

Figure 36: Powys stakeholders and CareWell service components

The figure below describes the positive and negative impacts of the above described CareWell service components on the community nursing stakeholders in Powys. Impacts include: cost impacts, such as the costs for mobile communication devices, borne by the community nursing service; resource impacts, such as the time for training required for district nurses to use new mobile communication devices; and intangible impacts, such as higher job satisfaction for district nurses as they feel better informed, better supported and more able to make accurate decisions about a patient's care through the use of the remote devices and access to the EHR and PAS whilst visiting patients.

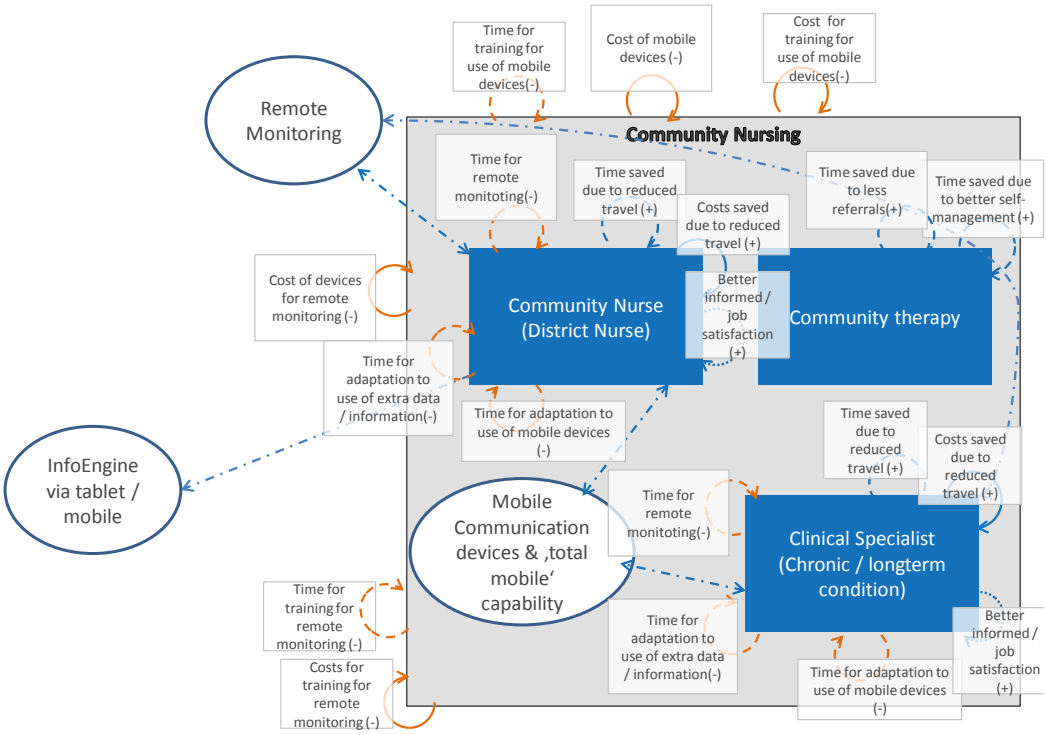

Figure 37: Powys mapping of community nursing stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on primary care stakeholders in Powys.

