

Deliverable D9.1 First report on dissemination and exploitation activities

WP9 - Exploitation and Dissemination

Version 2.0, 29th August 2014

The SmartCare project is co-funded by the European Commission within the ICT Policy Support Programme of the Competitiveness and Innovation Framework Programme (CIP) . Grant agreement no.: 325158

The information in this document is provided as is and no guarantee or warranty is given that the information is fit for any particular purpose. The user thereof uses the information at its sole risk and liability.

Document information

Abstract

This deliverable presents the outcomes of the exploitation and dissemination work of the project in its first year. In relation to exploitation, this covers the overall methodological approach to be applied, as well as a description of the outcomes of the first stage of the work, the viability assessments of the services to be piloted in the first wave of deployment sites. In relation to dissemination, the project developed its overall communication plan and conducted various dissemination activities. Further work reported on includes the project's Advisory Boards, the co-operation with the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and networking among pilot sites.

Key words

Exploitation, dissemination, socio-economic impact assessment, cost-benefit analysis, communication, EIP AHA

Organisation responsible

empirica

Author(s)

Ingo Meyer (empirica)
Sonja Müller (empirica)

Contributing partners

All SmartCare beneficiaries

Delivery date

30th August 2014

Reviewed by

John Oates (HIM SA)

Dissemination level

PU Public

Version history

Version	Date	Changes made	By
V0.1	25.02.14	Collection of input from partners	empirica
V0.2	30.03.14	Incorporation of partner input	empirica
V1.0	18.04.14	Draft version	empirica
V1.1	25.08.14	Final draft, including changes after 2 nd reviews	empirica
V1.2	29.08.14	Minor updates	empirica
V2.0	29.08.14	Version for issue	HIM SA

Outstanding Issues

None

Filename

D9.1 v2.0 SmartCare First report on dissemination and exploitation activities

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

Executive summary

This deliverable presents the outcomes of the exploitation and dissemination work of the project in its first year. In relation to exploitation, this covers the overall methodological approach to be applied, as well as a description of the outcomes of the first stage of the work, the viability assessments of the services to be piloted in the first wave of deployment sites. The document also presents a first set of lessons learned during the first stage of the exploitation work.

In relation to dissemination, the project developed its overall communication plan and conducted various dissemination activities. Further work reported on includes the project's Advisory Boards, the co-operation with the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and networking among pilot sites.

Table of Contents

Document information	2
Executive summary	4
Table of Contents	5
1. Introduction	8
1.1 Purpose of this document	8
1.2 Structure of document	8
1.3 Glossary	8
2. Exploitation support and socio-economic impact assessment	9
2.1 SmartCare approach to exploitation support and socio-economic impact assessment	9
2.1.1 Theoretical foundation	9
2.1.2 The assessment process	10
2.1.3 Mathematics of the performance measures	12
2.1.4 Analysis of performance measures	14
2.1.5 Further reading	15
2.2 Viability assessments, stakeholder and cost-benefits models for first wave deployment sites	15
2.2.1 Aragon	16
2.2.2 Friuli Venetia Giulia	18
2.2.3 Scotland	20
2.2.4 Syddanmark	22
2.3 Lessons learned in 1 st stage of assessment process	25
2.4 Next steps	26
3. Overall dissemination strategy	27
3.1 Overall approach	27
3.1.1 Dissemination themes	28
3.2 Dissemination and communication objectives	30
3.3 Dimensions and target groups	31
3.3.1 SmartCare dissemination target groups	32
3.3.2 Local and Regional Activities	33
3.3.3 National activities	34
3.3.4 European and international outreach	34
3.4 Dissemination principles	34
3.4.1 General principles	34
3.4.2 Authorship guidelines	35
3.4.3 Accessibility principles	35
3.5 SmartCare's Visual Identity	35

3.5.1	Logo	35
3.5.2	Deliverable template	36
3.5.3	PowerPoint template	36
4.	The SmartCare Communication Plan	37
4.1	The “global” communication plan	37
4.2	Regional / local communication plans	37
5.	Dissemination Activities in Reporting Period 1	40
5.1	SmartCare Website	40
5.2	Promotion via partner websites	44
5.3	Project Leaflet	45
5.4	Publications, press releases, news, announcements and articles	45
5.5	Book “Achieving Effective Integrated eCare Beyond the Silos”	49
5.5.1	Background to the book	49
5.5.2	Topics and types of contributions	50
5.6	Presentations at conferences and other events	51
5.7	Videos	59
5.8	Roll-up	61
5.9	Social media presence	62
6.	SmartCare Advisory Boards	64
6.1	Summary	64
6.2	User Advisory Board	64
6.3	Industry Advisory Board	64
6.4	Internal Scientific Board	65
6.5	Committed Regions Board	65
7.	Cooperation with EIP AHA B3 Action Group on Integrated Care	66
8.	Pilot site networking	68
9.	Monitoring and reporting of dissemination activities	69
10.	References	70
	Annex 1: Flyer English	
	Annex 2: Flyer Spanish	
	Annex 3: Flyer Greek	
	Annex 4: Committed Regions Board Roadmap	

Annex 5: User Advisory Board Roadmap

Annex 6: SmartCare PowerPoint Template

Annex 7: Deliverable Template

Annex 8: Events collection template

1. Introduction

1.1 Purpose of this document

This deliverable presents the first report on dissemination and exploitation activities undertaken in the first year of the project. It presents outcomes of two different strands of work:

- the status of exploitation support and socio-economic impact assessment;
- activities in relation to dissemination and communication of the project results.

1.2 Structure of document

Chapter 2 presents the status of exploitation support and socio-economic impact assessment, the overall methodology and viability assessments for the four 1st wave deployments sites.

Chapter 3 presents activities in relation to dissemination and communication of the project results and activities so far to a range of different target groups. This starts with the presentation of the overall dissemination strategy, while Chapter 4 has a short introduction to the SmartCare global and regional dissemination plans.

In Chapter 5, the different dissemination means and channels that have been used during the first reporting period are described in detail, followed by Chapter 6, which explains activities of the four SmartCare Advisory Boards. Chapter 7 reports on cooperation activities with the EIP AHA B3 Action Group. Chapter 8 describes networking activities among the SmartCare regions. A final Chapter 9 shortly described monitoring processes that are in place for SmartCare dissemination and communication.

1.3 Glossary

CBA	Cost Benefit Analysis
CR	Care Recipient
CRB	Committed Regions Board
IAB	Industry Advisory Board
EIP AHA	European Innovation Partnership on Active and Healthy Ageing
ICT	Information & Communication Technologies
IPR	Intellectual Property Rights
ISB	Internal Scientific Board
NGO	Non-Governmental Organisation
ROI	Return on Investment
SEIA	Socio-economic impact assessment
SER	Socio-Economic Return
UAB	User Advisory Board

2. Exploitation support and socio-economic impact assessment

This section of the deliverable documents the status of the project's exploitation work (T9.1) and particularly the viability assessments conducted for the first wave pilot sites (T9.2). It starts with an introduction to the methodological approach being applied (section 2.1), gives the results of the viability assessments for the deployment sites of Aragon, Friuli Venetia Giulia, Scotland and Syddanmark (section 2.2), develops lessons learned from the first stage of the assessment (section 2.3), and finally outlines the next steps (section 2.4)

2.1 SmartCare approach to exploitation support and socio-economic impact assessment

This section presents the assessment framework for socio-economic impacts, called *ASSIST - Assessment and evaluation tools for e-service deployment in health, care and ageing*, that is being employed as part of the exploitation work (T9.1) in the SmartCare project.

In summary, ASSIST supports care integrators in taking strategic decisions during the development and early operation of a new service. In doing so it:

- i) allows identifying and addressing stakeholders that lose through the service and thus may become strong veto players;
- ii) allows monitoring of the actual and prospective service development over time;
- iii) includes non-financial factors which in many cases have a major impact on the behaviour of a stakeholder;
- iv) provides probabilistic methods for achieving rigorous results from data of varying quality.

The ASSIST framework consists of a methodological approach, a service assessment model, and a software toolkit. The methodological approach covers the basic characteristics of the framework, as well as descriptions of the empirical and economic methods used. The service assessment model consists of a generic set of stakeholders that can be involved in a service (divided into service users, service provider organisations and their staff, payers, and IT industry), and of a set of cost and benefit indicators for each of these stakeholders. As a first step of an assessment, the service assessment model is adapted to the actual conditions set by the service. The software toolkit supports the adaptation of the service assessment model, the collection of data, the analysis, and the presentation of results.

ASSIST was developed in the context of a project funded by the European Space Agency which ran from 2010 to 2012. The project contained a systematic review and evaluation of existing approaches, development of its own assessment framework making use of the most valuable approaches, a software toolkit implementing the assessment framework, and a validation phase. In the course of two EU-funded pilot projects that dealt with 1) ICT-supported integrated social and health care services (CommonWell, 2012) and 2) ICT-supported integrated social, health and informal care (INDEPENDENT, 2013), respectively, the original ASSIST framework was expanded to be also applicable in the domain of integrated eCare. Basic assumptions on service models and market structures were adapted to cover a much wider area than the original domain of telemedicine. This adapted version of ASSIST is being used in SmartCare.

2.1.1 Theoretical foundation

The theoretical foundation of the ASSIST methodology is value theory, and in particular, the concept of value added. Value added in economics is the additional value resulting

from transformations of factors of production into a ready product. At its simplest, it is the difference between the value of a product and the aggregate value of its individual components provided by other participants in the value system. Over the last decade, value added has been a widely used approach supporting investment decision making. In the context of an ASSIST assessment, the effects and outcomes of a service is understood as value-added to society, either in part or as a whole, on the one hand, and value-added to the individual stakeholders involved on the other, by implementing and using the service. This combines an overall, societal perspective with an organisational and individual perspective. This societal perspective includes all stakeholders, and aggregates their respective gains and losses, or benefits and costs. Positive effects, or benefits, create value, negative effects, or costs, occur when value is reduced. The total value added is the sum of positive and negative 'value added', which is also referred to as net benefit. This societal perspective is aggregated from the benefits and costs of each stakeholder group. Furthermore, what may be a benefit to one group may be a cost to another, and in aggregate some of them may cancel out. The analysis must expose these shifts in value in order to provide a reasonable account of the impact of the new service on individual stakeholders as well as society as a whole. Beyond this, in particular integrated social and healthcare services system may have *emergent* characteristics, which lead to benefits on the aggregate level. For example, shared access to comprehensive client or patient data facilitated by data exchange or an integrated record system will produce benefits that cannot be reaped by individual stakeholders alone.

Cost benefit analysis (CBA) is the approach for turning these theoretical foundations into a pragmatic evaluation tool (EHR IMPACT, 2008). Among others the UK Treasury's Green Book (UK HM Treasury, 2003), Germany's WiBe (Röthig, 2009), and the White House Office of Management and Budget (White House Office for Management and Budget, 1992) specify the CBA methodology as an appropriate tool for analysing the impact of investments and activities in domains of public interest, including social and healthcare. CBA enables the impacts on all stakeholders to be included in a socio-economic evaluation, over the selected timescales, and the identification of the narrower financial components within the costs and benefits, also for individual stakeholder groups. These subsets can include the data used for Cost Analysis (CA), Cost Effectiveness Analysis (CEA) and Cost Utility Analysis (CUA). CBA is in general the more comprehensive concept with the key challenge, however, of monetarising intangible impacts (Drummond, 2005).

2.1.2 The assessment process

An ASSIST assessment is a comparison between a given status and an intervention, which the evaluator wants to compare. In the case of SmartCare (and almost all other services in the health and care field), the intervention is neither a single agent nor a single point in time, but a process of changing service delivery from one status to another, thereby covering multiple agents including different stakeholders as well as ICT systems. The assessment therefore covers a time span usually split up into three phases: the development of the new service (corresponding to phases 1 & 2 of the SmartCare work plan), the deployment on a pilot scale (corresponding to phase 3 of the work plan) and the deployment on a mainstreamed or full scale. Usually, data will only be collected during the first two phases, whereas the third phase is covered in terms of data modelling and scenario building.

The assessment is done in three steps:

- In *Step 1: Service Assessment Model Setup*, the service change to be evaluated is analysed to identify key components such as the applicable governance & reimbursement model(s) and other relevant framework conditions, the stakeholders involved, and the envisaged impacts (in terms of costs and benefits) on each stakeholder. The latter includes identifying possible business models for a sustainable service operation for the organisational stakeholders involved. The resulting service-



specific stakeholder and indicator set is entered into the software toolkit as a prerequisite for the following steps.

- In *Step 2: Data Collection and Monetisation*, data on all identified indicators is collected and fed into the software toolkit. Data is usually collated from various sources including an evaluation of the pilot operation of the service under analysis, data logs of health and social care IT systems, fact finding interviews with key informants in the pilot site (e.g. managerial staff, care professionals, accountants) and other primary sources, all of which are planned to be used in the framework of SmartCare. Furthermore, data from secondary sources such as literature or datasets from other studies will be used where appropriate. The software toolkit comprises a graphical user interface where the data can be entered in different formats. For subsequent analysis, all input data needs to be monetarised, i.e. be available in currency values. This is straightforward for financial input data, i.e. data for which a market price exists, such as costs for hardware or software. Personnel resources or staff time are usually transformed using full labour costs, i.e. wages plus employer contributions. Intangible costs and benefits require more complex transformation approaches, such as calculation of time cost, use of suitable monetary proxies, or valuation approaches (i.e. a subject’s perception of the relative or absolute value of a thing) such as willingness-to-pay.
- *Step 3: Calculation of Performance Measures*. On the basis of the input data, different performance measures or return indicators are calculated, as shown in Figure 1 below. The performance measures are expressed as ratios of different kinds of costs and benefits. The main outcome measure is based upon the ratio of total costs to total benefits, i.e. including financial costs and benefits, resource costs and benefits, and intangible costs and benefits. This overall ratio is referred to as socio-economic return (SER). At the overall service level, it can be seen as reflecting the perspective of a higher-level decision maker (e.g. a national policy maker); the SER can support the assessment and evaluation of options and decisions for improved service delivery. Ratios of the financial costs and benefits indicate cash flows and the affordability of the service, sometimes called the cash flow return on investment (CFROI). Ratios using the totals of financial and resource costs and benefits are tangible and a measure of an economic ROI because they measure the potential net income for the service.

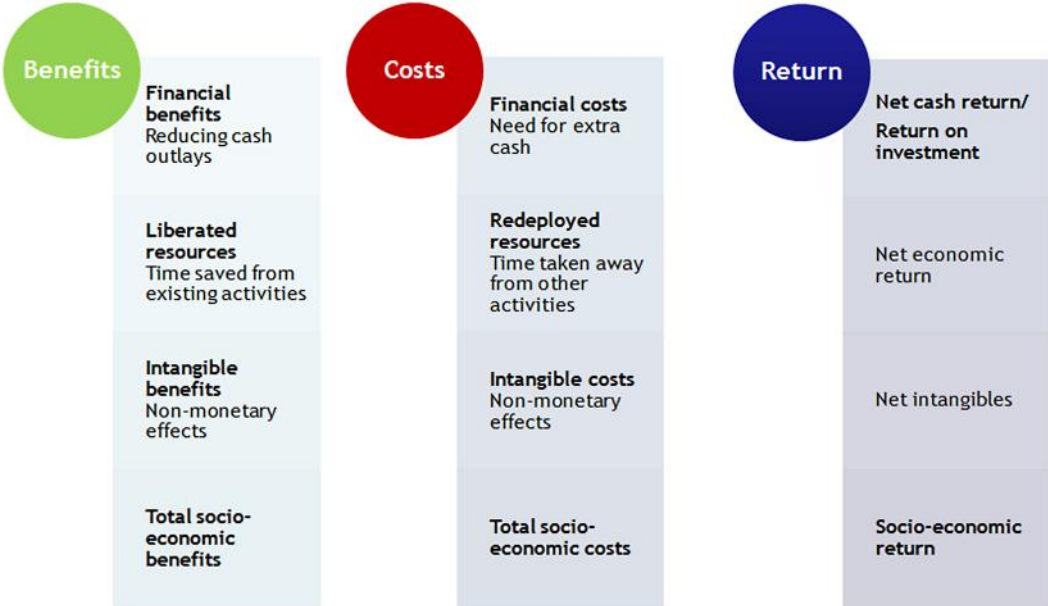


Figure 1: ASSIST calculation of performance measures

2.1.3 Mathematics of the performance measures

The calculation of the performance measures described above is founded on individual indicators for benefits, b_i^k , and costs, c_j^k , that can be of three categories: cash, resources, and intangible impacts. In the following, the mark $k = \{cash, reap, int\}$ indicates the respective category of the benefit or cost indicator.

