

1st PROJECT PERIODIC REPORT

Grant Agreement number: 611709
Project acronym: GET
Project title: GET: Global eHealth Transforming services
Funding Scheme: FP7 – ICT – 2013 - 10
Date of latest version of Annex I against which the assessment will be made: 28th October 2013
Periodic report: 1st 2nd
Period covered: From 1st October 2013 to 30th September 2014
Name, title and organisation of the scientific representative of the project's coordinator:
JORGE GONZALEZ OLALLA, TICBioMed Manager
Tel: 657 847 238
Fax: 902 539 222
E-mail: Jorge.gonzalez@ficbiomed.net
Project website address: get-ehealth.eu



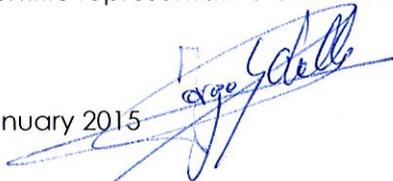
Declaration by the scientific representative of the project coordinator

I, as scientific representative of the coordinator of this project and in line with the obligations as stated in Article II.2.3 of the Grant Agreement declare that:

- The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;
- The project (tick as appropriate) ¹:
 - has fully achieved its objectives and technical goals for the period;
 - has achieved most of its objectives and technical goals for the period with relatively minor deviations.
 - has failed to achieve critical objectives and/or is not at all on schedule.
- The public website, if applicable
 - is up to date
 - is not up to date
- To my best knowledge, the financial statements which are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project (section 3.4) and if applicable with the certificate on financial statement.
- All beneficiaries, in particular non-profit public bodies, secondary and higher education establishments, research organisations and SMEs, have declared to have verified their legal status. Any changes have been reported under section 3.2.3 (Project Management) in accordance with Article II.3.f of the Grant Agreement.

Name of scientific representative of the Coordinator: JORGE GONZALEZ OLALLA

Date: 12th January 2015




For most of the projects, the signature of this declaration could be done directly via the IT reporting tool through an adapted IT mechanism and in that case, no signed paper form needs to be sent

¹ If either of these boxes below is ticked, the report should reflect these and any remedial actions taken.

INDEX

1	Publishable summary	4
2	Core of the report for the period.....	5
2.1	Project objectives for the period.....	5
2.2	Work progress and achievements during the period	6
2.2.1	WP2 GET ON TRACK service	6
2.2.2	WP3 GET FUNDED service	10
2.2.3	WP4 GET GLOBAL service	18
2.2.4	WP5 FILL THE GAP service	24
2.2.5	WP6 DISSEMINATION	34
2.3	Project management during the period	42
3	Deliverables and milestones tables.....	47
3.1	Deliverables	47
3.2	Milestones	48
4	Explanation of the use of the resources and financial statements	49
4.1	Form C	51
4.3	Summary Financial report.....	56



1 Publishable summary

A summary description of project context and objectives,

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

These services are:

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

They have been designed to maximize direct impact to targeted beneficiaries, but without overlapping with business-development support offered by other organizations at regional or national level.

The two key differentiators with the current offer are:

- Market-centric. Because the services are offered to companies operating in one concrete market -Information Technology for Healthcare-, all the resources and applied expertise (both from organizers and stakeholders) are of immediate actionable value.
- Cross-border. The 4 services have been designed with an international vision from the start. They are delivered after a pan-European selection of the best of breed, with the support of advisors from multiple nationalities. As a result, cross-border contacts, resources and opportunities are exchanged

A description of the work performed since the beginning of the project and the main results achieved so far,

1. The *GET on Track* service has supported **15 early-stage eHealth companies**, start-ups and entrepreneurs to optimize their business model and commercialization strategy with the support of **66 experts and stakeholders**.

2. The *GET Funded* service has helped **24 SMEs** looking for Series B funding (between 0.5-2M€) with training, resources and networking opportunities with a network of 40+ investors at European level.
3. The *GET Global* service has engaged with **59 SMEs** to access international markets by facilitating them the matchmaking and networking with foreign contacts.
4. The *FILL the Gap* service has collected **78 unmet needs**.
5. GET project has created its **corporate image, web site and social media channels**, while actively disseminating relevant information about the delivered services. The web site contains 17 articles and received 4874 visits.