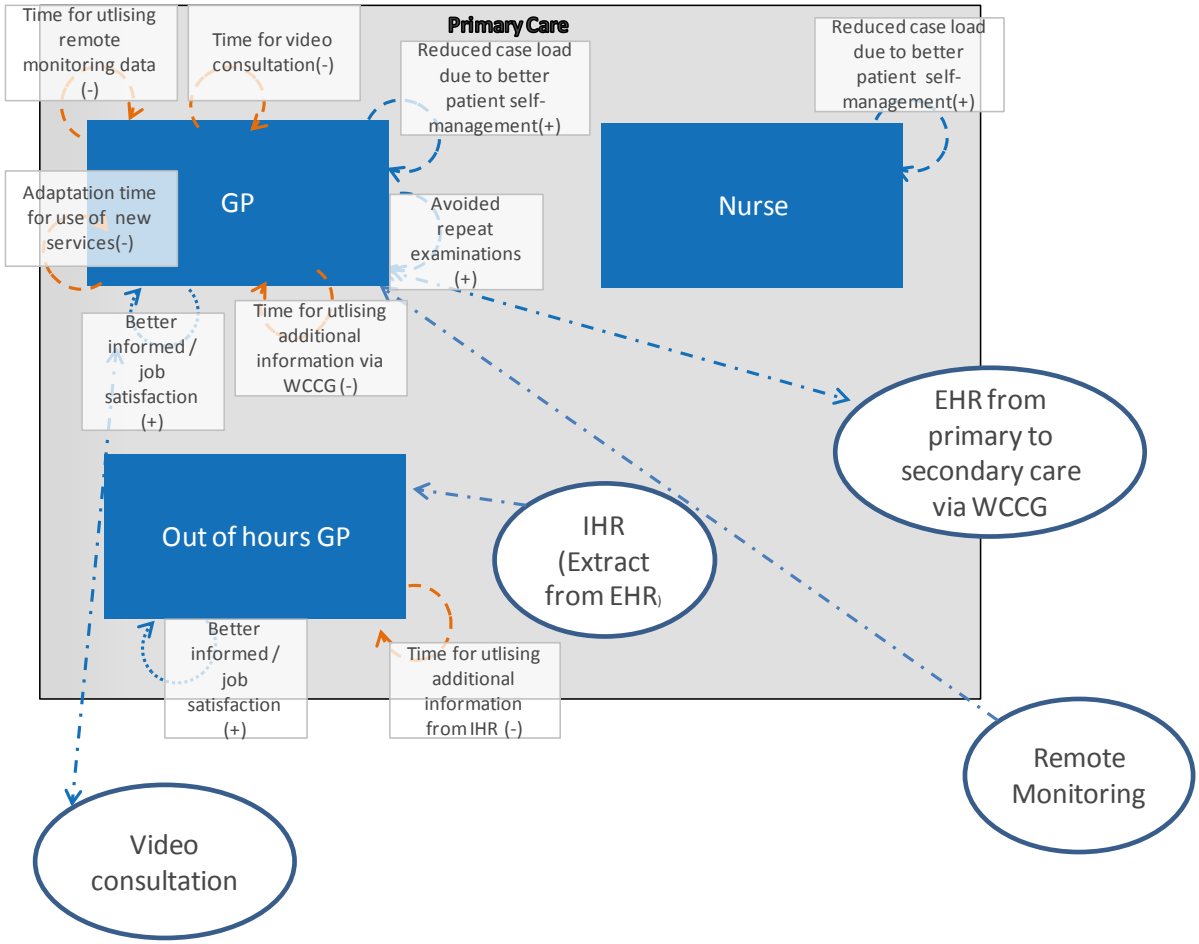

Figure 38: Powys mapping of primary care stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on third party / voluntary sector stakeholders and patients and informal carers in Powys.

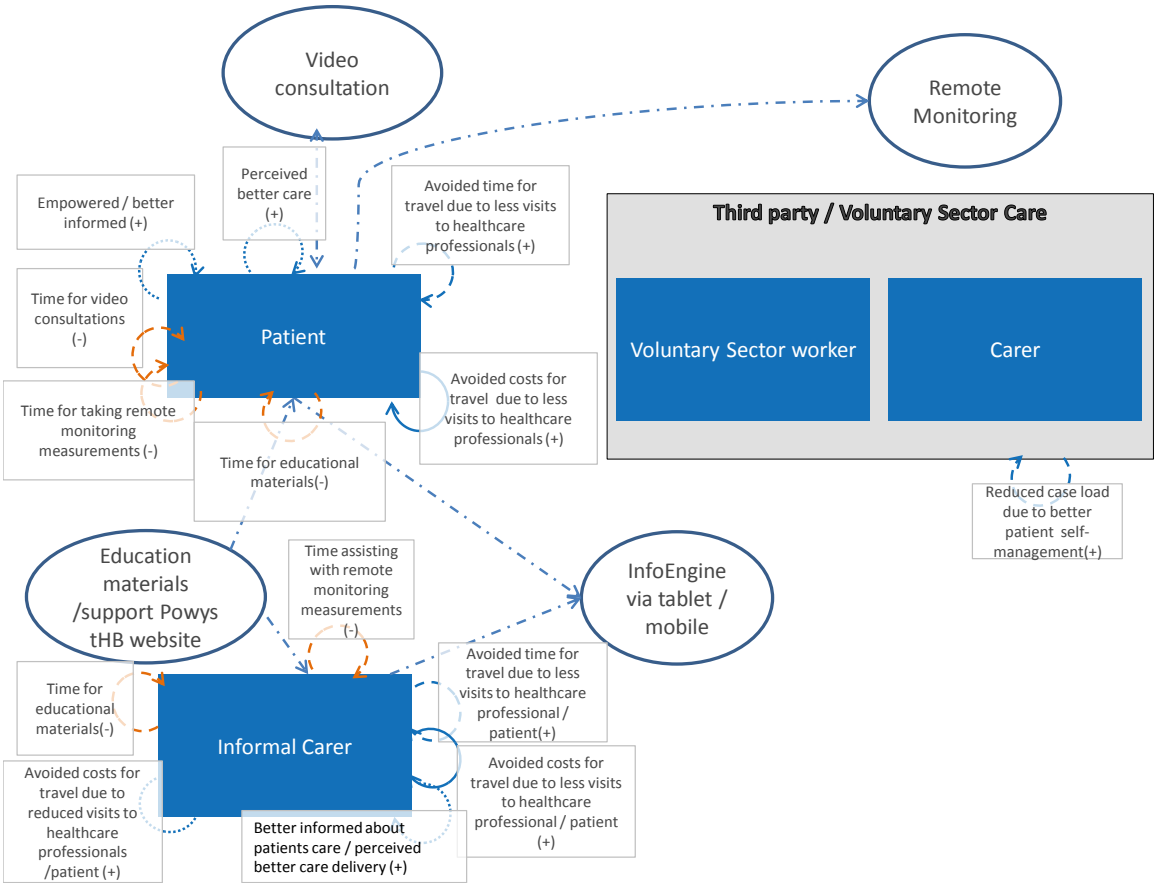

Figure 39: Powys mapping of patient, informal carer and third party / voluntary sector stakeholder impacts

The figure below describes the positive and negative impacts of the above described CareWell service components on community hospital stakeholders in Powys.