The sets of permanent values, $p = (p^1, p^2, p^3, \dots)$, and of time series values $s_t = (s_t^1, s_t^2, s_t^3, \dots)$, provide the basis for calculating the monetary value of each benefit indicator b_i^k and each cost indicator c_j^k . The monetary values are functions of the variables p and s for the relevant month of calculation (t):

$$b_i^k(t) = f_i(s_t, p) \quad (2)$$

$$c_j^k(t) = f_j(s_t, p) \quad (3)$$

Based on this general model, specific functions are created for each individual indicator. From them, the value of Annual Benefit (AB) in month t of each category k can be calculated, defined as the sum of the individual benefit b_i^k indicators, as shown by equation 4. The value of Annual Costs (AC) of each category k is derived correspondingly, depicted by equation 5. For n benefit indicators and m cost indicators, the annual benefit and cost for category k are:

$$AB^k = \sum_{i=1}^n b_i^k(t) \quad (4)$$

$$AC^k = \sum_{j=1}^m c_j^k(t) \quad (5)$$

The Present Value (PV) of the Annual Benefit for category k in year t of the initiative is the sum of the individual benefit indicators for category k discounted by the discount rate r :

$$PV \text{ of } AB^k = (1+r)^{-(t-\alpha)} \sum_{i=1}^n b_i^k(t) = (1+r)^{(\alpha-t)} \sum_{i=1}^n b_i^k(t) \quad (6)$$

Because the base year for discounting is the start year of evaluation, an additional variable (α) denotes the time to this year. α becomes negative when estimating future performance. The cost discounting works in the same way. Equation 7 shows the present value of the annual Net Benefit (NB) of category k in year t , which is the discounted difference between the annual benefit and annual cost:

$$PV \text{ of annual } NB^k = (1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^k(t) - \sum_{j=1}^m c_j^k(t) \right) \quad (7)$$

The PV of the cumulative net benefit, or the Net Present Value (NPV) of category k of the initiative, is the sum of discounted annual net benefits of each year, up to month T , the end of the horizon. The mathematical function is shown by equation 8:

$$NPV^k = \sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^k(t) - \sum_{j=1}^m c_j^k(t) \right) \right] \quad (8)$$

Written out, the NPV of the three categories *cash*, *redeployable* and *intangible* are illustrated by equations 9 to 11:

$$\text{Cash NPV} = \sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{cash}}(t) - \sum_{j=1}^m c_j^{\text{cash}}(t) \right) \right] \quad (9)$$

$$\text{Redeployable NPV} = \sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{redp}}(t) - \sum_{j=1}^m c_j^{\text{redp}}(t) \right) \right] \quad (10)$$

$$\text{Intangible NPV} = \sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{soc}}(t) - \sum_{j=1}^m c_j^{\text{soc}}(t) \right) \right] \quad (11)$$

The economic net benefit is defined as the sum of financial and redeployable economic resources. Using the discounted values, this effectively means adding equations 9 and 10:

$$\begin{aligned} \text{Economic NPV} &= \text{Cash NPV} + \text{Redeployable NPV} \\ &= \sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{cash}}(t) + \sum_{i=1}^n b_i^{\text{redp}}(t) - \sum_{j=1}^m c_j^{\text{cash}}(t) - \sum_{j=1}^m c_j^{\text{redp}}(t) \right) \right] \end{aligned} \quad (12)$$

The socio-economic impact consists of all three categories, adding the social dimension to the economic one. In a discounted form, this means adding equations 11 and 12:

$$\begin{aligned} \text{Socio-Economic NPV} &= \text{Economic NPV} + \text{Social NPV} \\ &= \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{cash}}(t) + \sum_{i=1}^n b_i^{\text{redp}}(t) + \sum_{i=1}^n b_i^{\text{soc}}(t) - \sum_{j=1}^m c_j^{\text{cash}}(t) - \sum_{j=1}^m c_j^{\text{redp}}(t) - \sum_{j=1}^m c_j^{\text{soc}}(t) \right) \right] \end{aligned} \quad (13)$$

Equations 14 and 15 deal with calculations of return rates. First, the proxy economic Return on Investment (ROI) is defined in equation 14. It involves both economic indicator categories, $k = \text{cash}$ and $k = \text{redp}$. The economic ROI is comparable to a traditional return from an investment, say in the stock market, yet does not require the step of converting redeployable resources into cash. It is calculated as follows:

$$\text{Proxy economic ROI} = \frac{\sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{cash}}(t) + \sum_{i=1}^n b_i^{\text{redp}}(t) - \sum_{j=1}^m c_j^{\text{cash}}(t) - \sum_{j=1}^m c_j^{\text{redp}}(t) \right) \right]}{\sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{j=1}^m c_j^{\text{cash}}(t) + \sum_{j=1}^m c_j^{\text{redp}}(t) \right) \right]} \quad (14)$$

In the final step, equation 15 calculates the Socio-Economic Return (SER) of the investment, which is the ratio of discounted cumulative net benefits and cumulative costs:

$$\text{SER} = \frac{\left[(1+r)^{(\alpha-t)} \left(\sum_{i=1}^n b_i^{\text{cash}}(t) + \sum_{i=1}^n b_i^{\text{redp}}(t) + \sum_{i=1}^n b_i^{\text{soc}}(t) - \sum_{j=1}^m c_j^{\text{cash}}(t) - \sum_{j=1}^m c_j^{\text{redp}}(t) - \sum_{j=1}^m c_j^{\text{soc}}(t) \right) \right]}{\sum_{t=0}^T \left[(1+r)^{(\alpha-t)} \left(\sum_{j=1}^m c_j^{\text{cash}}(t) + \sum_{j=1}^m c_j^{\text{redp}}(t) + \sum_{j=1}^m c_j^{\text{soc}}(t) \right) \right]} \quad (15)$$

The SER is the primary performance parameter used for assessment and evaluation of service viability, see below. It provides a comprehensive measure of value for money,

accounting for all social and economic impacts in relation to the costs associated with those impacts.

2.1.4 Analysis of performance measures

In general terms, the performance measures allow drawing conclusions as to how and under which conditions a sustainable operation of the evaluated service after the end of the project can be achieved. The overall socio-economic return rate, i.e. the summative return of all stakeholders involved, shows if and in what time span the benefits of the whole service will be higher than the costs. If such a socio-economic “break-even” is reached within a time that is deemed acceptable (e.g. by responsible decision makers in the deployment site), this can be used as supporting evidence for a decision in favour of mainstreamed operation. The overall socio-economic return rate can therefore be seen as reflecting the perspective of a higher-level decision maker (e.g. a national policy maker), and can support the assessment and evaluation of options and decisions for improved service delivery at that level. Due to the high aggregation of the data in this measure, and the fact that all stakeholders are viewed together and not separately, it is necessary to also consider the individual socio-economic return of each stakeholder.

The socio-economic return rate for each stakeholder likewise shows if and when benefits for that organisation or individual will be higher than costs. This information can be considered critical for success in so far as stakeholders not achieving a positive return (at all or within a time span acceptable for them) will usually not support the service. In such cases, adaptations in service design or funding mechanisms may become necessary, for example identifying additional funding or revenue for a stakeholder incurring losses, or introducing means to balance the excess costs against the excess benefits of other stakeholders (such as joint budgets).

Typically, the analysis at stakeholder level also includes the identification of those costs and benefits that have the highest weight in the overall model. This can for example be the costs for end-user devices or the staff time for service delivery on the negative side, or efficiency gains among provider staff or improved satisfaction with the service among clients / patients on the positive side. Such impacts with a high relative weight usually deserve most attention when it comes to further improving socio-economic performance.

Finally, prospective modelling of the performance measures helps to develop and test the socio-economic effects of different deployment scenarios, e.g. based on varying populations of clients / patients, or in different geographic areas from regional to national level. At all levels of analysis, probabilistic methods (Monte Carlo simulations) are used in order to determine the sensitivity of the model given existing uncertainties in the underlying data.

Within SmartCare, the analysis of the performance measures for each deployment site will be done by the staff at each site, in close collaboration with the task leader. After data collection, task leader will produce data reports for each deployment site, consisting of the overall and stakeholder socio-economic return rates, the identified key service costs and benefits per stakeholder, and a number of prospective deployment models. Each will be accompanied by a description, an initial analysis, and suggestions for possible conclusions and future actions for further improving the socio-economic performance of the service. From these data reports, deployment sites will develop the final socio-economic analysis and business model. Furthermore, the task leader will carry out a comparative analysis of the socio-economic impact assessments of all deployment sites, describing the relative strengths and weaknesses of the different socio-economic models, and analysing the dependency on framework conditions. This will allow drawing conclusions on the future uptake and mainstreaming of SmartCare pathways in further European regions.

2.1.5 Further reading

In the framework of the present deliverable, it was deemed feasible to give a only high-level overview of the ASSIST methodology and its application in SmartCare. More detailed information on the methodological background and the assessment process, as well as example results, are available from a number of public sources:

- The ASSIST website (<http://assist.empirica.biz/>) is the prime reference for more information on the overall methodology and detailed information on the application of ASSIST in a telemedicine context.
- A recently published book chapter (Hammerschmidt & Meyer, 2014) describes the application of ASSIST in the context of integrated care, along with details on methodological aspects, and a case example explaining how an ASSIST assessment is done in practice.
- The final outcome report of the INDEPENDENT pilot on integrated e-care contains the results of socio-economic analyses done for the six pilot sites of that project. It is available via the INDEPENDENT website: http://independent-project.eu/fileadmin/INDEPENDENT/documents/INDEPENDENT_D7-2.pdf, (see section 4.2 on pilot site perspective).
- Further results are also available from the CommonWell pilot on integrated e-care, via the project website: <http://commonwell.eu/about-commonwell/the-commonwell-services/service-costs-and-benefits/>.

2.2 Viability assessments, stakeholder and cost-benefits models for first wave deployment sites

The viability assessments in SmartCare (T9.2) correspond to the first step of the ASSIST process, as described above. In the first project year of SmartCare, the viability assessments were conducted for the four first wave deployment sites of Aragon, Friuli Venetia Giulia, Scotland and Syddanmark. The second wave deployment sites undergo the assessment in the second project year.

The viability assessments were carried out in an iterative process between staff at each of the deployment sites and the responsible task leader. Each deployment site received a briefing package consisting of:

- an explanation of the process; and
- an Excel-based template to collect information on economic framework conditions, the stakeholders to be involved in the service and the expected costs and benefits for each stakeholder.

Sites were then asked to produce a first completed version of the Excel template, based on the current status of planning and input received from relevant stakeholders (such as financial decision makers and service staff), as needed. These first version templates were sent back to task leader and reviewed for coherence and completeness. This involved checking against known socio-economic or business models for existing services (such as those piloted in the previous CommonWell and INDEPENDENT pilot projects), but also comparison between the templates of the four sites, in order to identify stakeholders or cost and benefit categories that might need to be included in order to achieve a complete model. The feedback was discussed in bi-lateral conference calls that led to a revision of the template by the deployment sites. Since the partner responsible for the deployment site in Aragon, BSA, has considerable experience in doing cost-benefit analyses from previous projects, the template from that site served as a learning example for the other three sites, and is being used in the same manner for the second wave sites. The revised

template was checked once more, and any remaining issues were resolved if that was possible at that stage. In particular, the definition of the cost- and benefit-indicators was done in close co-operation with the leader of the evaluation work package (WP8) in order to ensure that both strands of work were suitably dove-tailed, and all necessary data collection included in the overall evaluation protocol.

On the basis of the final Excel template, first version of a graphical model was produced, covering the stakeholders, costs and benefits at a site. This graphical model was sent to the deployment sites for checking.

The results of this iterative work process are presented in the following sub-sections. Each deployment site section starts with a summary description of the service(s) to be deployed, to provide the necessary context information. This is followed by a description of general cost recovery mechanisms and overall viability, and by a graphical representation of the assessment model.

2.2.1 Aragon

2.2.1.1 Service summary

The service is address to chronic older people (+65) with home care & clinical needs living in Barbastro geographical area.

A wide range of social services will be provided, covering home and administrative tasks, follow-up schedules, home care support, telecare, wheel chair / crutch / articulated bed loans, submission of reports to court for violence of gender, translation for foreigners, support for impairment recognition applications, information or resources management, coordination with healthcare centre / hospital, and coordination with NGO. According to healthcare needs, some of the services that will be provided will be health transportation, emergency transfers, GP or home nurse assistance, remote telemonitoring, education programmes on health issues, pain management, wound care, forms filling to detect alert signs, & adherence to treatment programmes.

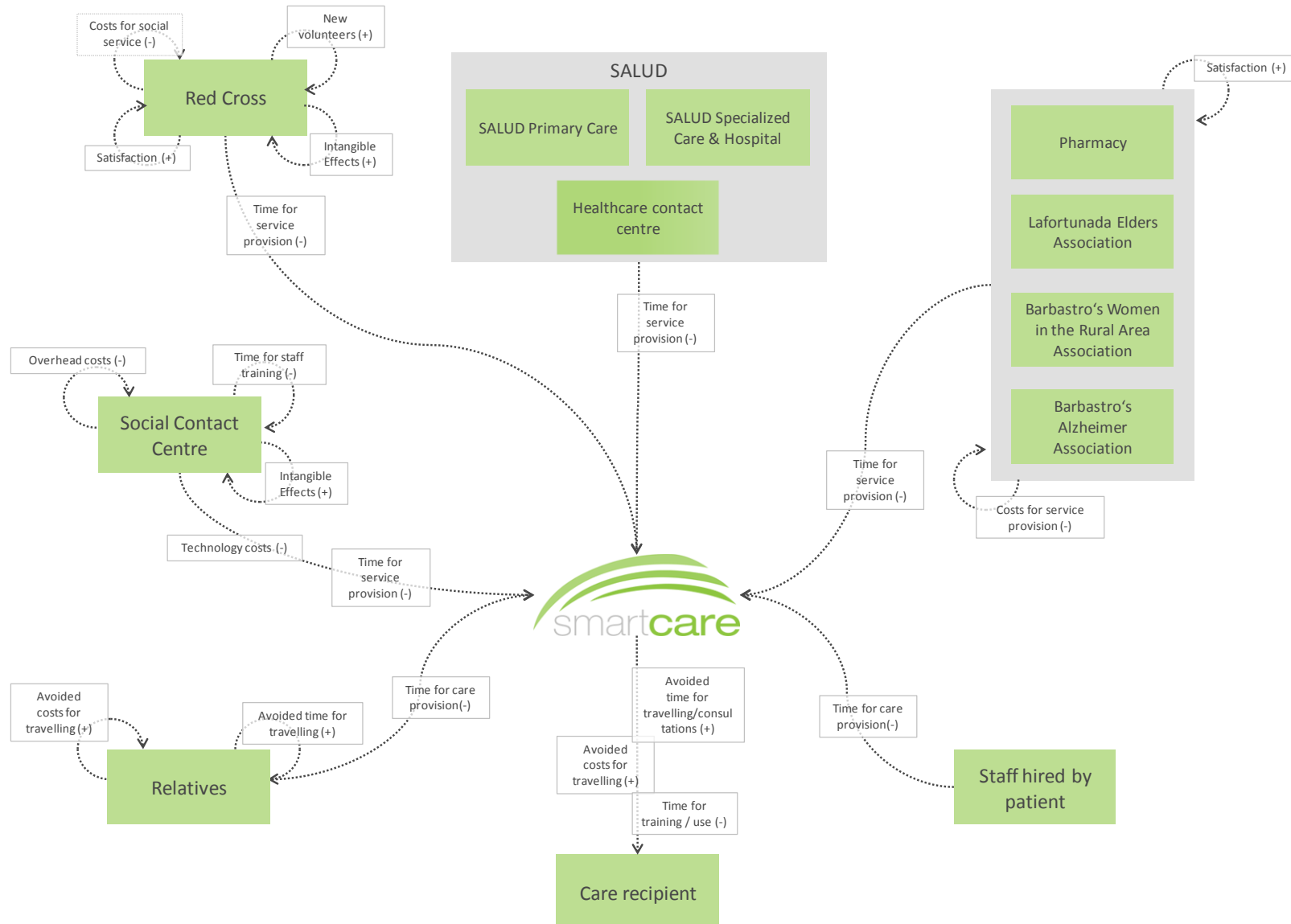
The social providers, third parties and healthcare professionals will coordinate actions to provide integrated care to patients, and manage alerts through a common contact centre that will be the point of contact for patients. A minimum dataset of patient information will be shared among health and social carers.

2.2.1.2 Cost recovery mechanisms and overall viability

SALUD (the sole healthcare provider in the Region) as a public institution cannot recover costs. Its main interest is to enhance the quality of care, patients' quality of life, and optimization of costs; therefore improvements in the number of healthcare services, savings in frequency of contacts / hospitalisations / dedication of health professionals, number of actions transferred from the healthcare system to the social providers etc, are key to evaluate whether this pilot (tested for a set of the population) can be affordable to be deployed for the whole population of Aragon.

Social care providers participating in the programme are non-profit organisations; therefore there are no revenue streams, but the benefit is to attract new associates. Third parties/Social Associations revenue streams will be through the loyalty of customers or the attraction of new associates.

2.2.1.3 Stakeholder and cost-benefit model



2.2.2 Friuli Venetia Giulia

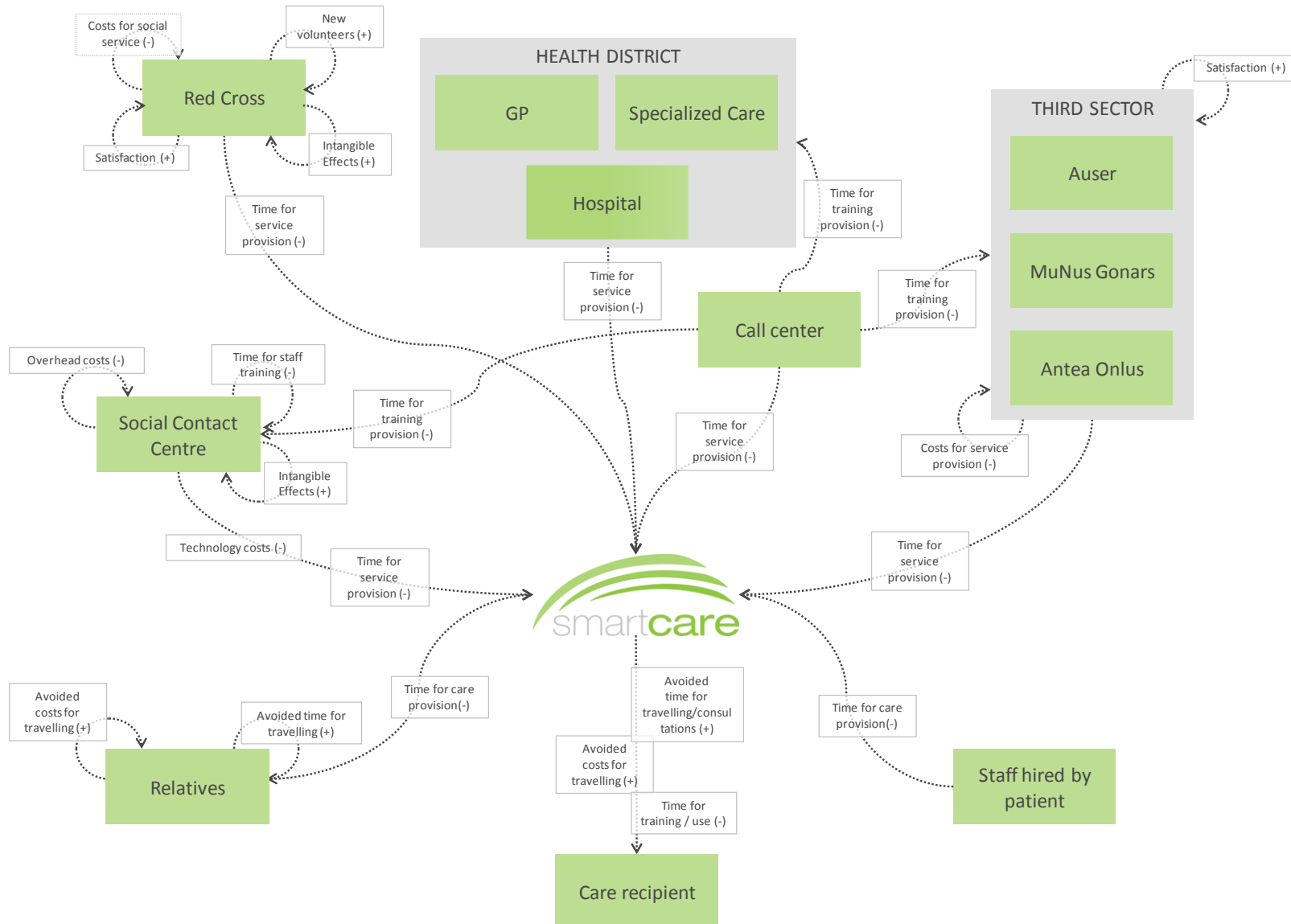
2.2.2.1 Service summary

SmartCare aims to improve healthcare, social care and overall wellbeing for citizens 50+ living in Friuli Venezia Giulia. The service will address people suffering from symptomatic heart failure (NYHA II-IV), COPD, diabetes mellitus, requiring an integration of healthcare and social care services. The SmartCare programme will be structured along two major lines of intervention: a Short-Term Care Pathway (hospital discharge - 6 months) and a Long-Term Care one (12 months). The focus will be on prevention of hospitalisations or admission to intermediate care or nursing home facilities, and/or shortening the length of stay. Healthcare, social care providers and third parties will coordinate actions through the platform to provide truly integrated care to patients. A wide range of social services will be provided, such as chaperoning assistance, home care support, telecare, wheel chair / crutch / articulated bed loans, groceries. According to healthcare needs, some of the services provided will involve transportation, emergency transfers, GP or home nurse assistance, remote telemonitoring, education programmes on health issues, forms filling to detect alert signs, and adherence to treatment programmes, etc. Alerts will be handled through a common call-centre which will be the point of contact for patients. A minimum dataset of patient's information will be shared among health and social carers.