The expected final results and their potential impact and use (including the socio-economic impact and the wider societal implications of the project so far),

- The project plans to directly benefit at least 75 European SMEs and 15 entrepreneurs, with a bigger number of influenced ones due to the disseminated resources and the organizations of events.
- The expected market acceleration as a result of the offered support would promote a wave of world-class companies in the field. The value delivered by these companies would lead to better clinical outcomes, with a related impact on finances and job creation at European level.
- Finally, after the lessons learnt, a business plan will be created for each service in order to offer it on market terms after project completion. By doing so, the consortium will deliver the services to further companies under a sustainable business model.

The address of the project public website, if applicable

<http://www.get-ehealth.eu/>

2 Core of the report for the period

2.1 Project objectives for the period

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

5. Create its corporate image, **web site** and social media channels.
6. Submit the **planned deliveries**.

2.2 Work progress and achievements during the period

2.2.1 WP2 GET ON TRACK service

a) A summary of progress towards objectives and details for each task;

This report summarises progress made towards the objectives of the Get on track service, and provides an overview of the tasks undertaken in the first project year. Details of all work undertaken are available in “**D2.1 First Review of Get on track Service Model & Service Outcomes**”

Service objectives

This service supports early-stage companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy as in a training ‘boot-camp’ session. It will combine an event with periodic follow-up from the organizers.

The Get on track service has the following three objectives:

1. **Support early-stage eHealth companies, start-ups and entrepreneurs to optimize their business model and commercialization strategy.**

With the support from Get on track service participants have got feedback from diversified types of eHealth experts to develop their business models. The most valuable feedback to many of the participants has been that the value proposition must be concrete, based on exact numbers, and clearly communicated.

2. **Organize 4 events with a selection of early-stage companies, start-ups and entrepreneurs.**

Over the first year of the Get on track service we have achieved most of its specified objectives. Three out of four Get on track events were planned for the first year, but two were organised and the third postponed to the second project year. The reasons for this change are explained in more detail in the chapter c).

The two organised events gathered a lot of interest, and were full booked for 8 participating start-ups and entrepreneurs. Due to one very last minute cancellation, altogether 15 start-ups or entrepreneurs participated in these two events.

3. Follow up the companies' progress and provide periodic support to facilitate their development and growth.

After the boot camp events both participants and those who couldn't be accepted to participate have been regularly informed about eHealth business coaching, partnership, marketing and funding opportunities. Furthermore, follow-up and support to facilitate business model development of the companies have opened new opportunities for the participants to take next steps for finding and secure funding. For example,

- From Finland one of the Get on track participants Newolo Ltd. will search for funding through the Get funded service and will pitch for investors in London in November.
- Another participant, a Finnish webcam yoga solution Yoogaia just raised funding of 500000 euro to launch a global online home yoga service.
- Medbravo, a Spanish SME specialized in oncological clinical trials has been supported in their business model and commercialization strategy in one to one sessions. TICBioMed is actively helping them to commercialize their technology.
- All SMEs and entrepreneurs that showed an interest in the Spanish GET on Track event have been receiving periodic emails regarding training, funding and internationalization opportunities.

This kind of positive news feed the insight that business coaching provided by Get on track service in the early phase of development can substantially help the companies to convince the key stakeholders involved to their business model.

Task 2.1 – Service set up

The Get on track service has been set up and executed based on the plan.

- Activities over the first year were planned to have synergies with other eHealth events in Europe. Two international events were selected as having particular synergies to the Get on track service: at the eVIA 2013 General Assembly, on **28th November 2013** in Madrid, and Upgraded Life Festival, 10th of **June 2014, in Helsinki**.
- Partners and stakeholders were identified to support the GET on track service. The list of partners includes successful entrepreneurs, investors, eHealth consultants, regulation experts, clinicians, and key persons in eHealth start-up networks.
- Criteria for the recruitment of SMEs, entrepreneurs and experts were established.
- Communication strategy and channels were established, with calls for SMEs to participate in Get on track service via websites, Twitter and e-mailings.

Task 2.2 – Execution of the service

The recruitment of participants has been successful in general. Get on track service is on-going and two of the planned four main events (the ones in Spain and Finland) have been already organised.