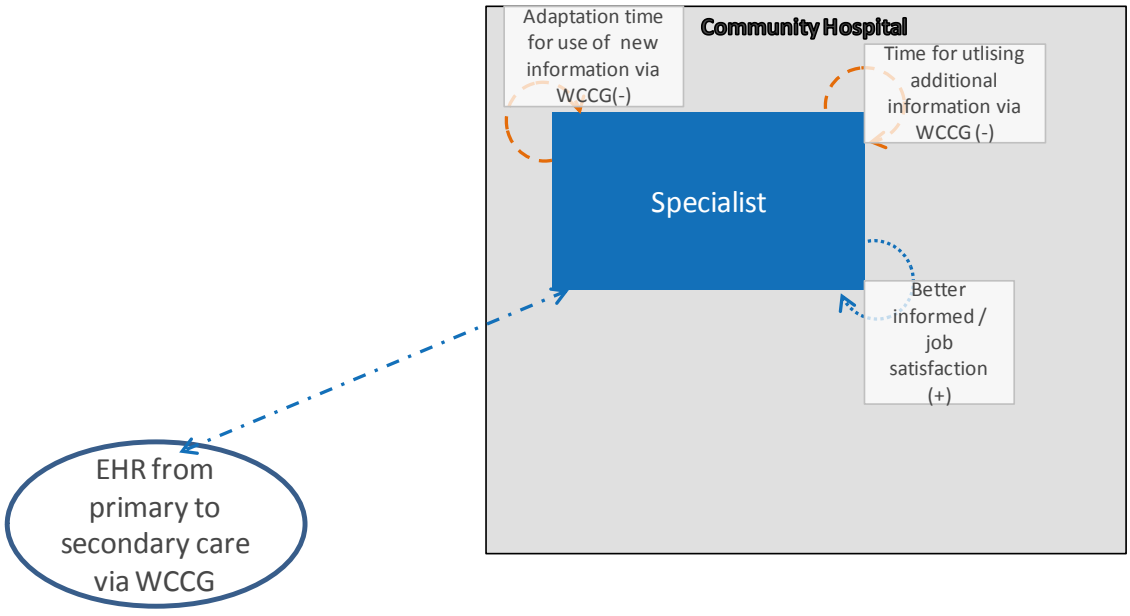

Figure 40: Powys mapping of community hospital stakeholder impacts

3.3.6 Zagreb – Croatia

Figure 41 below describes the stakeholders expected to be impacted by the service components that will be introduced or adapted for the purposes of CareWell in Croatia. In addition, the arrows describe the flow of information / service between stakeholders via the service components. In Croatia the service components include:

- Introduction of review of central data through PHR: All patient data will be stored in the central personal health record (PHR) and made accessible to primary care healthcare professionals (Regional Healthcare Centre). Data will be stored in digital form, in the central record.
- Patient data will be made accessible to healthcare professionals through various ICT solutions, so it can also be accessed remotely.
- Extension of the collection of patient data through Ericsson Mobile Health (EMH) kit by the field nurse at the patient's home for sharing with the GP office through storage in the EMH central system (PHR). Further measurements will be taken in comparison to current practice. Another change in current practice will be the use of the questionnaire functionality of the EMH system, which the nurse will use to collect additional information from the patient which will also be stored in the PHR.
- Introduction of digitally accessible educational material and accompanying empowerment programme; previously this was delivered in person by field nurses with paper-based materials.
- Introduction of patient and informal carers' direct contact with field nurses through the call centre; previously patient and informal carer contact was only with the call centre.