2.2.2.2 Cost recovery mechanisms and overall viability

SmartCare will allow a more cost-efficient care approach across the service. By reducing hospitalisations and admission to intermediate care facilities or nursing homes, and lengths of stay, the service will contribute to decreasing healthcare costs while at the same time enhancing quality of healthcare and social care services. SmartCare is also expected to improve integration and connectedness among formal and informal stakeholders while fostering self-management skills and enhancing empowerment of patients and families alike. Finally, SmartCare is also expected to enhance patients' and caregivers' quality of life, to prevent duplication / fragmentation of services and to promote greater coordination of care to foster self-management and healthcare / social care sustainability.

2.2.2.3 Stakeholder and cost-benefit model



2.2.3 Scotland

2.2.3.1 Service summary

SmartCare will improve the health, care and wellbeing of 10,000 people within Ayrshire and Clyde Valley by enabling a better co-ordinated and more effective approach to falls prevention and management.

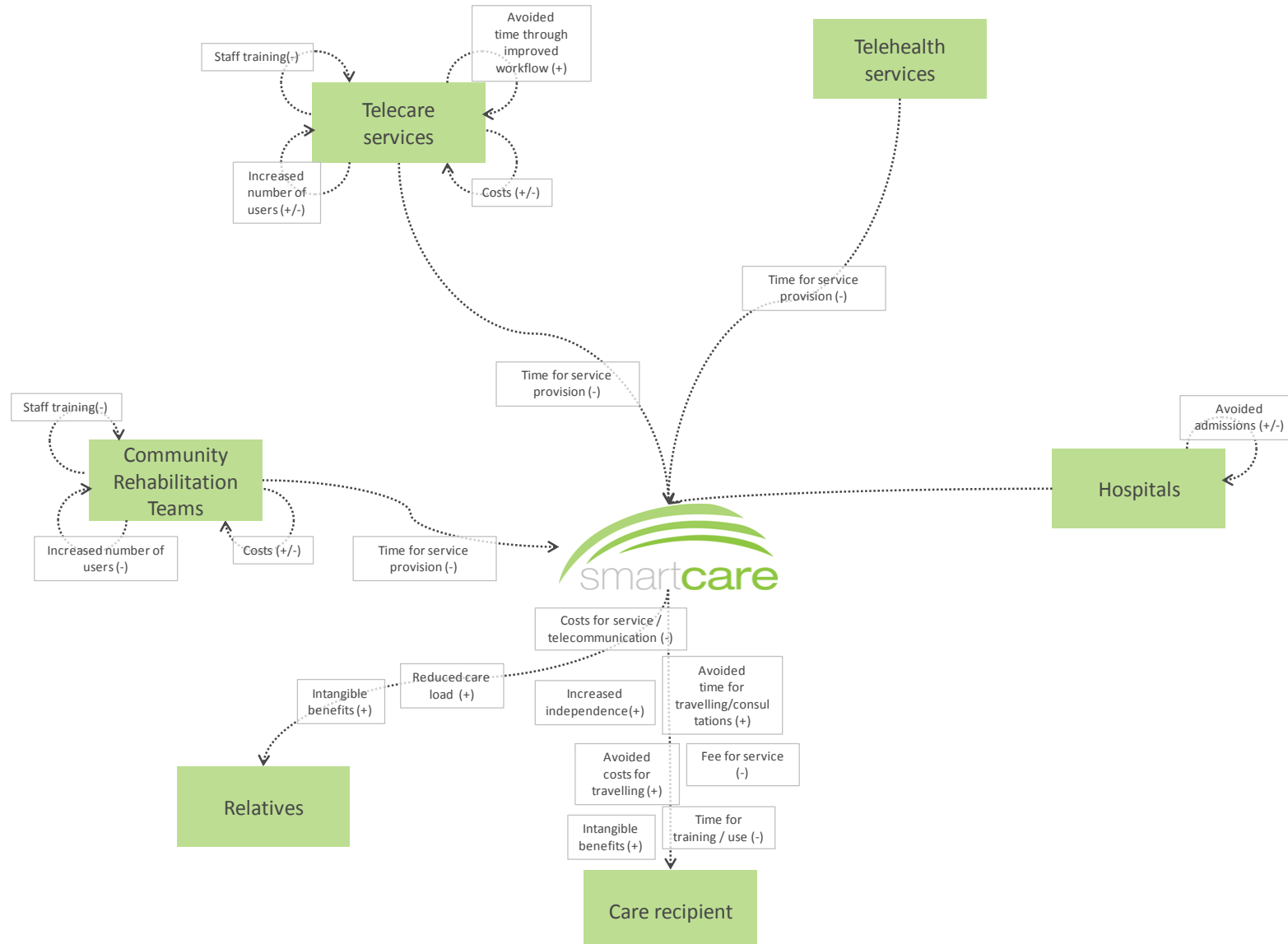
SmartCare aims to improve health, care and wellbeing for people aged 50+ living in specific areas of Clyde Valley and Ayrshire by focusing on the role that ICT services and applications can play in supporting integrated care (i.e. the integration of healthcare, social care and self-care).

The SmartCare programme will initially focus on falls prevention and management, with additional activity on dementia care subject to progress.

2.2.3.2 Cost recovery mechanisms and overall viability

The SmartCare service will create service efficiencies and cost avoidance across the service - the reduction in the number of falls will reduce the need for treatment of injuries, in particular fractured hip; this will reduce the need for the provision of care at home services during the recovery and rehabilitation phase. Integrated ICT systems will reduce duplication in the assessment process, and promote co-ordinated care.

2.2.3.3 Stakeholder and cost-benefit model



2.2.4 Syddanmark

2.2.4.1 Service summary

The SmartCare service from the Region of Southern Denmark is founded on the existing electronic messaging system, MedCom, which ensures that relevant information is sent electronically between the three care-giver organisations (GP, social care provider and hospital) according to the care pathways and joint agreements. Building on top of that is the Shared Care platform, which allows all the care givers, as well as care recipients and relatives, to have access to a complete overview of data, and the possibility to share data at any given time during the course of treatment.

The service will address citizens suffering from a chronic heart condition living in the Region of Southern Denmark. The citizens will be in need of social care (e.g. home care) and healthcare services.

Patients and relatives will be offered direct access to the Shared Care platform, if they have the necessary resources, and here they will be able to see relevant information from care professionals, such as notes, goals, plans, lab results, measurements and planned activities. They will also be able to enter relevant information on their health status as well.

The care professionals will be able to share data much more smoothly in the Shared Care platform, both with each other and with the patients themselves. They will have easier access to necessary information, instead of today where they have to call or e-mail other professionals, or perhaps rely on the patients themselves to provide it. They will also be able to get more information which is expected to increase the quality of treatment, as they are able to see on-going activities in other departments or sectors, see the information from other care professionals, and have access to the patients' own information registered in the platform. The service can also be used as an extra motivational tool with the patient, where the goals and current status is clearly presented both in text and graphically.

2.2.4.2 Cost recovery mechanisms and overall viability

The Danish healthcare system is tax-based, and builds on the welfare state. As the Regions cannot collect taxes themselves, the health expenses of the Region are financed through subsidies from the state and the municipalities of the Region:

- Block grant from the state (79%).
- Activity based grant from the state (3%).
- Activity based grant from the municipalities (18%).

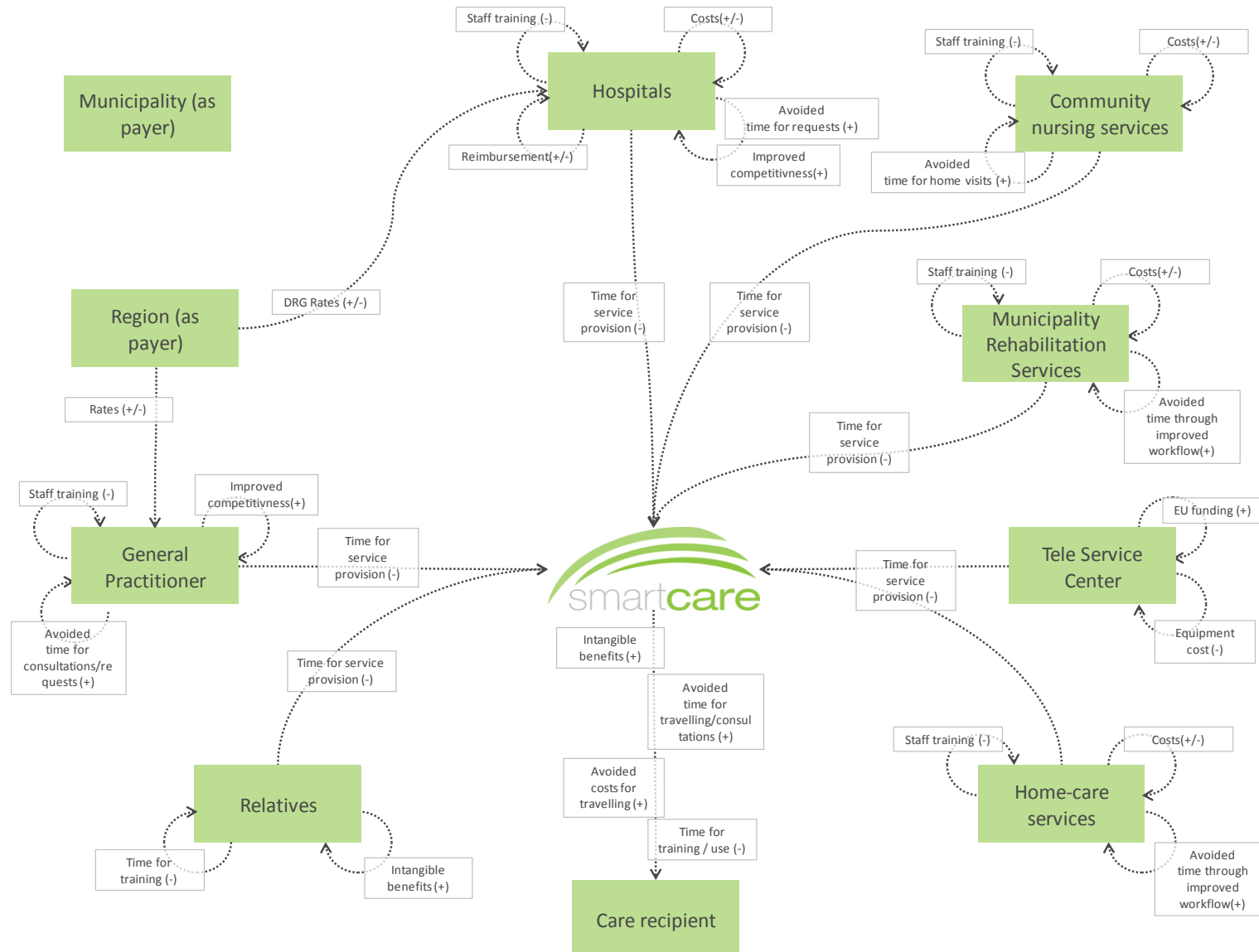
The economic framework for the Regions is decided in the yearly financial agreement between the government and Danish Regions. The provision of care is divided between the regions and the local municipalities. The Region is responsible for the hospitals (including psychiatry and social services) and the practices (GPs and dentists) of the region. Also, the Region prioritises the various areas of treatment, and establishes principles for the management of hospitals, quality assurance, service levels, etc. It has the responsibility of the working relationship between the hospitals and private medical practices. On account of their responsibility for prevention, rehabilitation and subsequent care at home, and their share in the joint financing system, the local authorities (municipalities) are key partners in the area of health. The Region advises the local authorities on prevention.



The SmartCare service in Southern Denmark is to some extent already a part of the daily work, and it is mostly developed with government funding. There are no other streams of payment.

The outcome of SmartCare is expected to be fewer contacts and also better quality of treatment, better collaboration, fewer mistakes and less duplicated work - e.g. making extra tests - ensuring more efficient and effective work processes around the patient. The overall goal for the Region is therefore not to earn more money, but instead we want better quality and better distribution of resources.

2.2.4.3 Stakeholder and cost-benefit model



2.3 Lessons learned in first stage of assessment process

So far, the first wave deployment sites have undergone the first stage of the assessment process. During that period, valuable lessons were learned at staff working on the task. These lessons are not only helpful for the second wave deployment sites within SmartCare, but are also potentially relevant for stakeholders in other regions (including but not limited to the SmartCare Committed Regions) in case they plan to undergo a similar socio-economic assessment.

The key lessons learned so far are described below. Further lessons will be added as deployment sites move through the remaining stages of the assessment process. Towards the end of the project, it is also planned to add lessons not so much related to the assessment process, but to the results and the building of viable business models for integrated care. Lessons will also be made available publicly together with the results of the assessments in order to facilitate reproduction in other European regions.

Lesson 1: The socio-economic assessment is best facilitated by a dedicated contact person with economic experience at the site.

A socio-economic assessment or cost-benefit analysis requires experience in matters of economic analysis and of empirical evaluation. With the assessment work being split between a subject-matter expert (in this case the responsible task leader within the project) and a local person or team working at the deployment site, this criterion is fulfilled in general through the presence of the expert. Practical experience has shown, however, that the assessment can be set up in a much shorter time if there is also a person with relevant experience at the site who is either responsible for the assessment work, a member of the team, or at least readily available in case of questions. Such a person can for example be an economist or a staff member involved in finance issues (managerial staff, accountants), but also someone with experience in economic assessments. Within SmartCare, assessment work with the deployment region of Aragon was much facilitated by the fact that staff members of the local partner SALUD had already engaged in cost-benefit analyses for telehealth pilots in earlier projects.

Lesson 2: An iterative process is necessary to arrive at a complete and coherent assessment model

Setting up a complete and coherent assessment model, detailing stakeholders to be assessed as well as all indicators (costs and benefits) to be measured for each stakeholder is critical for all subsequent stages of the socio-economic assessment, from data collection to analysis. The experience with the creation of these models within SmartCare has shown that an iterative process is necessary to arrive at a model that is: a) complete, especially in terms of covering all relevant costs and benefits caused by the service to be evaluated; and b) coherent in the sense of capturing all interdependencies between stakeholders and impacts. During the different stages of the iterative process (involving the filling in of templates and several phone meetings) people involved were shown to (further) develop an economic mindset, allowing them to deconstruct their service concept from an economic point of view, namely into sets of cost and benefit indicators.

Lesson 3: A good understanding of the service process is needed to set up an assessment

SmartCare achieves care innovation through the design of service process, detailing the roles and activities of different stakeholders (from care provider organisations to family carers) as they care for patients or service clients with specific needs over a period of time, and fitting ICT systems into this process in order to facilitate it. The socio-economic

assessment needs to follow this thinking, and consider the service process as the subject of the assessment. For the task of the creation of the assessment model, it has proven crucial that planning related to the service process should ideally be quite advanced, since costs and benefits to be assessed are usually closely related to very specific activities or tasks. Initial versions of the model, set up at an early stage of service process planning, were sometimes shown to neglect process-related costs and benefits, and had to be corrected at later stages.

Lesson 4: Considering all relevant types of costs and benefits can be a challenge

In order to capture different types of impacts in a comprehensive manner, the assessment approach distinguishes monetary, resource and intangible costs and benefits. Monetary impacts cover all costs and benefits that are directly expressed in currency, such as costs for hardware or reimbursement paid by a health insurance. Resource impacts relate primarily to time spent (costs) or time saved (benefits) by care professionals in relation to the service. Intangible impacts cover all types of costs and benefits that have no immediate financial implication but need to be monetarised using different methods. Examples of the latter are increases in health-related quality of life, reduction in carer burden, or improvements in the convenience of service use. In setting up the assessment models within SmartCare, monetary impacts seemed to be those that are most easily identified and included in the assessment. Both resource-related impacts and intangible impacts require more consideration to be defined in a suitable manner, and to set-up suitable ways of measuring them.

2.4 Next steps

In general terms, the remainder of the exploitation support work (T9.1) will continue to follow the steps of the assessment process as described above, aligned to the implementation and piloting time schedule of the project.

Based on the Excel templates already received from the first wave sites and those to come from the second wave sites, the task leader will produce a unified stakeholder and indicator set for SmartCare, and include this into the ASSIST software toolkit. The revised toolkit will then be used for subsequent data collection and calculation of performance measures. Where necessary, minor adaptations to stakeholder set and indicators will be implemented to accommodate site-specific requirements.

For the first wave deployment sites, data collection for the socio-economic impact assessment will begin with the pilots and their evaluation. It is currently planned that initial calculations (partly based on assumptions) will be ready by the end of the second project year, to be reported in D9.2. Final calculations and analysis are planned for the end of the pilots in the third project year, to be reported in D9.3.

For the second wave deployment sites, step 1 of the assessment are will be carried out in the spring/summer of 2014, to be reported in D9.2. Calculations and analysis are planned for the end of the pilots in the third project year, to be reported in D9.3.

3. Overall dissemination strategy

3.1 Overall approach

Dissemination activities as a horizontal activity within the SmartCare project 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 strongly interacts with the exploitation and evaluation work packages throughout the whole duration of the project. Project aims, plans and (interim) results will be disseminated to all interested parties from kick-off onwards through a wide set of different dissemination means. In order to be effective and efficient, the dissemination strategy and means 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.
- Fully leverage existing resources, relationships, and networks.

SmartCare pursues a multi-dimensional and large scale dissemination approach as depicted in the figure below.