The event in Finland was rescheduled from January to June to be organised in conjunction with the Upgraded Life eHealth conference and its program and audience matched very well with Get on track boot camp target group.

The event in the Netherlands was also postponed from March to September as there were too many eHealth events in the close geographical proximity. However, due to last minute cancellations only a trial event was organised in September and main Get on track event in the Netherlands will be reorganised latest in January 2015. The last minute cancellations from already registered and selected participants have created some challenges for the boot camp events. Some kind of cancellation fee for the unjustified last minute cancellation will be considered for the future events.

Communication about the Get on track service has channelled via project partners and their wide networks. Especially, email, www-sites, and social media have played a key role in dissemination.

Task 2.3 – Follow up and sustainability

Each Get partner organisation has a responsible person to follow up the needs and progress of SMEs and entrepreneurs related to their business model development. A couple of months after the boot camp events participant entrepreneurs and SMEs have been contacted and their further support needs discussed. Some entrepreneurs and SMEs have participated to other Get on track services and used the contact network provided via Get project partners. Participants have also regularly informed about new relevant business, support, partnering, funding, networking etc. opportunities.

b) Highlight clearly significant results

The main results for the first half of the project are:

- **Two Get on track events (Spain, Finland) and one trial event (Netherlands)**

The Get on track service has delivered a significant support to participating entrepreneurs and SMEs. Organising Get on track events as satellite events of main eHealth conferences and in collaboration with local eHealth start-up networks, has brought a new efficient channel to support business development.

- **Sixteen entrepreneurs and SMEs got help to optimize the business model**

16 participants (though one of them dropped in the last minute) out of close to hundred applicants got support and feedback from a diverse set of experts to their business model in two boot camps.

- **Recruitment of 66 eHealth experts**

A large group of experienced eHealth from different backgrounds, from clinical to business and regulation, provided feedback, support and mentoring to entrepreneurs and SMEs in the organized events.

- **Synergies with other Get on track services**

Several Get on track service participants have got concrete support from other Get on track services and partners international network.

WP2 GET ON TRACK	Description
Participants	<ul style="list-style-type: none"> ▪ 15 SMEs selected, out of nearly a 100 applicants
Experts	<ul style="list-style-type: none"> ▪ 66 eHealth experts recruited
Events	<ul style="list-style-type: none"> ▪ Emprendex_ 1 on November 28th, 2013 in Madrid (Spain) at eVIA 2013 General Assembly ▪ Event 2 on June 10th, 2014 in Helsinki at the Upgrade Life Festival

c) Deviations from Annex I

Get on track has achieved all critical objectives as detailed in section 2.2.1 a)

Regarding the scheduled activities, the GET on Track session in The Netherlands that was planned for the September 2014, was cancelled, due to a significant amount of last minute cancellations by the participants. All remaining partners were notified and most of them did manage to cancel their travel arrangements if applicable. Only one SME from Spain was not able cancel their travel arrangement. The issue was discussed with the Spanish participants and it was decided to organize a trial session to do an extra validation of the content in relation to the need of the SME. The result was that the Spanish participant was very satisfied by the offered content and discussion. The only missing added value was the interaction with the other participants. The Spanish participants committed themselves to join the next GET on Track session in The Netherlands, just to have the interaction with the other participants.

The next GET on Track session in the Netherlands is scheduled for the end of 2014 or in the first months of 2015. With the now extra validated content, the added media channels (F6S) and structured method of promotion, the number of participants is expected to be between 10 and 15 SMEs.

d) Use of resources

- TICBioMed has allocated more than the expected resources due to the support in the methodology definition as the first event took place in September 2013. And also for the follow-up activities with the entrepreneurs that participated in the event.
- Connected Health Alliance hasn't allocated any resources to WP2 as their action on this service is planned for year 2.
- Forum Virium, as GET on Track leader, has also allocated some extra effort in order to speed up the methodology development as well as the fin-tuning for further events
- Health 2.0 has provided support to the other partner activities in terms of methodology definition and also supports services, mainly linked to the Get Funded and Get global services.
- Digitaezorg.nl has moved the main action foreseen to year 2 due to the reasons explained above.