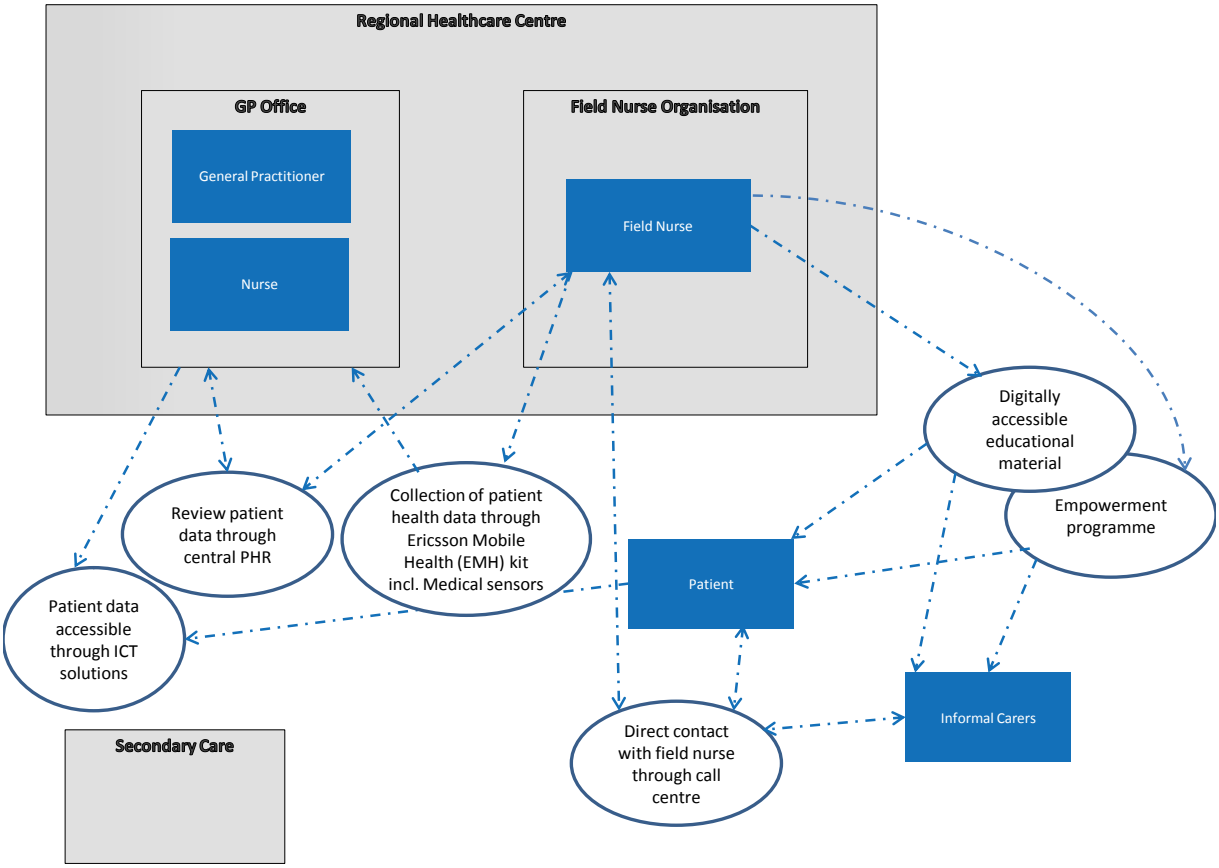

Figure 41: Zagreb stakeholders and CareWell service components

The figure below describes the positive and negative impacts of the above described CareWell service components on relevant stakeholders across the Croatian healthcare system. Impacts include: cost impacts, such as the costs of telemonitoring equipment, borne by the regional healthcare centre; resource impacts, such as the extra time a field nurse will have to take to gather additional telemonitoring measurements and complete the patient questionnaire; and intangible impacts, such as the empowerment that patients will gain through being actively involved in their care through accessing educational materials and the empowerment programme whenever they wish, as it is now available digitally.