Figure 2: Summary of SmartCare Dissemination Approach

3.1.1 Dissemination themes

Dissemination activities will be informed by dedicated foci formulated by the consortium for time spans of around six months, according to the different project phases.

During each of these six-month 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, with a focus on the appropriate means for the right target groups. It also facilitates overall structuring of dissemination activities and overall marketing. The suggested dissemination topics are presented in the Figure 3 below.

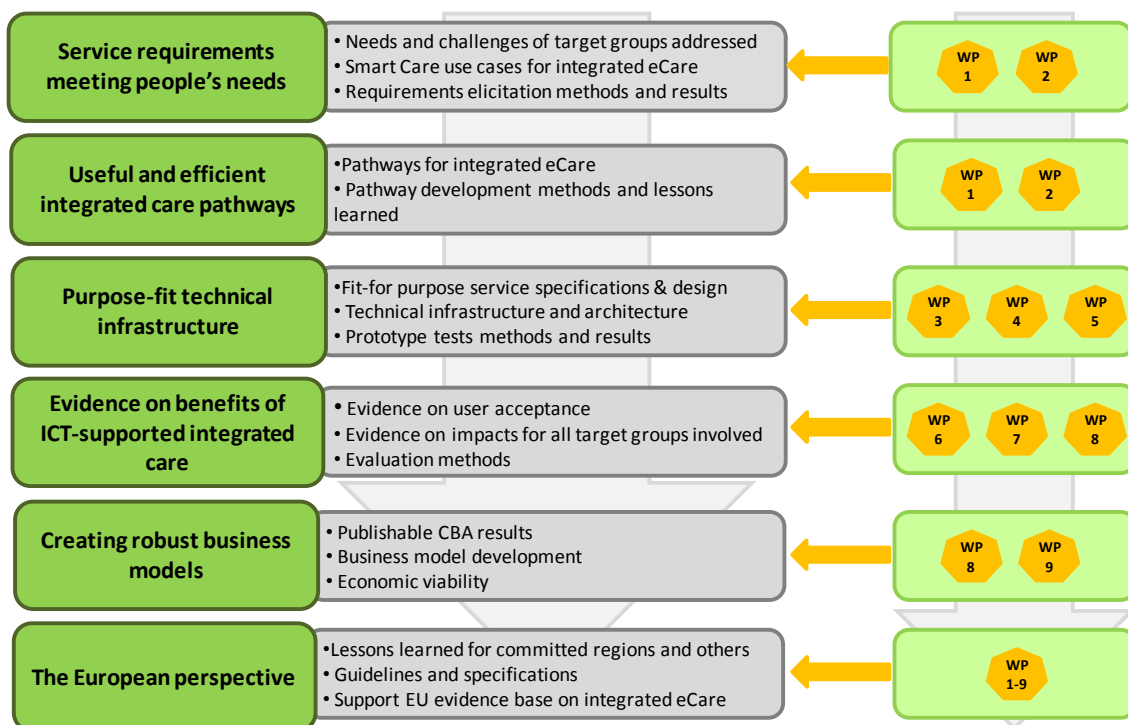


Figure 3: Dissemination topics

For each dissemination topic, an editorial team consisting of 6-7 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 suggested by the editorial team and agreed among all project partners. An example of how each dissemination topics will guide global and local dissemination activities is provided below for the first dissemination theme on “service requirements”.

3.1.1.1 Dissemination focus - “Service requirements meeting people’s needs”

The formulation of key message largely depends on the envisaged target group and the dissemination instrument that is being used to diffuse SmartCare results. Examples of key messages for the first dissemination topic include:

- EU Policy Makers
 - SmartCare requirements analysis shows the importance of user involvement in service design.
 - Addressing care professionals appropriately from the beginning leads to higher acceptance of ICT-supported integrated care systems.

- Intermediaries (third sector, public sector, private sector)
 - Your organisation should be taking part in SmartCare initiatives because they benefit your clients.
- End Users (those over age 65, carers, etc.)
 - Getting e-help is for everyone. There is help available in your area.
 - How easy it is to access many services at the touch of a button, to have e-health devices at home, and also to benefit from online communications (e.g. email, shopping, or talking to and seeing loved ones etc. via Skype).
- Media
 - Sustaining quality of life and e-enabling people over age 65 to live a healthy life at home is a major opportunity.

Major available dissemination means for this topic include:

- Website.
- Press release.
- Conference papers / presentations.
- Social media.
- Newsletter.

For each dissemination topic, the editorial team will be set-up in the very beginning and kicked-off with a conference call where main objectives, means and a time planning are discussed and agreed. Furthermore, 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 SmartCare and what the project does in this regard; literature collection).
- Development of news items featuring the topic.
- Social network activities (participation in LinkedIn discussion groups, Twitter).
- Summary of main achievements of SmartCare.
- Transition to next dissemination topic.

3.1.1.2 Dissemination themes and editorial teams

Table 1 -Editorial teams and time planning

Dissemination theme	Main target groups	Team (chief editor in italics)	Time
Service requirements meeting people's needs	Older people & patients, informal carers, health and social care professionals, care providers, third sector organisations	<i>Sonja Müller</i> (EMP), Ingo Meyer (EMP), Maude Luherne (AGE), Anne-Kirstine Dyrvig (RSD), Walter Atzori (EPF), Marja Pijl (Eurocarers), Alessia Clocchiatti (EFN)	Jun 2013 - Feb 2014
Useful and efficient integrated care pathways		<i>Lutz Kubitschke</i> (EMP), Veli Stroetmann (EMP), Leo Lewis (IFIC), Michael Rigby (board member), Christina Wanscher (RSD), Giulio Antonini (FVGASS1)	Feb 2014 - Jun 2014

Dissemination theme	Main target groups	Team (chief editor in italics)	Time
Purpose-fit technical infrastructure	Older people & patients, informal carers, health and social care professionals, care providers, industry	Bridget Moorman (Continua), <i>Leo Lewis</i> (IFIC), Ad van Berlo (SMH), Matteo Apuzzo (FVGASS1), Eleftheria Vellidou (Vidavo), Juan Coll (SALUD)	Jun - Oct 2014
Evidence on benefits of ICT-supported integrated care	Older people & patients, informal carers, health and social care professionals, care providers, industry, public authorities, academia	<i>Anne-Kirstine Dyrvig</i> (RSD), Ingo Meyer (EMP), Rosanna Angeles (SALUD), Marko Mitic	Oct 2014 - Feb 2015
Creating robust business models		<i>Ingo Meyer</i> (EMP), Anne-Kirstine Dyrvig (RSD), Esteban de Manuel Keenoy (Kronikgune), 2-3 deployment sites to be selected	Feb - Aug 2015
The European perspective	EU policy makers, academia, wider public, industry	<i>Matteo Apuzzo</i> (FVGASS1), Veli Stroetmann (EMP), Lutz Kubitschke (EMP), Claus Duedal Pedersen (RSD), Michael Rigby (board member), Walter Atzori (EPF), George Crooks (NHS24)	Aug 2015 - Feb 2016

3.2 Dissemination and communication objectives

SmartCare implements and regularly updates a large set of different dissemination means that 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 SmartCare for the different groups of dissemination means are described in the figure below.

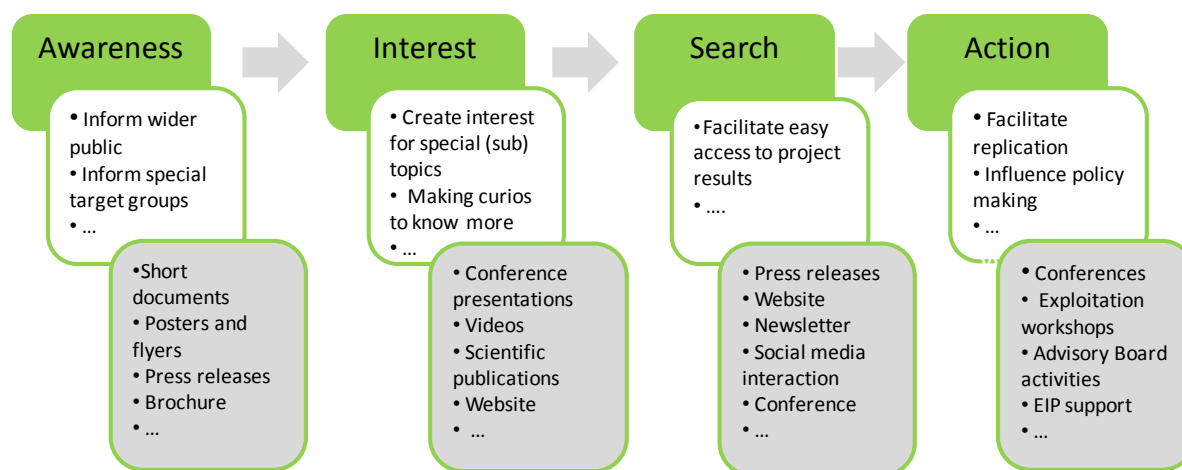


Figure 4: Dissemination principles

Awareness refers to informing the wider public of the rationale, aim, and (interim) results of the SmartCare project, and to make 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 curious 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 interest of the target groups as the project goes along. It also means to provide online material as well as printed materials and oral 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 leading dedicated target groups such as in our case public authorities or external care providers towards taking action based on SmartCare results. This may in our case mean paving the way for replication of the SmartCare services through dedicated exploitation workshops, or influencing policy making and funding topics / mechanisms through the active support of the EIP AHA initiative, or strong and interactive cooperation with the members of the advisory boards.

The SmartCare dissemination strategy comprises a set of goals:

- To widely disseminate the concept of the SmartCare project, and the innovative solutions and services which are developed within SmartCare.
- To increase public awareness on the very sensitive and important issues both in the ICT and integrated care domain that SmartCare addresses.
- Communicate the benefits of this project to the professional media, to the target service beneficiaries, to professionals working in this area (carers and those delivering healthcare to 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 with the transfer of knowledge from academia and research centres to industry and help in the solid regulation of Intellectual Property Rights (IPR).
- To support policy making by actively contributing SmartCare results to ongoing policy initiatives, in particular the EIP AHA.
- To facilitate service mainstreaming and replication through the publication of SmartCare 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.

3.3 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 group implies all groups of people with certain characteristics that could be, potentially, interested in the SmartCare project results. The reasons for being interested in SmartCare may vary, and may be either personal, scientific or professional, or they just may 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.

3.3.1 SmartCare dissemination target groups

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 shown in Table 2, and described further below.

Table 2: Target groups and dissemination means

	Older people/patients	Informal carers	Healthcare and social care providers	Health and social care professionals	Third sector organisations	Public authorities	EU policy makers	Industry	Wider public	Media	Academia
Website	●	●	●	●	●	●	●	●	●	●	●
Poster			●		●	●	●	●			●
Brochure			●		●	●	●				●
Press releases						●	●			●	
Presentations	●	●	●	●	●	●	●	●			●
Scientific publications						●	●				●
Newsletter			●	●	●	●	●				●
Policy support						●	●				
Case studies	●	●	●	●	●	●	●	●			●
Videos	●	●	●	●		●	●				
Study newsletters	●	●		●	●	●					
Social media					●	●	●	●	●		
Exploitation workshops			●	●	●	●					
Conference			●	●	●	●	●			●	

Older people (care clients / patients) & informal carers

Services developed in SmartCare ultimately address older people who are clients of social care providers, or patients, or both, making them a very important target group for dissemination activities. Language and format of the different dissemination means are 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 SmartCare. Their buy-in and engagement in the new services is of 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. In SmartCare they are reached by a large basket of dissemination channels, as described in the table above. The involvement of public authorities also plays a crucial role when it comes to ensuring that the SmartCare services will be retained as mainstream services when it comes to upscaling and replication of the services.

EU policy makers

Support of policy making processes at supra-national level is one of SmartCare's key dissemination goals. In particular, interaction the members of the EIP AHA group on integrated care ensures that SmartCare 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 SmartCare solutions. Addressing industry players through participation in fairs and exhibitions is an important SmartCare dissemination pathway.

Wider public

Apart from dedicated target groups, SmartCare is also reachable by an interested wider public, mainly through its website and social media such as Twitter or Facebook.

Academia

SmartCare results such CBA or evaluation methods and results for ICT-supported integrated care services 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 an important but less cohesive and focused group. Media plays an important role in public education, and cannot be overlooked in that context.

As described earlier in this document, SmartCare dissemination takes place on different geographical levels in order to reach maximal outreach and impacts.

3.3.2 Local and Regional Activities

All participating regions have established strong relations with local associations of care professionals and informal care givers, patients and elderly organisations, which are being utilised for dissemination purposes. Each of these associations reaches out to their members and further larger networks. Dissemination at local and regional level includes:

- Approaching local media with prepared press releases.

- Organisation or participation in seminars dedicated to integrated care, home monitoring, active and healthy ageing, etc.
- Preparation of a promotional video in each of the pilot sites for local promotion of the initiative.
- Organisation of seminars and workshops dedicated to the SmartCare pilots.

3.3.3 National activities

Dissemination activities at national level are also the main 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 healthcare professionals and managers.
- Encourage participation in national TV programmes and debates whenever possible.

3.3.4 European and international outreach

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

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

3.4 Dissemination principles

3.4.1 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 proper reference to 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 SmartCare and the EC/IST financial support to the project.
- Always follow the procedures described within this document.

3.4.2 Authorship guidelines

- 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 the 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 conception and design, or acquisition of data, or analysis and interpretation of data; 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.
- The order of authorship on the by-line should be a joint decision of the co-authors.

3.4.3 Accessibility principles

Accessibility - that is access to content by everyone regardless of disability - is one key aspect of SmartCare'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.

In practical terms, accessibility principles are applied to the project's different dissemination means, and partners receive support in adhering to these principles.

3.5 SmartCare's Visual Identity

Visual identity plays a significant role in the way the project presents itself and leads to a strong recognisability of the SmartCare "brand". Three main elements are currently planned to underpin this dissemination goal, they are described below.

3.5.1 Logo

The SmartCare logo captures the concept of the project, since it demonstrates SmartCare as something that spans a bridge or arch to bring things together, and as something that grows and is alive. It was developed in several iterations and with strong interaction between the whole group of SmartCare beneficiaries. Three initial logos were developed for and presented at the kick-off meeting in Trieste in March 2013. Based on the feedback collected from project beneficiaries, the logo versions were improved and then subject to a formal vote involving all project partners.

For the final logo, three variants were developed:

- Regular
- Black & white
- Regular with a cast shadow (as a variation, e.g. for use on white background)



The different versions of the logo were distributed to all project partners as pdf and vector format.

3.5.2 Deliverable template

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

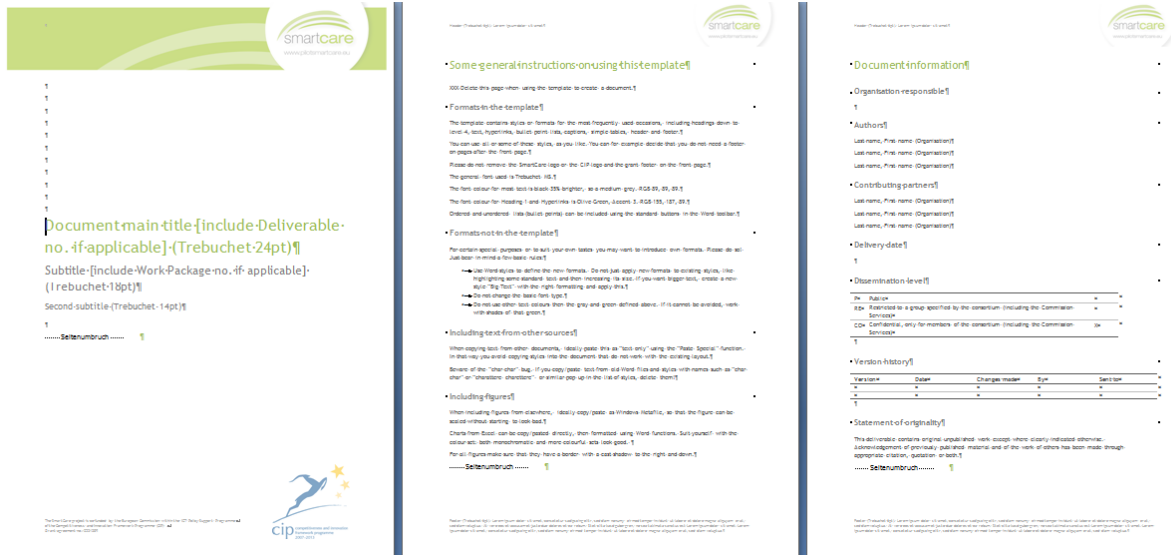


Figure 5: SmartCare word template

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

3.5.3 PowerPoint template

Similar to the word template, a template for a power point presentation 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 SmartCare at conferences, events, seminars, and workshops, as well as internal meetings such as consortium, board or review meetings.



Figure 6: SmartCare PowerPoint template

4. The SmartCare Communication Plan

4.1 The “global” communication plan

The purpose of this communication plan is to capture how dissemination of project progress and achievements to external parties are managed throughout the project life cycle. In its current stage, it provides a first overview of the strategy that the consortium is aiming to follow in order to achieve the dissemination objectives as described above.

The SmartCare consortium, in an effort to help the relevant stakeholders accept the overall principle of the project initiatives and raise public awareness, 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. Careful and early planning of dissemination activities, and the commitment of all partners, is thus of great importance.

This document provides key strategies for dissemination, including practical advice and specific templates that SmartCare partners can adapt for their use. It elaborates on the details of the types of dissemination activities to be undertaken during the SmartCare project lifetime, focusing on different target groups. While this deliverable is made available at the beginning (M4) of the project, it aims to capture, as well as outline, the main dissemination axes around which the activities shall revolve for the entire duration of the project, which are crucial for the evolution of other activities. The communication plan is set-up as a living document. The communication plan will be reviewed quarterly and updated as needed, as the project proceeds.

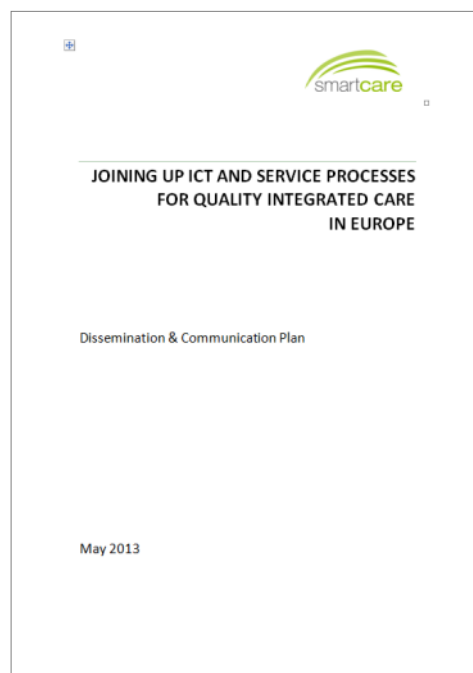


Figure 7: The SmartCare Dissemination & Communication Plan

4.2 Regional / local communication plans

At the beginning of the project, each partner / deployment site was asked to ensure the following, and report activities to the communication manager regularly:

- Put a link on their organisational website to www.pilotsmartcare.eu as soon as website is online.