	TBM	ECHA	FV	H2.0	SDZ	TOTAL
Personnel costs	13.157	-	27.859	2.525	9.150	52.690
Subcontracting	-	-	-	-	-	-
Other direct cost	2.956	-	2.440	-	983	6.379
Indirect cost	3.223	-	7.902	505	2.027	13.656
TOTAL	19.335	-	38.201	3.029	12.160	72.725
Person hours	503,00	-	731,00	82,00	122,00	1.438,00
Personmonth	3,14	-	4,57	0,51	0,76	8,99
Personmonth planned for all GET	5,00	3,00	7,00	1,00	4,00	20,00

e) Corrective actions

None required.

2.2.2 WP3 GET FUNDED service

Get Funded service has been designed for SMEs looking for Series B (follow-up round) funding, typically between 0.5 and 2M€, from international investors and is designed to provide start-ups with training, resources and networking opportunities with investors at the European level.

a) A summary of progress towards objectives and details for each task

This section focuses on the activities undertaken in order to meet the service's objectives. Progress against objectives is detailed on a task by task basis. Any reference to the methodology can be found in "D3.1 First review of Get Funded, service model, assessment of outcomes, and deliverables & D3.2 Training service content in project web site".

The GET Funded service's overall objective was to select and support a minimum of 20 SMEs looking for follow-up funding. With a recent surge in interest due to the upcoming EC to VC event, we are now counting 24 companies participating in the GET Funded service as described in the results section.

Particular GET Funded detailed objectives are:

1. Set up an 'investment readiness' training service for SMEs looking for second round of investment.

The objective was to provide training activities, as stated in Task 3.3, for 20 SMEs participating in the GET Funded service. To date, we have provided this service via the three different approaches described in the DoW: Online prepping, online training and live training.

2. Identify and network with cross-border investors.

As stated in Task 3.1, the objective was to identify and recruit 10-15 investors. Following a change in the methodology, 40+ investors were identified and recruited to increase the funding chances for SMEs.

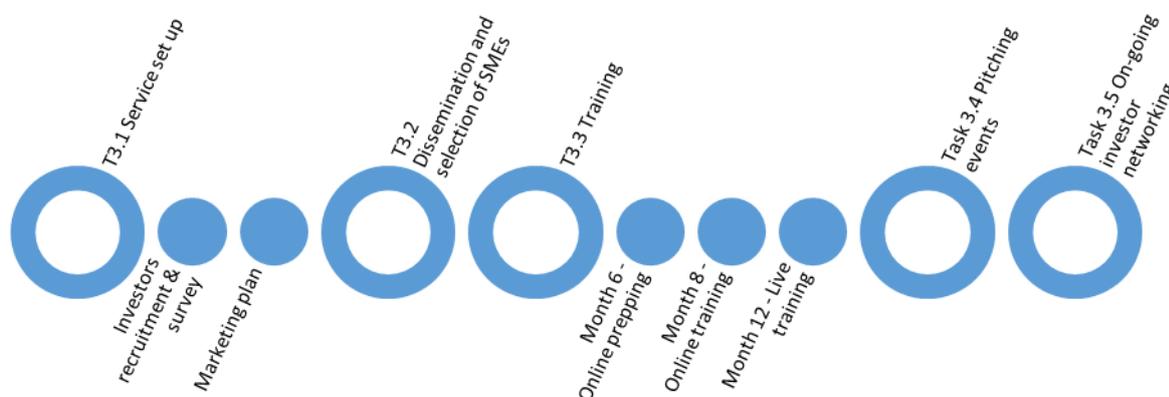
3. Organize pitching events to enable matchmaking between SMEs and investors.

As stated in Task 3.4, the objective was to invite SMEs to participate in a minimum of 2 pitching events.

4. Follow up the companies' progress and provide periodic support to facilitate their development and growth.

As stated in task 3.5, in between online meetings and live events and throughout the project lifecycle, the Consortium has and will continue to facilitate introductions and broker exchanges between participating SMEs and digital health investors in our network.

The progress against the Get funded tasks is described next:



Task 3.1 Service set up

Taking advantage of their extensive networks within the eHealth field across the EU, the GET Consortium executed a dissemination campaign, involving traditional media, web and blog publishers, social networks and a database of European contacts of 12,000+. A thorough scan of the Health 2.0 Resource database (3000 eHealth companies worldwide, 800 in the EU) has led to ensure the highest calibre of candidates. The GET Funded Service is widely advertised through the Consortium's many communication channels and overall marketing reach.