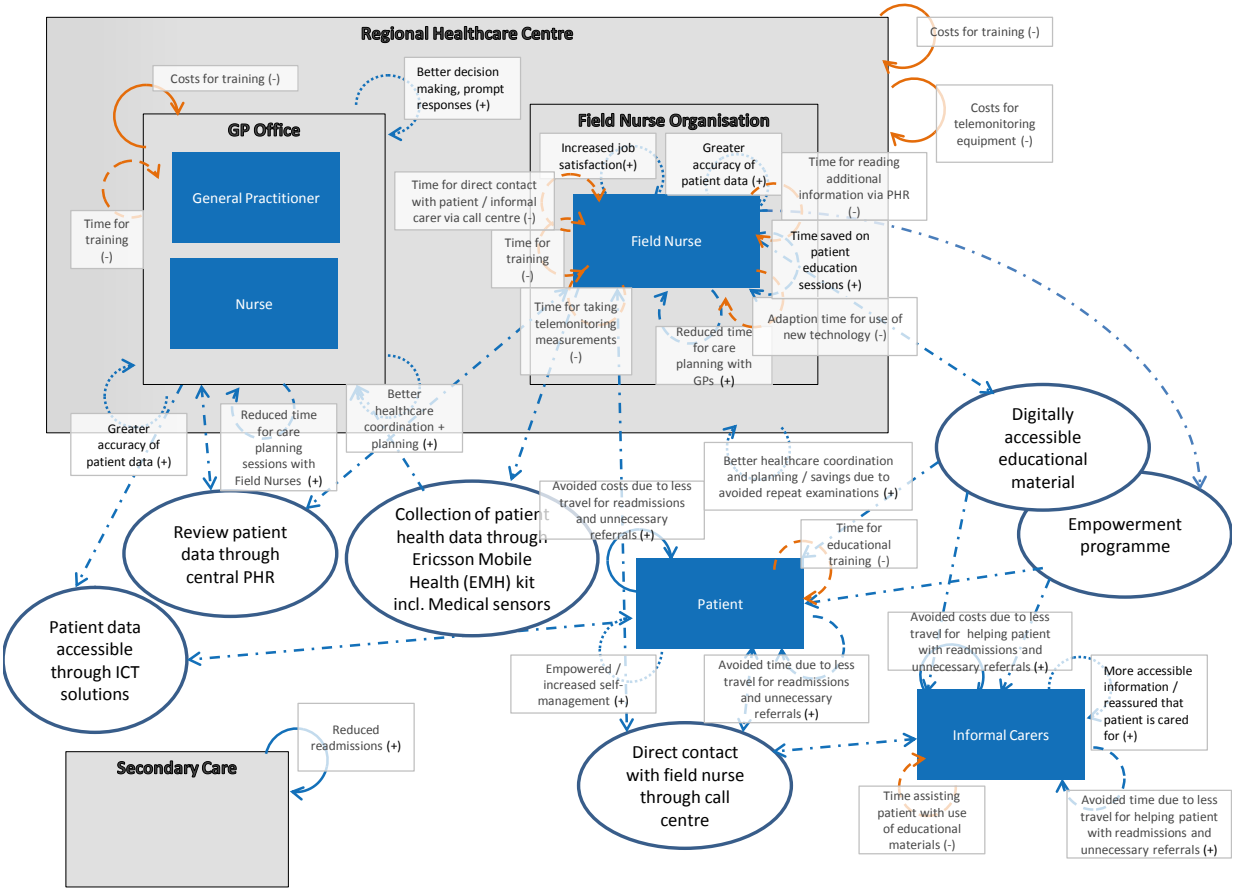

Figure 42: Zagreb mapping of stakeholder impacts

4 Outlook

The work on exploitation and dissemination are both work in progress. It is a snapshot of the current stage of the work.

Regarding dissemination, the project will implement the planned dissemination means and will continue to produce textual and video news on the progress of the project. It will issue press releases, present on conferences and engage with other relevant initiatives.

Regarding exploitation, the project will turn the impacts described in the diagrams above in measurable indicators using the reference database of potential cost-benefit indicators, and complementing it where deemed necessary. This will finalise step 2 of the approach. During next year it will populate the value model with data from secondary sources (step 3). This will allow an initial analysis of the performance of the service. Another iteration of steps 3 and 4 is planned for the last year of the project. It will employ primary data that will be surveyed by WP7.

Appendix A: Event participation

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
IRH	01.10.2014	National	Annual Rural Primary Care Conference (1.-3.10.2014)	Mostly GPs and nurses working in primary care in Powys but also GPs from other areas of Wales and the UK.	Discussions focused on raising awareness and understanding towards gaining sign up by the GPs from Powys practices as well as sharing general information on the IRH and Powys' involvement in the project.
IRH	14.10.2014	European	The King's Fund's Annual Integrated Care Conference	Clinicians, health and social care managers, academics, patient group representatives from across Europe but mainly the UK.	Discussions focused on the pathways and how they were being designed to better co-ordinate the care of people and empower the individual to self care and self manage their health and wellbeing. In addition, the approach to the project evaluation was shared with some of the conference delegates.
IRH	01.12.2014	European	EIP-AHA 3rd Conference of Partners	Clinicians, health and social care managers, academics, patient group representatives and industry representatives from across Europe and participants in the EIP-AHA action groups.	Learning was gained on the progress of the various action groups, some of which was relevant for CareWell. In addition, IRH participated in the evaluation workshop, sharing information on the CareWell evaluation methodology and discussions on developing an approach to evaluate the EIP-AHA initiative as a whole.
IRH		Site	Powys Stakeholder events	Primary care staff including GPs, Practice Managers, Community Nurses. Locality and Health Board managers and Informatics Team staff.	Discussions focused on raising awareness and understanding, and gaining sign up to participate in the project from a Powys pilot site perspective.

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
HDFEZ	01.07.2014	National	ZDRAVSTVENI SUSTAVI I ZDRAVSTVENA POLITIKA" - Business Intelligence - kako vrednujemo rad u zdravstvu. Translated to English: ''Healthcare systems and healthcare politics'' - Business intelligence - how to evaluate the healthcare work.	Healthcare institutions. Employers. Local and regional state administration. Croatian Healthcare chamber. Other healthcare related businesses. Patient organizations.	Presentation about CareWell project, participant, roles, use case and goals of the Croatian pilot site.
ENT	01.07.2014	National	ZDRAVSTVENI SUSTAVI I ZDRAVSTVENA POLITIKA" - Business Intelligence - kako vrednujemo rad u zdravstvu. Translated to English: ''Healthcare systems and healthcare politics'' - Business intelligence - how to evaluate the healthcare work.	Healthcare institutions. Employers. Local and regional state administration. Croatian Healthcare chamber. Other healthcare related businesses. Patient organizations.	Presentation about CareWell project, participant, roles, use case and goals of the Croatian pilot site.
ENT	23.09.2014	Regional	HIPEAC (European Network of Excellence on High Performance and Embedded Architecture and Compilation) Workshop.	Members of Hipeac consortium, faculty members from Faculty of electrical engineering and computing.	Presentation about CareWell project, participant, roles, use case and goals of the Croatian pilot site.