- Identify one local communication manager per pilot region and report back to central communication manager.
- Identify and approach local / regional media with press release.
- Identify national events where SmartCare should be presented.
- Identify regional / national publication opportunities / channels.
- Write and publish at least two dissemination articles per year in national press and/or relevant journals / magazines.
- Attend at least two national or European events per year, and give a presentation which includes SmartCare and their activities in the project.
- Inform relevant national stakeholders about SmartCare and your role in SmartCare.
- Develop at least four news items per year featuring your activities in SmartCare.
- Send a list of relevant events for publication on the website to communication manager using the events collection template.
- Follow SmartCare on Twitter and actively retweet.
- Provide feedback to suggestions of editorial team set-up.

A checklist was provided to the partners in order to support SmartCare project partners in choosing the right communication means for the different target groups:

Table 3: Checklist to choose the right communication means for the different target groups

Study Participants and Participating Agencies	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs (i.e. in health centres, clinics, agencies, and neighbourhoods). • Send a regular newsletter summarizing research in progress. • Host or attend seminars. 	<ul style="list-style-type: none"> • Host community forums to discuss the project activities. • Send letter of thanks (anonymous or targeted). • Ask agencies to feature the project in their newsletters & websites.
Older people not participating in the study	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs (i.e. in health centres, clinics, agencies, and neighbourhoods). • Publish interesting and “speaking” case studies and videos. 	<ul style="list-style-type: none"> • Host community forums to discuss the project activities. • Be active in social media and TV. • Report on project progress in newsletters, news items of participating user representation organisations.
Informal carers	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs (i.e. in health centres, clinics, agencies, and neighbourhoods). • Publish interesting and “speaking” case studies and videos. 	<ul style="list-style-type: none"> • Host community forums to discuss the project activities. • Be active in social media and TV. • Report on project progress in newsletters, news items of participating user representation organisations.
Healthcare and social care professionals	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document. • Send a regular newsletter summarising research in progress. • Present posters in seminars, workshops and conferences. 	<ul style="list-style-type: none"> • Organise workshops presenting SmartCare results and collect feedback. • Invite them to the final conference. • Publish interesting and “speaking” videos and case studies.

Third sector organisations	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document. • Send a regular newsletter summarising research in progress. • Present posters in seminars, workshops and conferences. 	<ul style="list-style-type: none"> • Organise workshops presenting SmartCare results and collect feedback. • Invite them to the final conference. • Publish interesting and “speaking” videos and case studies.
Public authorities	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document. • Send a regular newsletter summarising research in progress. • Host or attend seminars and conferences, workshops. 	<ul style="list-style-type: none"> • Distribute case briefs and case studies. • Attend clustering workshops. • Publish in journals, papers. • Publish press releases. • Organise workshops presenting SmartCare results and collect feedback. • Invite them to the final conference.
EU policy makers	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document. • Send a regular newsletter summarising research in progress. • Host or attend seminars and conferences, workshops. 	<ul style="list-style-type: none"> • Distribute case briefs and case studies. • Attend clustering workshops. • Publish in journals, papers. • Publish press releases. • Organise workshops presenting SmartCare results and collect feedback. • Invite them to the final conference.
Industry	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document • Send a regular newsletter summarising research in progress. 	<ul style="list-style-type: none"> • Present project poster. • Engage in social media. • Invite them to final conference. • Attend fairs and exhibitions.
Wider public	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Engage in social media. 	<ul style="list-style-type: none"> • Host community forums to discuss the research. • Have an interesting and up-to-date project website.
Academia	
<ul style="list-style-type: none"> • Distribute flyers, brochures & research briefs. • Distribute summary document. • Send a regular newsletter summarising research in progress. • Host or attend seminars, conferences, workshops. 	<ul style="list-style-type: none"> • Engage in social media. • Publish in books and scientific journals. • Have an interesting and up-to-date project website. • Invite them to the final conference.

5. Dissemination Activities in Reporting Period 1

5.1 SmartCare Website

The project website is one of the most important dissemination means of the SmartCare 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. It was set-up and became public in June 2013 (www.pilotsmartcare.eu).

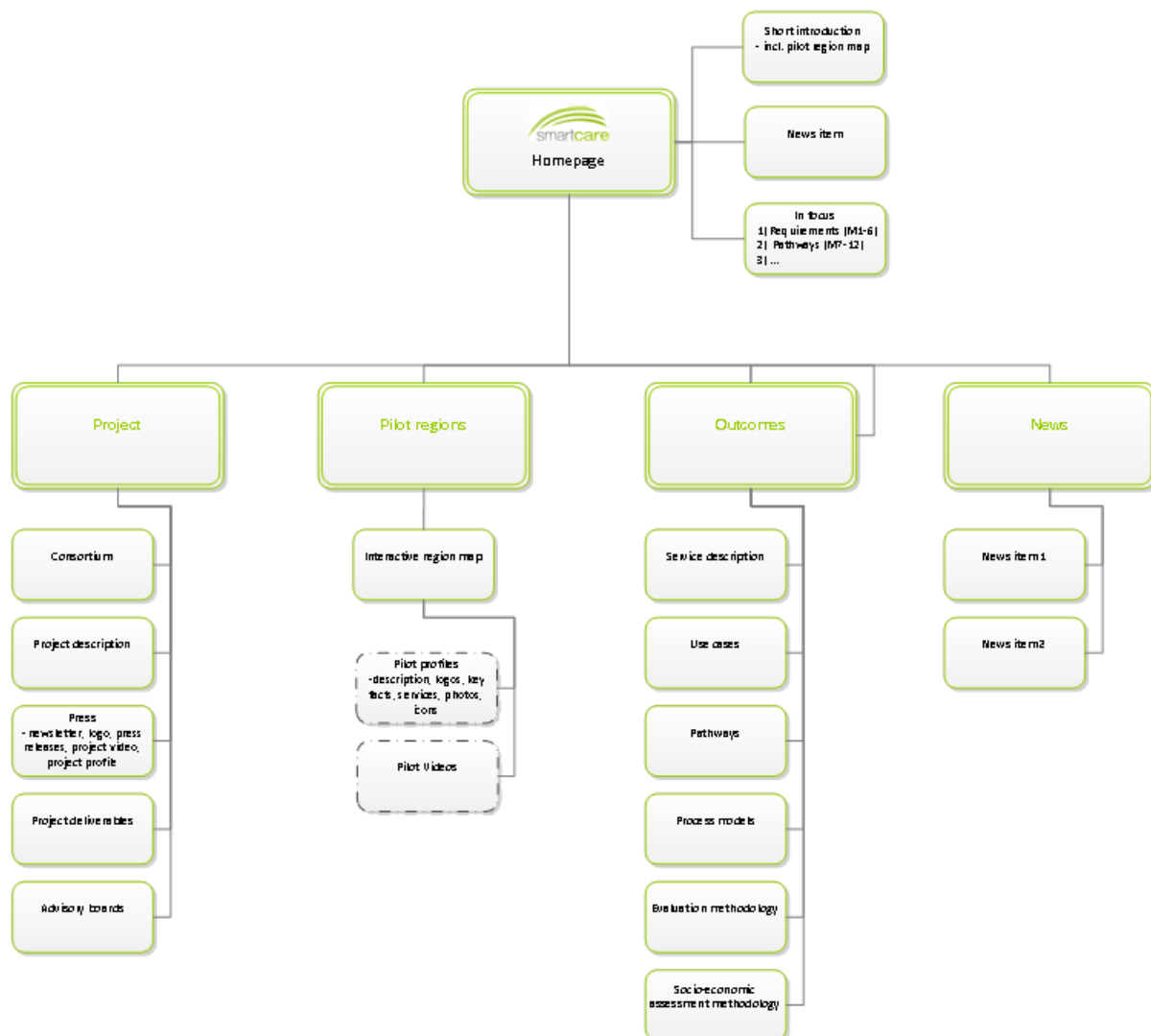


Figure 8: Website structure

The content of the website will of course become richer once the project progresses further. In particular, each dissemination topic will be featured on the homepage of the website.

Technically, the web site is based on recent technology throughout. For its interface, it uses the latest version of the Twitter bootstrap template to allow for responsive design, i.e. seamless output on different types of user agents (including mobile phones and tablets of different sizes). The design follows the SmartCare look and feel that was developed to appear serious and clear-cut in keeping with the objectives of the project. In practical terms, the design of the website emphasises usability and guides visitors' attention to content matter. Regarding content update, see above and reference to project communication plan, where the updating schedule is specified.



Figure 9. SmartCare website- Homepage

The homepage contains a very short introduction of the SmartCare project. The homepage also includes “Latest news” boxes providing easy access to everything that is new and interesting to the project, e.g. when SmartCare has been presented at a recent conference, produced a new public report, had an advisory board meeting etc. It also shows a newly designed map of the SmartCare regions.

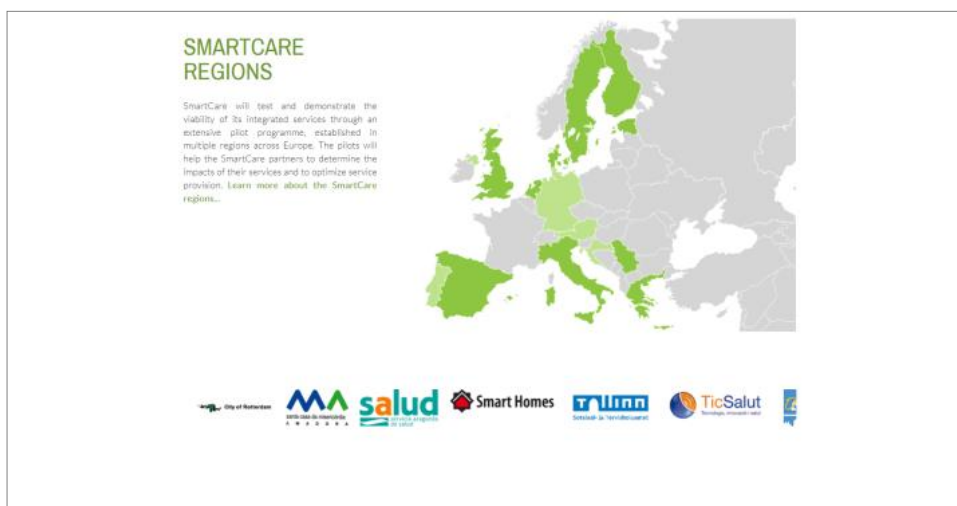


Figure 10: SmartCare website - Region map

The “News” pages are continuously updated and contain relevant project news and events as well as presentations for download. A significant number of news items were published on the project website in the last reporting period, ranging from reports about the current status of the SmartCare deployment sites to information about project presentations at workshops and other events.

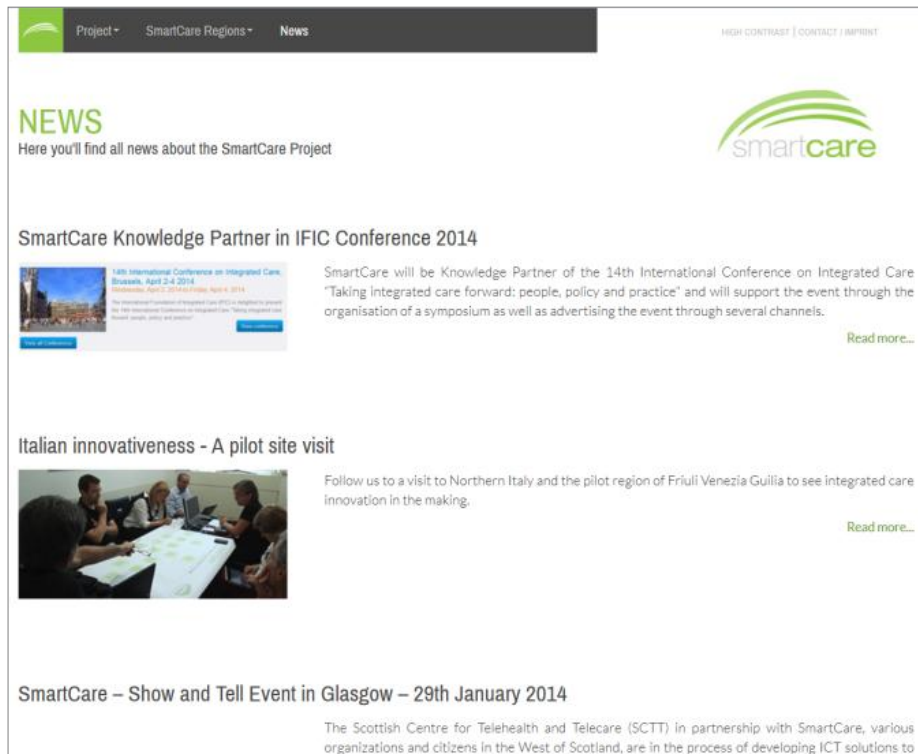


Figure 11: SmartCare website - News section

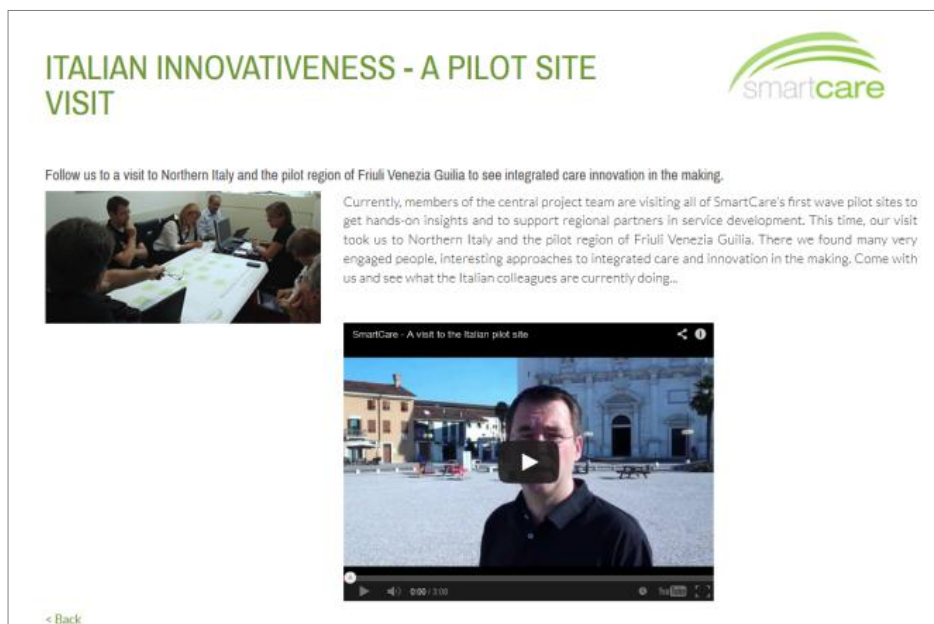


Figure 12: SmartCare website - News item on site visit in Italy

The most recent news items are always automatically presented on the homepage of the website, which makes it appearance change regularly, and makes users curious to further explore the website.

Further to this, a separate section on the website provides detailed information on all SmartCare regions, accessible either via a Dropdown menu or the SmartCare region map.

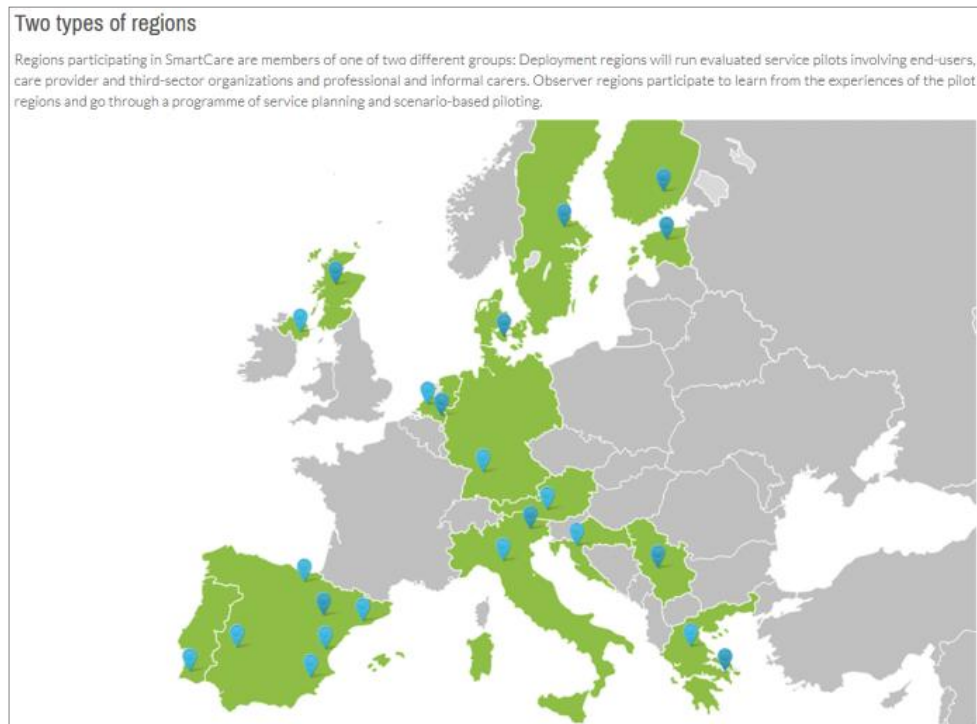


Figure 13: SmartCare website- region map

In order to provide accessibility of website contents for all users, the website is also accessible as high contrast version (see Figure 14 below).