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
ENT	11.10.2014	Regional	HRVATSKI KONGRES PREVENTIVNE MEDICINE I UNAPREĐENJA ZDRAVLJA - Workshop: Kronični bolesnici, Nova tehnička rješenja (Chronic patients and new ICT solutions)	Healthcare professionals.	Presentation about CareWell project, participant, roles, use case and goals of the Croatian pilot site.
PHB	02.07.2014	Site	Executive Board	Executive Board	Brief Executive Board
PHB	07.07.2014	Regional	CareWell Kick Off Workshop	Powys tHB Staff	Interested GP Practices expressed interest to continue.
PHB	24.07.2014	Regional	International Health Coordination Centre Seminar	Welsh Public Sector Bodies.	Advertising Powys tHB's European Projects to encourage other Bodies to apply for EU funding.
PHB	04.11.2014	Regional	Project Team with Welshpool Health Centre	Welshpool Health Centre	Sign up to Project
PHB	11.11.2014	Regional	Project Team with Glantwymyn Health Centre, Mach	Glantwymyn Health Centre, Mach	Sign up to Project
PHB	13.11.2014	Site	R&D Nursing Conference	Powys tHB Staff	Poster Display - Informal Discussions
PHB	13.11.2014	Regional	Project Team with Arwystli Medical Practice	Arwystli Medical Practice	Sign up to Project
PHB	14.11.2014	Regional	Project Team with Crickhowell War Memorial Health Centre	Crickhowell War Memorial Health Centre	Sign up to Project

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
PHB	14.11.2014	Regional	Project Team with Presteigne Medical Centre	Presteigne Medical Centre	Sign up to Project
PHB	20.11.2014	Regional	Project Team with Builth Surgery	Builth Surgery	Sign up to Project
PHB	24.11.2014	Site	Design Workshop	Powys tHB Staff	Workshop to enable Project Team to complete Project Plan
PHB	26.11.2014	Regional	Charter for International Health Partnerships (PTHB)	Welsh Public Sector Bodies.	Powys tHB sign up for IHCC
PHB	19.12.2014	Regional	IMTP Programme Board	Board Members	
FER	11.09.2014	National	e-Health & IT Systems 2014	Experts in field of e-Health IT systems, government agency APIS	Shared the CareWell project goals with experts in field of e-Health IT systems and government agency which specializes in design, development, implementation, management and support to large and complex information systems for State and Local Government. Possible cooperation established.
FER	05.11.2014	Site	Meeting with MCS	Experts in field of e-Health IT systems	Plans for future cooperation established and new ideas for improvements of existing e-Health services emerged.
FER	23.09.2014	European	HiPEAC Workshop on Building Partnerships	Experts in field of high-performance computing	Shared the CareWell project goals with international experts in the field of high-performance computing.
FER	11.03.2014	European	Lab Surfing Workshop	Young experts in field of future and emerging technologies	Shared the CareWell project goals with young experts providing possible future collaborations.

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
FER	08.05.2014	European	Meeting with UPV	Research experts in the field of Computing engineering	Shared the CareWell project goals with researchers from Polytechnic University of Valencia
FER	04.06.2014	European	Meeting with PTE	Experts in the field of automation	Shared the CareWell project goals with researchers from University of Pecs
FER	18.06.2014	European	Blue sky conference	Young experts in field of future and emerging technologies	Shared the CareWell project goals with young experts providing possible future collaborations.
FER	19.06.2014	European	Meeting with UJ	Experts in the field of applied mathematics and computer science	Shared the CareWell project goals with researchers from Institute of Computer Science
FER	26.06.2014	European	Meeting with CERTH	Experts in the field of communication and computer science	Shared the CareWell project goals with researchers from Information Technologies Institute
FER	26.03.2014	Site	Meeting with MdH	Experts in field of computer systems and low-power communication	Shared technical background of CareWell project
FER	25.02.2014	European	EPFL-FER Workshop on Horizon 2020 projects	Experts in field of embedded systems and ultra low-power sensors	Shared technical background of CareWell project
FER	05.04.2014	International	EDUCON 2014	Experts in field of e-Health IT systems	Plans for future cooperation established and new ideas for improvements of existing e-Health services emerged.
FER	15.07.2014	International	ACACES 2014	Research experts in the field of high performance computing	Shared the CareWell project goals with researcher from high performance computing

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
FER	01.10.2014	International	MEDIAN-TRUDEVICE Open Forum	Experts in field of computer secure, reliable nano-scale devices	Shared technical background of CareWell project
FER	05.12.2014	European	Meeting with UPV	Research experts in the field of Computing engineering	Shared the CareWell project goals with researchers from Polytechnic University of Valencia
FER	16.12.2014	European	Meeting with EPFL	Experts in field of embedded systems and ultra low-power sensors	Shared technical background of CareWell project
FER	09.10.2014	European	ICT Proposers' Day	EU research community	Shared CareWell objectives
KRONIKGUNE	27.03.2014	National	VI National Congress on healthcare for chronic patients		Book compiling abstracts of all posters presented.
Osakidetza	27.03.2014	National	VI National Congress on healthcare for chronic patients		Book compiling abstracts of all posters presented.
Osakidetza	08.09.2014	Local	Congress on integrated care		Presentation
KRONIKGUNE	14.10.2014	International	Ageing Wealth Conference		Poster
LSV	10.06.2014 – 11.06.2014	Site	MostCare Project partners meeting, Philips Research Europe	Possible Partners	Possible MostCare Project partners meeting was organized for collaboration with CareWell Project. The meeting presented the main assumptions of the Project CareWell. It is planned to use the experience of the CareWell Project. in the MostCare Project. These project are similar thematically and MostCare design for an integrated cross-border care