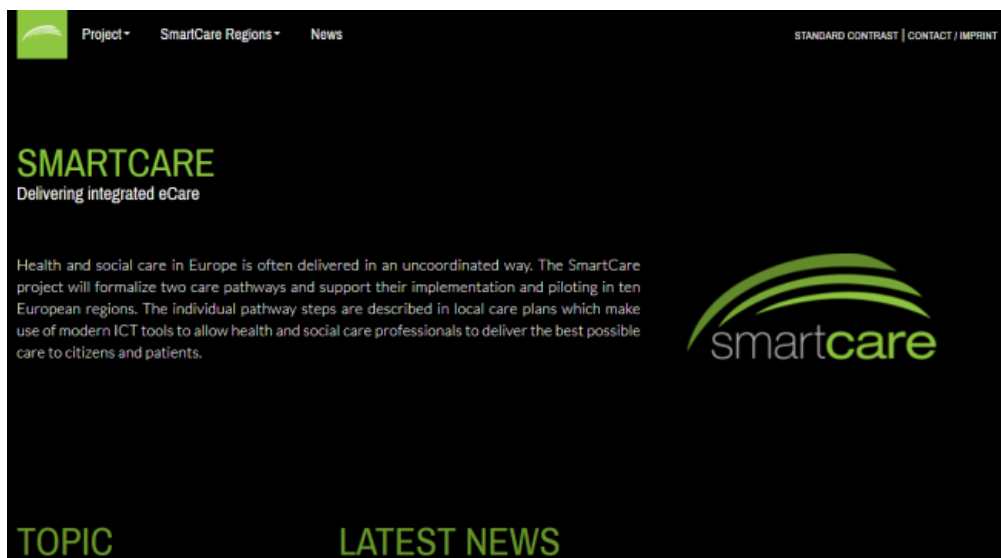


Figure 14: SmartCare website: High contrast version

Time planning for website updates and revisions

Mainly following the different dissemination topics that last for about six months each, the website will be regularly updated and revised (cf. figure below).

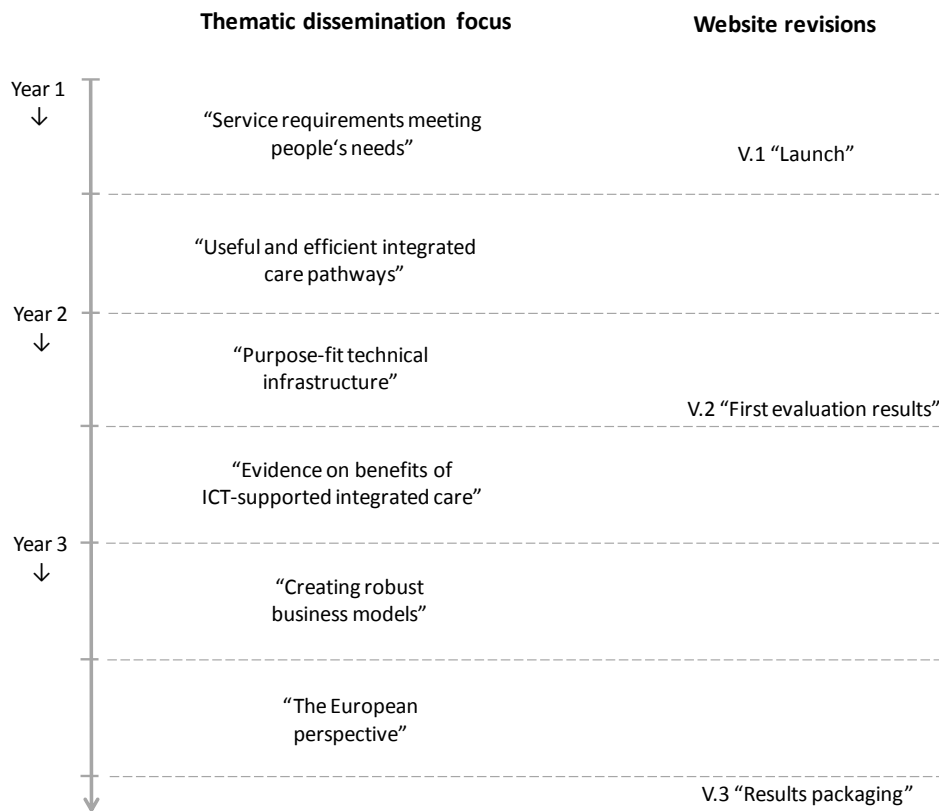


Figure 15: SmartCare website- Updates and revisions

5.2 Promotion via partner websites

Apart from the dedicated project website, the project is also being promoted on most of the websites of the partner organisations, that on the one hand informs partners' clients about the project, but also attracts visitors to the SmartCare website. Each of these websites provides a summary of the project and a link to the more comprehensive project website, so that the interested user can have easy and quick access to more information on the project.



SmartCare is one of the most ambitious projects of EU. Its duration is three years and is co-funded by EU through the Policy Support Programs (PSP) - Pilot A. In total participate 44 organizations from 17 countries which will cover the conduction of large scale pilot applications in local, national and European level.

The main target of the project is to develop integrated care services in elderly citizens, so as to support their independent and safe living throughout the usage of innovative technological solutions from the pilot in Regions and Municipalities. The results to emerge are expected to be used in national and European level, so as to upgrade the existing services.

From Greece, participate the Municipalities of Palaio Faliro, Alimos, Agios Dimitrios and the Development Enterprise of Trikala Municipality, "e-Trikala SA". E-Trikala was granted to participate by the Ministry of Administrative Reform and e-Government. It is expected to provide its expertise and further disseminate the evaluated project's results.

Apart from Greece, participate local and regional organizations from 24 regions of Europe and Research Institutes, EU Health Organizations and Patient Associations. The other countries are Italy (coordinator), Austria, Denmark, Belgium, Germany, the Netherlands, Luxembourg, Croatia, Estonia, Spain, Finland, Portugal, Sweden, the Republic of Serbia, France and UK (Northern Ireland and Scotland).

In practice, the project will develop and integrate existing care infrastructure and technologies for the independent living of patients and elderly in their homes (home platforms), providing to them:

- Monitoring of the physical, environmental and behavioral attitude,
- Several functions of self-treatment,
- Management of the medical treatment,
- Prevention of falling and accidents,
- Empowerment of cognitive functions.

The specific platforms will be open to Health and Social Care Services, upgrading the ability of elderly to manage their chronic diseases and in particular Diabetes and learning to live independently in their own environment.




The SmartCare project is partially funded under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme by the European Community" (link to the ICT PSP website: http://ec.europa.eu/ict_psp).

Visit the project's website

Download the Smartcare flyer in english

Figure 16: Reference to SmartCare on eTrikala website

5.3 Project Leaflet

Dissemination activities are further supported by print materials. A four page leaflet was generated to enable communication of basic project information to a wider audience.

The leaflet was designed in a way that is sufficiently generic to ensure usage throughout the remainder of the project, thus avoiding costs to develop and print updated versions as the project progresses. In relation to the latter, the brochure points the reader towards dissemination means which are subject to regular updating, such as the website and a project newsletter.



Figure 17. SmartCare leaflet

In the 1st reporting period, the leaflet was distributed at a range of conferences and other events, as described elsewhere in this report.

Apart from the English leaflet, the leaflet was also developed in Spanish and Greek language in order to facilitate regional / national dissemination and communication.

5.4 Publications, press releases, news, announcements and articles

Several news items, announcements, press releases and articles in newspapers were published during the first reporting period of SmartCare. Table 4 below provides an overview of all activities conducted in this regards.

Building a bridge between health and social care

European regions follow the track of ICT-based Integrated care

Barcelona, Catalonia (E), 28th June 2013

How to organise the future of health and social care?

This was the question that European regions discussed during the Seminar on ICT-based Integrated care, organised by the Assembly of European Regions (AER) in the framework of SmartCare, a project funded by the European programme ICT PSP.

Integrated eCare aims at closing the traditional gap that often exists between health and social care in terms of delivery, management and organisation, thus bringing a response to the fragmentation of services, and creating opportunities for synergies and increased quality of services.

Why do we need to integrate health and social care?

- to improve the quality and continuity of care for our patients;
- to tackle the increasing demand for care due to demographic and social changes;
- to make care systems more efficient.

The seminar constituted an opportunity for European regions to learn about the need for and the concept of integrated eCare, socio-economic aspects of integrated e-care and the approach of the SmartCare project towards service and care pathway development.

"I'm glad that we came together to better understand the potential of Integrated care. This is just the beginning of a long path. It is essential to collect evidence on the benefits of Integrated care service provision and to explore how new care models can be further deployed. The SmartCare project, to which AER is a partner, has a leading role in pursuing this mission, and AER member regions should follow its results closely" concluded **Karsten Uno PETERSEN**, President of the AER Committee on Social Policy and Public Health.

SmartCare - A project to join up ICT and Service Processes for Quality Integrated Care

Over 3 years, 10 regions will develop and pilot ICT-based Integrated care services to collect evidence on the impacts of integrated eCare services and facilitate their wider deployment.

"With this event, our intention was to give an introduction to integrated care issues to regional politicians and civil servants. It is crucial to get them familiar with the topic, to enable them to gain a better understanding of it, and to give them the tools to decide about future care models", affirmed **Giulio ANTONINI**, Coordinator of SmartCare.

The Assembly of European Regions (AER - aer.eu) is the largest independent network of regions in wider Europe. Bringing together 250 regions from 35 countries and 16 interregional organisations, AER is the political voice of its members and a forum for interregional co-operation.

Figure 18: Press release issued by AER

Two major Telehealthcare programmes that were officially launched by the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP are on the lookout for people to get involved.

The projects, called SmartCare and United4Health, will operate across Ayrshire, Arnan and the Clyde Valley. They are being jointly funded by the Scottish Government and the European Commission and aim to use familiar technology to support people with their own homes or communities in the management of long term conditions.

The SmartCare programme will link service providers across the with care, family, informal carers and the voluntary sector. It will utilise technology to support the with care and well-being for the over 50s with a specific focus on fall prevention.

The United4Health programme will give patients living with diabetes, COPD or heart failure a central system the management of their condition. It will do this through home based monitoring of a patient's health and well-being.

This enables earlier detection of worsening health, supporting self management and early treatment that helps avoid hospitalisation and/or early discharge from hospital for patients who can be monitored at home during recovery.

At the formal launch, the Minister for Health, Iain Stewart MSP, who is also the Minister for Ayrshire and Arran, welcomed the projects and the people who will be involved in them.

Guest speaker, the Minister for Health, Iain Stewart MSP, said: "When the projects first suggested one of the public, I wasn't sure but the longer I use the project, the more confident I get. When I go out, I know how far I can go before I need to use my inhaler. The cloud monitor is my oxygen level, and the doctor, so I know if I'm getting a chest infection and can start taking my antibiotics. It also gives the confidence to talk to my doctor about what I think is wrong."

Health Secretary Alex Neil said: "These projects are a fantastic example of how using innovative technologies can enable people to be treated at home as possible and reduce the need for hospital admissions."

SmartCare is a new project that aims to improve the health, care and well-being of 70,000 people aged 50+ within Ayrshire, Arran and the Clyde Valley.

The project aims to link information across health, social care, well-being and local facilities for people who have fallen or are at risk of falling. It will also support the person and their carer to coordinate the services they wish to use and to promote falls prevention and management.

SmartCare will use familiar technology to support you to share information about your needs and coordinated daily activities. It will support you and your carer to identify locations which could help you recover from a fall. The service will be developed along with people who use the services, building in opportunities for them to try out new technology.

Familiar technology such as smart phones and tablets can often give a new dimension to people's lives, helping them keep in touch with friends and family as well as making new friends with similar interests and hobbies. When a person has more life satisfaction this will often have a positive impact on their well-being and independence.

The SmartCare project team understands that not everyone is "tech-savvy" and that both carers and those they care for must feel confident with any new technology programmes they are provided with.

The project will start rolling out across Ayrshire, Arran and the Clyde Valley from May 2014 and there will be a number of local events and opportunities to get involved.

Figure 19: Newsletter issued by NHS24

Table 4: Press releases, news, announcements and newspaper articles

Type	Date	Topic	Target group	More info.	Partner
Newsletter article	01.03.2013	Announcement of the launch of the project and of the kick off meeting in Trieste	Wider public	www.age-platform.eu.	AGE
Newsletter article	01.05.2013	Information on the project, and on how to follow the project activities	Wider public	www.age-platform.eu.	AGE
Newsletter article	01.06.2013	Two articles: one on the Users Advisory Board meeting on 5/06 and one on the event of 28/06 by AER	Wider public	www.age-platform.eu.	AGE
Newsletter article	01.09.2013	Announcement of the launch of the project website	Wider public	www.age-platform.eu.	AGE

Type	Date	Topic	Target group	More info.	Partner
Journal Article	17.02.2014	Diario Medico. "Telemedicina: No era tan facil"	Care practitioners, healthcare professionals and nurses Health researchers Service improvement managers Policy makers"		Aragon deployment site
Press release	30.11.2013	Press release announcing project start	European regions, policy makers, researchers, industry, service providers		Eksote
Journal article	7.3.2013	Press release informing about the commitment of Ministry of Health and Social Policy to the implementation of ICT in the social health area	Policy makers, researchers, industry, service providers	www.europapress.es	Extremadura region
Journal article	09.10.2013	Press release informing that SEPAD belongs to Red Coral and the proposal of the SmartCare project	Policy makers, researchers, industry, service providers	http://gobex.es	Extremadura region
Journal article	15.06.2013	Interview in the magazine Grada	Readers of Grada Magazine	http://socialgrada.es	Extremadura region
Press release	06.02.2014	El SEPAD y FUNDECYT-PCTEX muestran el proyecto 'Smartcare' en la Feria del Mayor	Policy makers, researchers, industry, service providers	http://www.gobex.es	Extremadura region
Interview	24.10.2013	Interview in the Program "Las Cuatro Aspas" in Canal Extremadura radio	Listeners of the radio channel in general	-	FUNDECYT
Press release	15.04.2013	Ministerial announcement of the SmartCare project in Scotland	All health and care partners, voluntary sector, service users.	-	NHS24
Publication	03.03.2013	E-health future in health and social care Prime time news	Estonian residents	http://arhiiv.eer.ee	Tallinn & ETCH
News item	04.04.2013	Informing local and national general public about the ATTICA pilot participation in the SmartCare Programme	General public	http://mazinotia.blogspot http://www.airetos.gr http://now24.gr www.insuranceworld.gr www.vimaonline.gr www.iator.gr	Agdimitrios, Alimos, Palfaliro

Type	Date	Topic	Target group	More info.	Partner
Publication	01.12.2013	Compilation of Good Practices in Integrated Care	Policy makers, researchers, industry, service providers, service improvement managers, managers, service users	http://ec.europa.eu	IFIC

CoverAGE - Issue 136 - June 2013

added daily and new features are planned to improve the user experience.

How can you benefit from the portal? Select your type of organisation to have an overview of the potential benefits for you: [End-user, familiar or carers](#), [Professional or user organisation](#), [University, R&D or standardisation organisation](#), [Industrial organisation](#), [Service, training or Institutional organisation](#), and [Governmental organisation](#).

Updated information on national and European best practices, legislation, market place and funding opportunities at <http://collaborativeportal.atis4all.eu>.

You can contact [Maude Luherme](mailto:maude.luheme@age-platform.eu) (maude.luheme@age-platform.eu) for more information.

Users representatives of future integrated ICT care services meet in Brussels on 5 June 2013 (SmartCare project)

In the framework of the SmartCare project on integrated ICT care services (social+health), AGE is in charge of coordinating a Users' Advisory Board (UAB). This board gathers a wide panel of users representatives (European Patients Forum, European Federation of Nurses Associations, Eurocarers, International Federation for Integrated Care IFIC and Insurers AOK) as well as two experts involved by AGE to provide the point of view of older persons in the process.

The meeting aimed at gathering previous experiences in such Users boards and agree on a working method and roadmap for the next project steps. The UAB members will contribute to key deliverables in the project and will participate in study visits to the different pilot sites that will be organised in the 10 regions actively involved in the project.

The Board is supported by the organisation EMPIRICA, a key player in the project and the meeting involved the project coordinator Giulio Antonini from the Friuli Venezia Region in Italy. It aims to be a key player in the SmartCare project, providing experiences, practices and practical context regarding users' needs and expectation in relation to integrated ICT care services.

More information on www.age-platform.eu/age-projects/health-and-long-term-care/1648-smartcare or by contacting [Maude](mailto:maude.luheme@age-platform.eu) at maude.luheme@age-platform.eu and [Nena](mailto:nena.georgantzi@age-platform.eu) at nena.georgantzi@age-platform.eu

Figure 20: AGE newsletter



Figure 21: Journal article published by Aragon

El SEPAD y FUNDECYT-PCTEX muestran el proyecto 'Smartcare' en la Feria del Mayor

17:28 Jue 6 de Feb de 2014

El Servicio Extremeño de Promoción de la Autonomía y Atención a la Dependencia (SEPAD) y la Fundecyt-PCTEX han mostrado en la Feria del Mayor su proyecto conjunto 'SmartCare', del inglés 'Cuidado Inteligente', que permitirá capitalizar toda la experiencia disponible en el campo de las TIC y el envejecimiento saludable para la implantación de tecnologías innovadoras en los servicios de atención a personas de edad avanzada.



El proyecto se enmarca en la llamada Red Coral, tejido que reúne regiones europeas para abordar de forma conjunta proyectos en materia sociosanitaria, y gracias a la cual Fundecyt-PCTEX y el SEPAD trabajan en una propuesta centrada en el concepto de 'SmartCare'. Con este proyecto se busca la implantación de las nuevas tecnologías en los sistemas de atención integral a mayores basados en servicios de nueva generación.

La Feria del Mayor, que se celebra desde hoy en la Institución Ferial de Badajoz, ha servido para que los mayores conozcan los horizontes que se plantea este proyecto en el que la tecnología pasa de ser objetivo a convertirse en medio, ofreciendo soluciones tecnológicas sostenibles y alineadas con las infraestructuras TIC existentes en las organizaciones de atención.

'Smartcare' servirá además para responder a retos como la necesidad de adaptar los

Figure 22: Newsletter article developed by FUNDECYT

5.5 Book “Achieving Effective Integrated eCare Beyond the Silos”

5.5.1 Background to the book

In recent scientific and policy debates at global and national level, it has been frequently highlighted that the demographic change, rising incidence of chronic disease, and unmet needs for more personalised care are trends demanding a new, integrated approach to health and social care. In this context, it has been stated that professionals must work across care sectors as a team with common goals and resources to deliver a coordinated response to each citizen's care requirements. A recent OECD report also highlights that interface problems in the coordination of services of acute, rehabilitative and social care can both lead to unsatisfactory outcomes for patients and also result in inefficient use of resources across health and social care systems taken together (Huber, M., Long-term care for older people: The future of Social Services of General Interest in the European Union, in: The future of Social Services of General Interest, European Centre for Social Welfare Policy and Research 2007).

Advanced ICTs are a major opportunity to realise care integration across social care and healthcare and involve third-sector organisations, superseding today's chain of disjoint responses to discrete threats to health. With the issue still being very much at a concept stage, much remains to be learned how it can be made a reality, how framework conditions have to shift to accommodate new necessities and how service and business models have to be built to get buy-in from all stakeholders involved. At the same time, the first real-life examples of integrated eCare are emerging across Europe and can provide useful lessons.

Empirica and their consortia of integrated eCare projects (INDEPENDENT, CommonWell, SmartCare) thus thought that the time had come to take stock of what already exists in the area of integrated eCare, and give people active in the field the opportunity to publish their knowledge and experiences in a dedicated book, thus allowing others to learn. The book is to our knowledge the first collection available on the topic of integrated eCare.

5.5.2 Topics and types of contributions

The overall aim of the book is to produce a collection of knowledge that provides relevant insights to practitioners, researchers and decision makers engaging in integrated eCare. Altogether 15 chapters will be published in the book, which underwent a double-blind review process:

- Foreword (Nick Goodwin)
Introduction (Sonja Müller, Ingo Meyer, Lutz Kubitschke).
- Conceptual Approaches to Integrated eCare
 - The Core Vision of Person Centred Care in a Modern Information-based Society (Michael Rigby).
 - Do All Roads Lead to Rome? Models for Integrated eCare Services in Europe (Lutz Kubitschke, Sonja Müller, Ingo Meyer).
 - Implementing and Scaling Up Integrated Care through Collaboration (Prof. George Crooks, Donna Henderson).
- Technologies for Integrated eCare
 - Understanding Integrated Care: the Role of Information and Communication Technology (Nick Goodwin, Albert Alonso).
 - Technology for Integrated eCare (Wil Rijnen, Ilse Bierhoff, Rafael Llarena Gómez, Eleftheria Vellidou, Pantelis Angelidis).
 - Informatics and Socio-technical Challenges when Designing Solutions for Integrated eCare (Sabine Koch, Maria Hägglund, Isabella Scandurra).
- Evaluating Integrated eCare Services
 - Socio-economic Impact Assessment and Business Models for Integrated eCare (Reinhard Hammerschmidt, Ingo Meyer).
 - Evaluating Integrated eCare - Discussions and Guidance of a Diverse Field (Anne-Kirstine Dyrvig).
- Integrated eCare Services in Practice
 - Telemedically Augmented Palliative Care: Empowerment for Patients with Advanced Cancer and their Family Caregivers (Romina Nemecek, Patrick Huber, Sophie Schur, Eva Masel, Stefanie Porkert, Barbara Hofer, Matej Stefan, Egger Georg, Herbert Watzke, Christoph Zielinski, Michael Binder).
 - The Development of BelRAI, a Web Application for Sharing Assessment Data on Frail Older People in Home Care, Nursing Homes and Hospitals (Dirk Vanneste, Anja Declerq).
 - Making Integrated eCare a Reality in the UK: Past Failures, Current Successes and Future Challenges (Mark Gretton).
 - Integrating Social and Health Services in Greece: Implementation of Three Pilot CIP-PSP-ICT-Programs (ISISEMD, INDEPENDENT, Renewing Health) (George E. Dafoulas, Christina N. Karaberi, Lamprini Ch. Oikonomou, Kalliopi P. Liatou).
 - From Agreement to Realisation: Six Years of Investment in Integrated eCare in Kinzigal (Birgit Reime, Udo Kardel, Christian Melle, Monika Roth, Marcus Auel, Helmut Hildebrandt).
 - The eCare Network in Bologna: No Longer Home Alone (Carla Fiori).
 - Integrated eCare in Dementia. The Irish Experience in the INDEPENDENT Project (Sarah Delaney).

The publisher is IGI Global <http://www.igi-global.com/>. The publication date is summer 2014.

5.6 Presentations at conferences 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 the interested members of the community. This is particularly important for the project as the results are of interest to people at the intersection of three main areas, namely social care, healthcare, and ICT, as well as administration and politics.



Figure 23: Invited speaker Prof. Michael Rigby at AER event in Barcelona 2013 (MIHealth)



Figure 24: Project manager Guido Antonini presenting SmartCare at MIHealth 2013 in Barcelona

A list of conferences and events where SmartCare was presented in the third reporting period is presented below.

Table 5: List of conferences and events where SmartCare was presented

Date	Event	Participation manner	Target audience	Partner
24.10.2013	AGE Health Expert Group	Information shared on the SmartCare project and invitation to take part - information on the Users Advisory Board	Organisations of older people	AGE

Date	Event	Participation manner	Target audience	Partner
21.11.2013	AGE Universal Access and Independent Living Expert Group	Information shared on the SmartCare project and invitation to take part - information on the Users Advisory Board - questions about their knowledge on integrated care initiatives	Organisations of older people	AGE
04.04.2013	AALIANCE2 plenary meeting	Short introduction to the SmartCare project to the AALIANCE2 project partners	Research institutes, service providers, technology developers	AGE
22.10.2013	Jornada para la Estrategia de Atención Al Paciente Crónico en Aragón	Speaker and moderator	Healthcare professionals and nurses , researchers, policy makers	Aragon deployment site
19.11.2013	National Telemedicine Forum and II Meeting of the Technological Platform in Health	Speaker and moderator	Healthcare professionals, researchers, healthcare managers, policy makers	Aragon deployment site
09.11.2013	International conference on integrated care	Presentation provided, panel discussion, workshop	Policy makers, researchers, industry, service providers	Aragon deployment site
27.11.2013	V Days of Quality and Research at Barbastro Hospital	Presentation of the SmartCare project and its challenges. Expected great interest among nurses and healthcare professionals, specially GPs.	"Healthcare professionals and nurses Health researchers Service improvement managers Policy makers"	Aragon deployment site
10.10.2013	Third Conference on "Sharing experiences in improving continuity of care: Integrating processes and professionals"	Invited speaker	Policy makers, researchers, service providers, managers, clinicians	Basque region
27.03.2013	VI National Congress on Chronic Patient Healthcare. First National Conference of the Expert Patient	Invited speaker	Policy makers, researchers, service providers, managers, clinicians	Basque region
04.09.2013	Mutual learning seminar on innovative procurement (in cooperation with Engaged partner)	Invited speaker	Administration, technology provider, private sector and research organisation.	Basque region
20.02.2014	Presentation of SMARTCARE in the Spanish Ministry of Health and Social Affairs	Presentation	Spanish R&D policy makers	Valencia region

Date	Event	Participation manner	Target audience	Partner
18.02.2014	Presentation of SMARTCARE in the Valencia region for different researchers and key decision makers	Presentation	Hospital managed and leading researchers	Valencia region
12.04.2013	Integrated Care conference Berlin	Flyer distribution, networking, organisation	Conference was attended to meet people in the field of integrated care and to discuss recent developments. The CfC for the book on integrated eCare was distributed and some contacts made as regards potential committed regions for SmartCare.	Eksote, IFIC, empirica
13.11.2013	National eHealth & connection seminar 2013	Present the Eksote eHealth services and home care technology (include SmartCare plans)	Healthcare professionals, decision makers,	Eksote
6.2.2014	IFEBA: Regional Senior Fair	Presentation, explain the objectives of the SmartCare project.	Service providers, industry, society	Extremadura region
18.10.2013	Workshop "Fostering exchange of experiences among European Regions on the issues of assisted living and demographic change"	Session attendance, networking, promotion of Extremadura Region	European regions, policy makers, researchers, industry, service providers	FUNDECYT
29.01.2014	SmartCare Show and Tell Event	Presentation	Service users, service providers, business enterprise	NHS24
13.12.2013	Ayrshire & Arran Telehealth Telecare Innovation Network Event	To support the event and share SmartCare knowledge, as well as engagement with all relevant potential SmartCare customers.	Service users, service providers, health and care staff from the 4 partner areas in Ayrshire and Arran.	NHS24
31.10.2013	SmartCare Carers Conference	Event co-ordination and presentation.	Service Users, Service providers, Informal carers	NHS24
04.06.2013	UNIK conference	Presentation	Danish healthcare contributors, including private companies and public organisations	RSD
05.06.2013	The High-Level Roundtable on Public Sector Innovation	Presentation, roundtable discussion	High level people from different organisations e.g. EU commission, OECD, companies, governments	RSD

Date	Event	Participation manner	Target audience	Partner
19.06.2013	Presentation for the Danish Health Ministry	Presentation	Danish Health and Medicines Authority, municipalities and hospitals	RSD
25.06.2013	AER Conference	Workshop	Decision makers and IT experts in Europe	RSD
26.06.2013	Presentation for Danish Regions	Presentation	Decision makers and officials	RSD
03.07.2013	Presentation for secretariat director at Integrated Care	Presentation	Local project group	RSD
13.08.2013	Presentation at MedComs project meeting	Presentation	Department of telehealth and telecare and MedCom	RSD
13.08.2013	Presentation for directors and leaders in RSD	Presentation	Directors and leaders in the Region of Southern Denmark	RSD
22.08.2013	MedInfo	Stand/booth	National and international scientists, public organisations and private providers	RSD
26.08.2013	Presentation for the Integrated Care group in RSD	Presentation	Odense University Hospital, Odense Municipality, DAK-E	RSD
27.08.2013	Presentation for quality department at Middelfart hospital	Presentation	Quality unit employees	RSD
04.09.2013	Presentation for the Turkish Health Ministry	Presentation	Government officers, Hospital CEOs	RSD
06.09.2013	Presentation for the Danish Health and Medicines Authority	Presentation	Decision makers and officials	RSD
10.09.2013	Presentation for the UK embassy in Denmark	Presentation	Danish decision makers	RSD
20.09.2013	Presentation at Nordic Authority conference	Presentation	Employees at Nordic Health Authorities	RSD
21.10.2013	Presentation at Kick off conference on the patient pathway for cancer	Presentation	Directors, Staff working with cancer patients, GPs, Municipalities, Hospitals, Patients associations	RSD
23.10.2013	Presentation at UNIK conference	Presentation	Regions, KMD; IBM, Universities, DAK-E, Alexandra institute	RSD
24.10.2013	Presentation for the innovation committee	Presentation	Political board for innovation	RSD
29.10.2013	Edinburgh telemedicine conference	Presentation	Healthcare delivery organisations, governmental leaders, clinicians, researchers and university faculty	RSD
31.10.2013	Conference call with Informa	Presentation	Informa Analysis Company	RSD

Date	Event	Participation manner	Target audience	Partner
01.11.2013	Presentation at conference on initiatives on telemedicine in the regions	Presentation	Experts, health care providers, decision makers, consultants	RSD
08.11.2013	Presentation for the CEO of Odense University Hospital	Presentation	CEO of OUH, doctors, municipalities	RSD
09.11.2013	World Congress on Integrated Care	Workshop, session, plenary discussion	National and international scientists, public organisations and private providers	Empirica, RSD, IFIC
12.11.2013	Presentation for hospital in Southern Jutland	Presentation	Directors and employees	RSD
12.11.2013	Presentation at Esbjerg hospital	Presentation	Politicians	RSD
21.11.2013	Presentation for the regional diabetes committee	Presentation	Doctors, GP's, Hospitals and municipalities working with diabetes patients	RSD
25.11.2013	Presentation for the department for health collaboration	Presentation	Health actors	RSD
02.12.2013	Presentation at E-sundhedsobservatoriet	Presentation	Danish Health Care contributors, including private companies and public organisations	RSD
13.-15.4.2013	WoHIT	Presentation	Hospital executives, hospital CIOs, government officials, healthcare practitioners, IT professionals	RSD
09.05.2013	Welfare Development Seminar	general introduction of the project, aims, targets, structure of project	welfare system workers, social workers	Tallinn & ETCH
22.05.2013	Conference "Telemedicine possibilities for hospitals"	general introduction of the project, aims, targets, structure of project	welfare system workers, social workers, hospital leaders	ETCH
30.05.2013	Conference "How to build community based social services in cities for vulnerable groups"	general introduction of the project, aims, targets, structure of project	Policy makers, social work leaders	Tallinn
01.10.2013	Conference "Festival of the elderly"	general introduction of the project, aims, targets, structure of project	Estonian elderly	Tallinn & ETCH

Date	Event	Participation manner	Target audience	Partner
13.12.2013	Welfare Seminar 2014+	General introduction of the project, aims, targets, structure of project. Outcomes-raising the awareness of participants, presentation of new ideas,	Department of International Projects, Ministry of Social Affairs, social workers, other interest groups	Tallinn & ETCH
05.02.2014	Monthly Meeting of Social Welfare and Health Care Department	overview of project development	Social work coordinators , other interest groups	Tallinn & ETCH
28.02.2014	Integrated Care Partnership Committees	Organiser, host	Representatives from health and social care providers including; GPs, Pharmacists, Clinical staff from local Healthcare Trusts, service users and carers as well as representatives from the voluntary and community sectors	Northern Ireland
21.02.2014	Clinical leadership development workshop	Organiser, host	Medical and pharmacy leaders involved in Integrated Care Partnerships	Northern Ireland
27.01.2014	ICP Stakeholder Reference Group	Organiser, host	Stakeholder organisations	Northern Ireland
16.12.2013	Regional Risk Stratification Group	Organiser/Host	Healthcare staff from across the service	Northern Ireland
10.02.2014	ICP Project Team	Organiser/Host	Representatives from health care organisations across the province	Northern Ireland
22.01.2014	ICP Project Board	Organiser/Host	Senior Managers /Directors from across the Health System	Northern Ireland
09.12.2013	ICP Workshop for the Third Sector	Lead Contributor	Members of the community and voluntary sector across Northern Ireland	Northern Ireland
13.01.2014	ICP Pharmacy Workshop	Organiser/host	Community Pharmacists involved with ICPs	Northern Ireland
28.06.2013	Barcelona workshop	Presentations, workshop organisation	European regions, policy makers, researchers	IFIC, RSD, empirica, FVG, HIM SA
01.07.2013	Third Annual International Congress on Telehealth and Telecare	Presentation	Care practitioners, managers, ICT managers, service improvement managers, telehealth and telecare industry suppliers, service users, policy-makers	IFIC

Date	Event	Participation manner	Target audience	Partner
07.06.2013	EIP-AHA B3 Action Group meeting	Attendance & networking	Managers, service improvement managers, policy-makers, researchers	IFIC, empirica
07.11.2013	Pre-conference workshop at International conference on integrated care	Workshop organiser, moderator, presenter	Care practitioners, managers, ICT managers, service improvement managers	Empirica, IFIC, RSD
24.09.2013	Session with EIP AHA at AAL Forum 2013 in Norrköping	AAL Forum Side Event	European regions, policy makers, researchers, industry, service providers	empirica
01.07.2013	Presentation "SmartCare: a breakthrough in integrated care" at the Telehealth and Telecare congress organised by the King's Fund	Presentation	Policy makers, researchers, industry, service providers	HIM SA
21.11.2013	Presentation "SmartCare: a breakthrough in integrated care" at the XI Reunión del Foro de Telemedicina y la II Reunión de la Plataforma Tecnológica para la Innovación en Salud	Presentation	Service providers, industry, healthcare managers	HIM SA
11.11.2013	Presentation of tele-assistance for elderly people at the Kos Annual Convention	Presentation	Elderly and health care managers	HIM SA
16.10.2013	Presentation "Da DREAMING a SmartCare" at the Smart City Exhibition	Presentation	Service providers, industry, healthcare managers	HIM SA
17.10.2013	Presentation "Da DREAMING a SmartCare" at the conference "L'Anziano e la Tecnoassistenza, il Servizio Sanitario Nazionale e l'Industria"	Presentation	Policy makers, researchers, industry, service providers	HIM SA





Figure 25: Workshop at International Conference on Integrated Care in Singapore 2013



Figure 26: Panel discussion at International Conference on Integrated Care in Singapore 2013



Figure 27: Panel discussion at Plataforma Tecnológica para la Innovación en Salud

The list of conferences presented below includes events that are seen as important events where SmartCare needs to be present. Empirica takes care of monitoring deadlines for these conferences, and circulates an invitation to SmartCare 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, SmartCare uses an events collection template which is circulated to all project partners. This is used to report relevant events to the dissemination manager.

Table 6: Suggestions for obligatory conferences

Rank	Title	Link	Main Focus	Time
1	International Conference on Integrated Care	www.integratedcarefoundation.org/	Integrated care (without ICT component), chronic disease management, patient-centered care	Annual/Spring
1	Annual International Congress on Telehealth and Telecare	www.kingsfund.org/events	Telehealth, telecare, integration, evaluation, telemedicine, care for people with chronic conditions, eHealth	Annual/Summer
2	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 2013)
1	International Telecare and Telehealth Conference	http://www.telecare.org.uk/conference	Telehealth, telecare, integration, chronic disease management, large exhibition	Annual/Winter
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 /Spring (next in 2014)
2	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
1	World of Health IT	http://worldofhealthit.org	eHealth, ICT-supported social care, large exhibition	Annual/Spring
2	AAL Forum	http://www.aalforum.eu/	Ambient Assisted Living, ICT-based solutions for: mobility, dementia, social interaction, daily living support, living with chronic conditions, informal carer support, robotics	Annual/Autumn
2	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
2	EHTEL annual symposium	http://www.ehtel.org/activities/ehotel-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.	Annual/Winter (end Nov-early Dec)
2	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 (ISITeH), THE international federation of national associations who represent their country's Telemedicine and eHealth stakeholders.	Early-mid April

5.7 Videos

Project videos are published via YouTube and the SmartCare website to reach the widest possible audience. Videos are produced according to standards that allow their use in TV broadcasts to become part of the project's media relation activities.

In the first project year, altogether five videos have been published: three deployment site videos, one on user requirements, and the last on a consortium meeting in Brussels.

Pilot stories: The videos are about 10 minutes long on average, and present an overview of the SmartCare service at each of the ten pilot sites. This is complemented by interviews with the SmartCare team onsite on the one hand, and the care professionals / teleoperators or case managers who use the new SmartCare service on the other. They explain what SmartCare in their view brings to the patients, and how it has changed their working processes. This way, the viewer of the videos gets a comprehensive and lively impression of each SmartCare service. This is an excellent add-on to the use cases and service descriptions that are also available on the website.

Video reports from meetings and events: In the first project year, one special video was developed and published showing a summary of one of the consortium meetings in Brussels. Key project people were interviewed and gave short statements about the progress of SmartCare. A second video showing the workshops and sessions organised at the International Conference on Integrated Care in Singapore is currently under preparation.

Video on user requirements: Following the first dissemination theme on “service requirements”, a video was recorded at the workshop organised by AER at MIHealth in Barcelona. Prof. Michael Rigby was interviewed on user/informal carer needs in relation to integrated care.

A dedicated intro and outro was developed for SmartCare, accompanied by the SmartCare song.



Figure 28: SmartCare video intro and outro



Figure 29: SmartCare video Friuli- Venetia Giulia



Figure 30: SmartCare deployment site videos



Figure 31: Publication of video on the SmartCare website

5.8 Roll-up

A roll-up banner was developed by AER and distributed to all partners for use at conferences, workshops and other events.



Figure 32: SmartCare roll-up banner

5.9 Social media presence

Social networks are used to flank dissemination efforts in order to reach a wider audience and to facilitate the dialogue with relevant stakeholders. In the past few years, social networks (on the global scale, particularly LinkedIn, Twitter, Google+) have had a major impact on how people interact online and have attracted users in the millions.