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
LSV	24.09.2014 – 26.09.2014	European	INNOVAGE - The Second European Forum on Social Innovations for Healthy and Active Life Expectancy took place in Riga, Latvia on Thursday 25 September 2014.	Attendees covered a range of backgrounds including policy makers, practitioners, older people and their representatives, companies and NGOs with experience or interest in social innovations for ageing.	The Second European Forum on Social Innovations for Healthy and Active Life Expectancy took place in Riga, Latvia on Thursday 25 September 2014.
LSV	6.10.2014 – 8.10.2014	European	Participation in COCIR/AER/HOPE Open Days 2014 ; Workshop on "The importance of using the European Structural and Investment Funds to drive sustainable healthcare systems"		Debated how investment in health infrastructure and eHealth, in innovative care delivery models and in qualitative training of health professionals represent an effective use of EU Structural and Investment Funds.(AER) and the European Hospital and Healthcare Federation (HOPE) demonstrated the critical role European Structural and Investment Funds (ESIF) can play in achieving sustainable healthcare models, with better access for and inclusion of patients.
LSV		European	European Innovation Partnership on Active and Healthy Ageing	This year's event was of operational nature. 300 participants, mainly members of the Action Groups, took part.	
empirica	22.05.2014	European	Lower Silesia-Saxony Innovation Forum on Active and Healthy Ageing	policy makers and practitioners, industry representatives and researchers from Lower Silesia and Saxony	

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
empirica	07.10.2014	European	European Telemedicine Conference - Telemedicine in integrated care - a multi-stakeholder perspective		
empirica			Presentation at "The Royal Society of Medicine" at the University of Victoria about "eHealth in support of integrated care provision: Stakeholder benefits and business cases"		
empirica		European	EIP session "Scaling up good practices in integrated care"		
empirica	04.12.2014	International	Explanatory Seminar on eHealth Benefits and cooperation in the Southern Mediterranean countries an the EU - topic of the presentation: "From Pilots to Implementation: the European Experience"		

Partner	Date	Coverage	Name of the event/publication and topic	Target Group	Key Outcomes / Minutes / Text / Feedback
AReS Puglia	08.10.2014	International	The European Telemedicine Conference	Italian Ministry of health, policy makers and practitioners, industry representatives and researchers from different countries in Europe	During the "European telemedicine conference" organized by HIMMS Europe, that this year was held in Rome, on the day two (8th Oct.), during the Plenary session run by the Italian Health Ministry, the Director General of the ICT Directorate of the Italian Ministry of Health, Mrs Massimo Casciello in his presentation listed a number of European projects that, among all, better targeted the objectives of the Commission on telemedicine priorities in Europe. The first in the list in terms of objectives and deliverables was CareWell, in particular regarding the focus given in the project to the "evaluation process" of the organizational factors and the change that it makes the introduction at full scale of ICT tools for telehealth/telecare and remote monitoring.

Appendix B: Suggestions for conference participation

#	Name of conference/journal/portal	Short description of conference/journal/portal	Date/location
1	ISG http://gerontechnology.info	Gerontechnology, AAL, robotics, ICT for informal care, mobility support, dementia support, support of ADL, assistive technology, homecare…(all with ICT component	Every two years (next 2016)
2	AAL Forum 2014 and AAL2Business http://www.aalforum.eu		9 September 2014, Bucharest, *annual*
3	International Digital Health and Care Congress www.kingsfund.org/events	Telehealth, telecare, integration, evaluation, telemedicine, care for people with chronic conditions, eHealth	10–12 Sep 2014, London annual
4	INNOVAGE Stakeholder Forum 2	The Second European Forum on Social Innovations for Healthy and Active Life Expectancy. The INNOVAGE project is dedicated to developing and testing, as well as surveying and cataloguing social innovations, which will have a solid impact on improving the quality of life and wellbeing of older people.	25th September, 2014, Riga
5	AER events "Ehealth: Independence and Inclusion in the 21st Century". https://docs.google.com/a/aer.eu/forms/d/1oZWZT0XRP5XAiRd4AnyxPTxaW3saSxVDoWnD7EV3iQY/viewform	Organized in partnership with SmartCare & the ENGAGED network, this series of events will provide significant information on the implementation of eHealth practices. Main meetings of this 3-day event will be: Seminar on Integrated Care, SmartCare Committed Regions Board (CRB) Workshop:, ENGAGED Exchange event	Donegal (Ireland), 21-23/10/2014
6	International Telecare and Telehealth Conference http://www.telecare.org.uk/conference	Telehealth, telecare, integration, chronic disease management, large exhibition	17-18 November 2014, Newport, Wales, annual
7	2nd World Congress on Integrated Care "21st Century Integrated Care: serving citizens, patients and communities" http://www.integratedcarefoundation.org/conference/2_world		23-25 November 2014, Sydney

#	Name of conference/journal/portal	Short description of conference/journal/portal	Date/location
8	EHTEL annual symposium http://www.ehtel.org/activities/ehtel-symposium	EHTEL: eHealth Focal Point for Europe: Founded in 1999, EHTEL (the European Health Telematics Association) is a pan European multi-stakeholder forum providing a leadership and networking platform for European corporate, institutional and individual actors dedicated to the betterment of healthcare delivery through eHealth.	25-26 November 2014, Brussels
9	15th International Conference for Integrated Care, http://www.integratedcarefoundation.org/conference/1454		25 - 27 March 2015, Edinburgh
10	Med-e-Tel http://www.medetel.eu	INTERNATIONAL eHEALTH, TELEMEDICINE AND HEALTH ICT FORUM For Education, Networking and Business: Med-e-Tel is an official event of the International Society for Telemedicine & eHealth (ISfTeH), THE international federation of national associations who represent their country's Telemedicine and eHealth stakeholders.	22-24 April 2015, Luxembourg
11	World of Health IT Conference and Exhibition www.worldofhealthit.org	A conference attracting over 2000 international delegates and 75 exhibitors, welcoming global decision makers from public and private healthcare sectors, clinicians, hospital and IT managers and VIP guests.	May 11-13 2015, Riga, Latvia
12	eHealth week	eHealth week 2015 comprises of two main events: the High level eHealth conference organised by the Latvian Ministry of Health and the Latvian Presidency of the Council of the European Union and WoHIT (World of Health IT Conference & Exhibition, see above) organised by HIMSS	May 11-13 2015 Riga, Latvia
13	International Conference on Information and Communication Technologies for Ageing Well and e-Health ICT4AgeingWell http://www.ict4ageingwell.org	The International Conference on ICT for Ageing Well and e-Health aims to be a meeting point for those that study and apply information and communication technologies for improving the quality of life of the elderly and ...	May 20 - 22, 2015 Lisbon, Portugal
14	Ninth International Symposium on eHealth Services and Technologies (EHST 2015) http://www.is-ehst.org	Topic Areas: tele-monitoring, tele-treatment, electronic medical records, service management platforms, user experience and clinical evaluation	17-18 September 2015-01-05 Rhodes, Greece

#	Name of conference/journal/portal	Short description of conference/journal/portal	Date/location
15	eTelemed "International Conference on eHealth, Telemedicine, and Social Medicine" http://www.iaria.org/	EHealth data records, eHealth technology and devices, Telemedicine/eHealth applications, clinical telemedicine	Annual/early spring
16	World of Health IT http://worldofhealthit.org	eHealth, ICT-supported social care, large exhibition (see above)	Annual/early spring
17	ESN Conference http://www.esn-eu.org/home/index.html	ESN is a network of Member organisations which are associations of directors of social services; regions, provinces, counties and municipalities; funding and regulatory agencies, universities, research & development bodies working closely with public authorities in the development of social services. Usually the conference has a dedicated strand focusing on ICT in social services	Annual/summer
18	IAGG World Congress http://www.iagg2013.org	Gerontology, homecare, care in nursing homes, mobility (decline), cognitive functions, loneliness, inequality, active ageing, dementia, psychological well-being… (not much about ICT)	Every four years/Summer (next in 2017)
19	HealthManagement.org (HM.org)	Management and leadership knowledge base consisting of hot topics, conference agenda, e-library	
20	AFE-INNOVNET Thematic Network http://www.afeinnovnet.eu/	The AFE-INNOVNET thematic network is setting up a Europe-wide community of local and regional authorities, companies, civil society organisations, universities and other actors committed to finding innovative solutions that positively address demographic change. Your support would help us a lot to reach local and regional authorities that are not aware of the Thematic Network and convince them. It offers: webinars, evidence-based solutions, toolkits, methodology to involve older people in co.production of age-friendly solutions	

Appendix C: Suggested Newsletters

As a CIP project, large scale dissemination in relevant newsletters and the preparation of conference papers is of the utmost importance. Suggestions for relevant newsletters include:

- eHealth Newsletter
- eHealth Insider eNewsletter
- HealthNews: EU Portal and Health Directory
- Med-e-Tel eNewsletter
- Health ICT Headlines eNewsletter
- Journal of Telemedicine and Telecare
- Journal of Assistive Technologies
- Telemedicine and e-Health
- Journal of Health Economics
- International Journal of Technology Assessment in Health Care
- The Journal on Information Technology in Healthcare
- International Journal of Integrated Care,
- International Journal of Geriatric Psychiatry
- Ageing and Mental Health
- Journal of Health Services Research and Policy
- International Journal of Health Planning and Management
- European Journal of Public Health
- HealthPolicy

Appendix D: Suggested Journals

An important part of the CareWell dissemination activities are the scientific publications in journals, magazines and/or conference proceedings. All partners of the consortium are encouraged to submit the produced results to publication bodies of significant impact factor. Surely, some topics such as evaluation methods and results are more suitable for publication in scientific journals and books than others.

A list of relevant books and journals has been identified:

- Journal of Telemedicine and Telecare.
- Journal of Assistive Technologies.
- Telemedicine and e-Health.
- EHEALTHCOM.
- Journal of Health Economics.
- International Journal of Technology Assessment in Health Care.
- International Journal of Integrated Care.
- The Open Medical Informatics Journal.
- Journal of Medical Informatics.
- Special issue of the International Journal of Integrated Care focused on CareWell findings.