A twitter feed @pilotsmartcare was established and a common hash tag for project partners identified.



Figure 33: SmartCare Twitter account

Through regularly publishing tweets, the project as a whole has so far attracted 107 followers amongst which are high-profile follower such as IFIC, BeyondSilos, CareWell, INTEGRATE, EIP AHA, ICT 2013 EU, AGE, IROHLA, EPF.

Further to this, a LinkedIn discussion group was initiated by dissemination topic 1 leader.

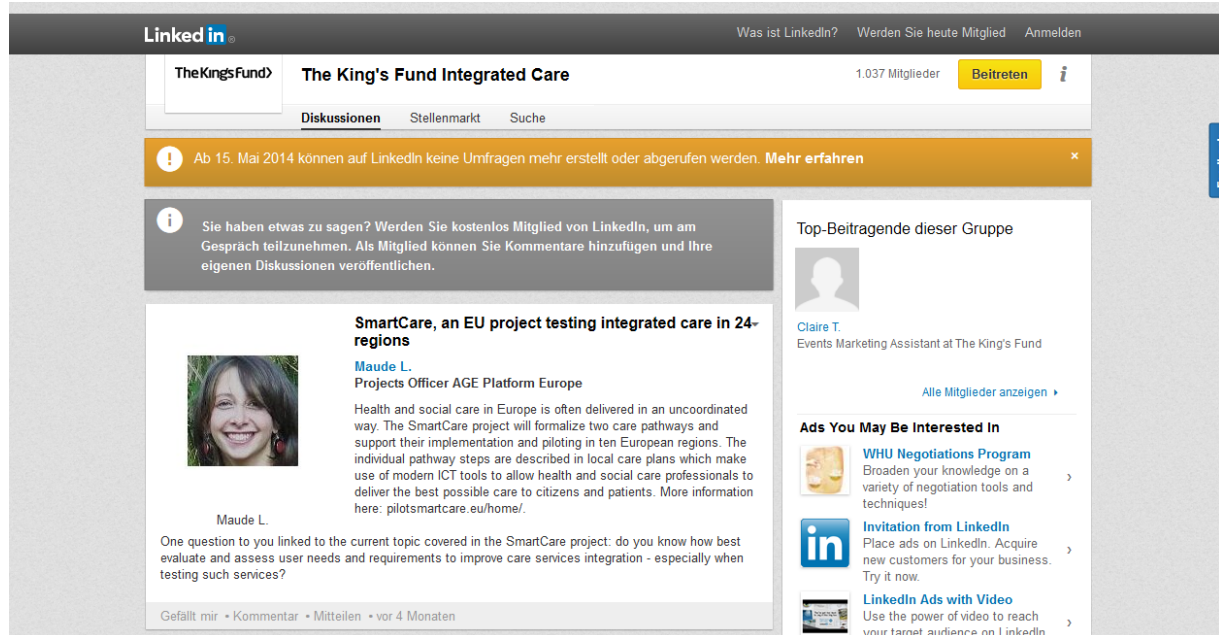


Figure 34: LinkedIn discussion initiated by AGE

6. SmartCare Advisory Boards

6.1 Summary

SmartCare avails itself of four advisory boards representing the voice of four extremely relevant groups of stakeholders: Users, European Regions, scientific experts and industry. The advice and recommendations from the various Advisory Boards is not compelling, but is thoroughly considered by the consortium and its management which, in case it does not follow the advice and recommendations, has to justify the reasons why they have not been followed. The Committed Regions Board is an exception to this rule, because its role is not that of an advisor, but it collaborates very closely with the regions hosting the SmartCare pilots. The four project advisory boards are:

- Users' Advisory Board (UAB)
- Industry Advisory Board (IAB)
- Internal Scientific Board (ISB)
- Committed Regions Board (CRB)

All advisory boards have been formally constituted in the first reporting period, and meetings held in order to develop and finalise working schedules, roadmaps and means of cooperation.

6.2 User Advisory Board

The User Advisory Board (UAB) was set up to act both as advisors and quality assurance to the project, and as liaison at European and national level through their organisation and networks. Six members from organisations representing the interests of older people and other potential end users of SmartCare, such as informal carers or professional carers were selected for the UAB. A briefing document and terms of reference were developed that served as input for the first meeting of the UAB held in M4, during which the members were introduced to SmartCare. Board members agreed on the terms of reference, including specification of work tasks of the Board, operational modes and meeting schedule. The documents specify amongst others work-tasks and cooperation modes throughout the whole of the project. A series of meetings was also scheduled at the first UAB meeting.

In Reporting Period 1, the members of the UAB were involved in different project activities. They have commented on and revised the project flyer as well as text for the website. They are members of the editorial team for the first dissemination topic "Requirements for integrated eCare", and have in this role produced various texts for the SmartCare website. Further to this, members of the UAB have revised D1.1 Requirements for SmartCare Pathways and Integration Infrastructure and D10.2 Ethics and Data Protection Framework.

6.3 Industry Advisory Board

The Industry Advisory Board (IAB) advises the project on the technical issues which are relevant for the implementation of the pilots and for the further deployment of services.

The IAB is chaired by Continua Health Alliance which designated a person from its staff to co-ordinate this Board. In Reporting Period 1, activities of the IAB have been conducted by Continua itself, and included the technical architecture of the services and standards to ensure openness and scalability. More specifically, Continua were strongly involved in the

preparation of D3.1 Pilot Level Service Specification and D3.2 SmartCare Service Specification. Several meetings between Continua and the WP3 leader IFIC were held in the reporting period.

6.4 Internal Scientific Board

The Internal Scientific Board (ISB) is chaired by the Scientific Coordinator (HIM SA). It constitutes a Board with responsibilities to discuss and decide on overall project evaluation issues, and develop a scientific dissemination strategy. Activities of the ISB have been initiated by the Scientific Coordinator together with the WP8 leader on evaluation. All deployment regions have nominated a scientific manager. Bi-weekly conference calls with first wave deployments sites, WP8 and WP9 leader have taken place in order to progress and discuss evaluation protocols, methods and time planning of evaluation (WP8) and socio-economic impact assessment (WP9) activities. Further to this, a roadmap document on change management has been developed and discussed with the deployment sites. They have all initiated change management processes within the framework of WP1 and WP2 work. The leader of dissemination work has closely cooperated with the ISB, and a draft scientific dissemination strategy was included in the overall communication and dissemination plan.

6.5 Committed Regions Board

An initial roadmap was developed for the Committed Regions Board (CRB) in cooperation with AER, the leader of the CRB, and circulated among key project partners. The roadmap includes work-tasks and cooperation modes of the CRB throughout the whole of the project. A first workshop was organised in M4, where the CRB manager AER and other SmartCare partners presented SmartCare objectives and initial pathways to a range of AER regions. The CRB kick-off meeting took place in M10, where the WP1 templates were explained in detail, and CRB regions had the opportunity to ask questions and comment. Further to this, the overall roadmap that guides CRB work throughout the whole project was presented by CRB manager AER and next steps agreed. As part of WP1, members of the CRB were invited to complete a research template to initially identify the regulatory / legislative situation in relation to their region.

7. Cooperation with EIP AHA B3 Action Group on Integrated Care

A strong cooperation with (members of the) EIP AHA B3 Action Group took place during the first project year. First of all, means and topics of cooperation were identified with the B3 Action group leader NHS24. Topics identified that lend themselves as topics for networking, learning and synergies included amongst others: pathways, change management, user empowerment, and ICT.

A series of workshops with members of European Innovation Partnership on Active and Health Ageing (EIP AHA) B3 and C2 at the AAL conference in Norrköping were developed, organised and conducted. This free interactive side event engaged participants in understanding and providing their own insights into the potential of ICT solutions to integrate care and support person-centred care, including home care. Through case study examples of innovative person-centred services, the event specifically examined two main topics: the challenges and barriers that have hindered the scaling up of integrated care and self-care, and solutions for independent living at regional and national levels. It also explored the success strategies for accelerating the wider adoption of eHealth solutions. The event comprised four different workshops, each one focusing on a different aspect of the EIP on AHA B3 and C2 Action Group activities

- Multi-actor collaborative care pathways.
- User empowerment.
- Change management.
- ICT / Teleservices / eHealth.

A next joint workshop was organised at the international conference on integrated care in Berlin in April 2014, organised by IFIC and supported by the SmartCare project.

EIP B3 Action plan		SmartCare DoW		Resulting actions			
1.1 Regions are supported in expanding integrated health and social care programmes to a wider population	D1.1	Map of partnership models for implementation of chronic and integrated care programmes demonstrating how to develop: - vertical and horizontal public organisations integration; - public private partnerships (with risk sharing based on outcomes); - fully 'outsourced' delivery; - multi-organisational chronic disease management models; - collaborative models for health and social care; - care co-operatives; - community partnerships.	Dec 2013	D1.1, D1.2, D2.1	Organisational and business requirements & pathways for each pilot site in D1.1 Organisational and business requirements & pathways for each pilot site in D1.2 Service process models in D2.1	D1.1 available to be shared with B3 Action Group D1.2 finalised in January 2014 D2.1 finalised in Feb 2014	Send D1.1 to xxx from B3 Action Group Send D2.1 to xxx from B3 Action Group Ask for D1.1 from B3 Action Group Joint dissemination event or workshop in spring 2014
	D1.2	Toolkit for organisational models to include: - literature review/published evidence on analysis of integrated care - tool/practical tips for organisational development, implementation and scale-up	Dec 2014	D1.1, D1.2, D2.1	Organisational and business requirements & pathways for each pilot site in D1.1 Organisational and business requirements & pathways for each pilot site in D1.2 Service process models in D2.1	D1.1 available to be shared with B3 Action Group D1.2 finalised in January 2014 D2.1 finalised in Feb 2014	Send D1.1 to xxx from B3 Action Group Send D2.1 to xxx from B3 Action Group EIP AHA to send draft ToC by mid 2014 so that Smartcare can provide information if available Ask for D1.2 from B3 Action Group
2.1 Regions are supported to orientate public policy and resource allocation decisions within political, health, economic and social systems, and to provide more responsive care delivery	D2.1	Map of best practice methodologies to implement chronic and integrated care, including: - funding models - i.e. insurance based, commissioning led incentives, etc. - effective use of incentives; - engagement with stakeholders; - implement decision support systems; - co-production	Dec 2013	D1.1, D2.1, D3.2, Change management roadmap	Organisational and business requirements for each pilot site in D1.1 Service process models in D2.1 Change management roadmap	D1.1 available to be shared with B3 Action Group D2.1 finalised in Feb 2014 D3.2 finalised in Feb 2014 Change management roadmap finalised in Jan 2014	Send D1.1 to xxx from B3 Action Group Send D2.1 to xxx from B3 Action Group Send D3.2 to xxx from B3 Action Group Invite EIP AHA members to ISB meetings? Ask for D2.1 from EIP AHA Joint dissemination event or workshop in spring 2014
	D2.2	Toolkit for Change Management, including: - analysis of barriers and successful approaches to implementation of chronic care programmes and integrated care models; - model business cases to support implementation and scale up	Dec 2015	WPP deliverables, ISB working documents	Internal Scientific Board Change management roadmap and documentations Deployment guidelines in D3.3	D2.2 finalised in Feb 2015 Results from ISB meetings D3.3 only available by Feb 2016	Send WPP deliverables to B3 Action Group Invite EIP AHA members to ISB meetings? Ask for D2.2 from B3 Action Group Joint dissemination event or workshop in early 2016
3.1 Regions are supported to: - Identify need for, and design new roles with associated competence development planning; - Improve competences (related to integrated care) in management and leadership, clinical roles, health and social care workforce (including third sector); - Foster a culture of shared responsibility and joint working; - Provide training, information and knowledge transfer for patients/users; - Improve knowledge of formal and informal carers.	D3.1	Map of reusable learning resources to support the delivery of awareness raising and education for all stakeholders, including the use of ICT education delivery methods and ICT decision support tools.	Dec 2013	D5.1	Training plans prepared in WPS	D5.1 finalised in Dec 2014 but approach to training could be shared earlier Invite EIP members to Advisory board meetings	Provide EIP AHA with approach to training of all actors involved Ask for D3.1 from B3 Action Group
	D3.2	Toolkit for Workforce re-design, development, education and training to include: - workforce and training needs analysis; - workforce development plans; - system design to support best practice; - design and implementation of ICT decision support tools	Dec 2015	WPP deliverables	Internal Scientific Board Change management roadmap and documentations Deployment guidelines in D3.3	D2.2 finalised in Feb 2015 Results from ISB meetings D3.3 only available by Feb 2016	Send WPP deliverables to B3 Action Group Invite EIP AHA members to ISB meetings? Ask for D2.2 from B3 Action Group Joint dissemination event or workshop in early 2016

Figure : EIP AHA B3 Action Group and SmartCare mapping exercise

A detailed analysis was conducted in order to identify common topics and goals, as presented in the figure above. Following this, a conference call between empirica and B3 Action group leaders took place to organise bilateral conference calls between all action

D9.1 First report on dissemination and exploitation activities



area leaders within B3 and empirica, and attendance of empirica at B3 monthly phone calls.

8. Pilot site networking

During the projects start-up phase, pilot site networking activities focused on mutual exchange by means of a number of meetings, and on defining further networking means in collaboration with the pilot site teams. This started with a dedicated workshop held in Trieste where deployment site teams exchanged experiences in relation to pathway and use case development, as well as requirements elicitation. The workshop was attended by first and second wave deployment sites to enable mutual learning across all sites. The workshop was followed by two meetings held in Brussels to continue mutual exchange on use case development and implementation requirements. The deployment site teams also started to exchange approaches to dissemination. Apart from networking among deployment sites from first and second wave, and ensuring the smooth transition of lessons learned in first wave sites to second wave sites, networking activities also concern knowledge and experience transfer between deployment regions, CRB regions and regions external to the consortium but involved in CRB activities. Further to this, each deliverable in SmartCare includes a dedicated section on experiences gained and lessons learned, ensuring a structured collection of lessons learned and timely transition to other deployment sites / CRB regions, as appropriate.

Further networking means were developed in collaboration with the deployment sites and described in a draft networking plan.

9. Monitoring and reporting of dissemination activities

A dissemination reporting template has been developed and circulated to all partners for reporting of dissemination activities. It is circulated twice a year. The reporting template (see figure below) includes instructions on how to complete the template and facilitates overall reporting of dissemination activities.

INTRODUCTION																
Purpose																
The workbook serves for documentation of any dissemination efforts made by all beneficiaries. The data collected will be used in the deliverables of WP8. Furthermore, the tool can be used to plan events and publications. Herefore, you only need to select "planning" in the first column. The row will be marked grey and allows you to keep track and reduce effort of reporting once the activity has taken place.																
Entering information																
Go to the current period and select the first empty column to add information. If you click on the title of a column or certain fields, you will receive further information on how and what to enter.																
Files to be saved as documentation																
Especially when it comes to events, the EC might require proof that someone has truly attended the event and therefore costs of travel as well as personal resources etc. are justified. Save files to this folder: xxx Please follow the instructions in the folder.																
Summary																
Below you can find the summary for all sites and partners. The figures will be pasted on regular basis to the minutes. The colours indicate whether you have not yet a target which all parties have committed themselves to in the work programme.																
Coordinator only: Settings of drop-down lists etc. can be found beyond row 100 in the settings section. NEED to be filled FIRST!																
SUMMARY																
Sites	1st Period				2nd Period				3rd Period				Total		Total Planned Numbers	
	Reported		Planning		Reported		Planning		Reported		Planning		Reported		Target not met yet	
	Publications	Events	Publications	Events	Publications	Events	Publications	Events	Publications	Events	Publications	Events	Publications	Events	Publications	Events
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Figure 35: Dissemination reporting template

10. References

- CommonWell. (2012). CommonWell - Common Platform Services for Ageing Well in Europe Retrieved 31.05.2013, from <http://www.commonwell.eu/>
- Drummond, M. F. (2005). *Methods for the economic evaluation of health care programmes* (3rd edition. ed.). Oxford: Oxford University Press.
- EHR IMPACT. (2008). Methodology for evaluating the socio-economic impact of interoperable EHR and ePrescribing systems. Bonn.
- Hammerschmidt, R., & Meyer, I. (2014). Socio-economic impact assessment and business models for integrated eCare. In I. Meyer, S. Müller & L. Kubitschke (Eds.), *Achieving Effective Integrated E-Care Beyond the Silos*. Hershey, PA: IGI Global.
- INDEPENDENT. (2013). INDEPENDENT - ICT Enabled Service Integration for Independent Living Retrieved 31.05.2013, from <http://www.independent-project.eu/>
- Röthig, P. (2009). ICT Investitionen begründen - Wirtschaftlichkeitsberechnungen mit dem WiBe-Konzept. Weimar: WiBe.
- UK HM Treasury. (2003). *The Green Book - Appraisal and Evaluation in Central Government*. London: TSO Retrieved from http://www.hm-treasury.gov.uk/d/green_book_complete.pdf.
- White House Office for Management and Budget. (1992). *Circular No. A-94 - Guidelines and Discount Rates for Benefit-Cost Analysis of Federal Programs*. Retrieved from http://www.whitehouse.gov/omb/circulars_a094.
- CommonWell. (2012). CommonWell - Common Platform Services for Ageing Well in Europe Retrieved 31.05.2013, from <http://www.commonwell.eu/>
- Drummond, M. F. (2005). *Methods for the economic evaluation of health care programmes* (3rd edition. ed.). Oxford: Oxford University Press.
- EHR IMPACT. (2008). Methodology for evaluating the socio-economic impact of interoperable EHR and ePrescribing systems. Bonn.
- Hammerschmidt, R., & Meyer, I. (2014). Socio-economic impact assessment and business models for integrated eCare. In I. Meyer, S. Müller & L. Kubitschke (Eds.), *Achieving Effective Integrated E-Care Beyond the Silos*. Hershey, PA: IGI Global.
- INDEPENDENT. (2013). INDEPENDENT - ICT Enabled Service Integration for Independent Living Retrieved 31.05.2013, from <http://www.independent-project.eu/>
- Röthig, P. (2009). ICT Investitionen begründen - Wirtschaftlichkeitsberechnungen mit dem WiBe-Konzept. Weimar: WiBe.
- UK HM Treasury. (2003). *The Green Book - Appraisal and Evaluation in Central Government*. London: TSO Retrieved from http://www.hm-treasury.gov.uk/d/green_book_complete.pdf.
- White House Office for Management and Budget. (1992). *Circular No. A-94 - Guidelines and Discount Rates for Benefit-Cost Analysis of Federal Programs*. Retrieved from http://www.whitehouse.gov/omb/circulars_a094.