40+ investors have been identified and recruited from the following companies:

ADVentura Capital, Agfa Purchasing, Albion Ventures, ALMI Invest, Amadeus Capital Partners, Artemis Healthcare Ventures, Boelen Beheer, Capricorn Venture Partners, COMB, Enterprise Europe Network, Enterprise Ventures, Faraday, FiBAN (Finnish Business Angels Network), Fidelity Biosciences, Forward Partners, Gilde Healthcare, Global Capital Finance, Health Disrupt, IBM Ventures/HealthXL, Imperial Innovations, Innovation Capital, Inventages, Janssen Healthcare Innovation, Noaber Ventures, Nomad Fund, Odyssey Venture Partners, Peppermint Venture Partners, Personal Health Solutions, PJ Tech Catalyst Fund, Qualcomm Life Fund, Radiant Capital, Roche Venture Fund, RTAventures, Scottish Equity Partners, Startup Health, topseedslab, Vakyrie Venture, Wayra UK, XLHealth, and Zanec.

Task 3.2 Dissemination and selection of SMEs

SMEs expressing an interest are invited to check our investors' criteria. If they qualify, we work with them to create an investment profile that covers the key deciding factors for investors to consider an SME as an interesting investment opportunity.

Once the profile is created, we work with the SMEs to select the investors they would like to focus on in our pool of 40+ investors. Profiles are then disseminated to the selected investors (usually 4 or 5), and one-on-one online meetings are set up, which include a demo of the solution and reserve time at the end of the presentation for investors' questions and feedback for training purposes.

Task 3.3 Training

Online prepping with Consortium members

Online prepping meetings are happening with members of the Consortium. Participants are trained to position and present their activities and provide the key information that investors are looking for to make the decision to look further into a start-up. The prepping sessions include at a minimum 5-7 minutes of solution pitch, and 15-20 minutes of discussion and recommendations to improve the impact of their presentation.

5 companies participating in the GET Funded/GET Global session at the eHealth Forum in Athens were part of a training session prior to the event: *Aseptika, LinkCare, Medexo, PPC Hellas, and VitalServices.*

Prior to the individual meetings with investors, a one-on-one rehearsal is scheduled with the SMEs to make sure they are ready for their investment meetings. The following 12 SMEs have benefited from these online prepping sessions: *Aseptika, Emperra, Infermedica, LinkCare, Medexo, Medisafe, Medixine, Medtep, PCC Hellas, SilverCloud Health, and VitalServices.*

12 companies confirmed to participate in the EC to VC session at Health 2.0 Europe 2014 on November 12th, have taken or will be part of a training session prior to the event:

Diagnose.me, Emperra, Fertility Focus, FindMeHealth, MédecinDirect, Medexo, Newolo, Medisafe, SilverCloud Health, uMotif, Vivago, and VitalServices.

Online training with investors – through one-on-one meetings

Since investors' time and availability have proven to be very limited. We have combined the one-on-one training sessions with the actual pitches.

We are setting 30-minute meetings and allowing for 8-10 minutes pitch presentations and approximately 20 minutes for questions, clarifications, feedback, and next steps. We are trying to set up at least 4 one-on-one meetings between each start-up and investors that we choose together with the start-ups from our list of 40+.

To date, we have set up one-on-one meetings - in-person or online - between investors and the following 11 SMEs: *Aseptika, Emperra, Infermedica, LinkCare, Medexo, Medisafe, Medixine, Medtep, PCC Hellas, SilverCloud Health, and VitalServices.*

Live training at investors' event

The third round of training will happen, live/in person, at events co-hosted with one of the Consortium's events or one of our investor partners' events.

5 companies participating in the GET Funded/GET Global session at the eHealth Forum in Athens received this type of training to date: *Aseptika, LinkCare, Medexo, PPC Hellas, and VitalServices.*

The training will continue to happen at the following events:

- EC to VC at Health 2.0 Europe 2014 – November 12, 2014 in London
- EC to VC at Health 2.0 Europe 2015 – May 20, 2015 in Barcelona

12 companies presenting at each conference will receive training at the events through discussion and feedback with the investors' panel.

The following 12 SMEs have confirmed for EC to VC in London, and will benefit from this live training: *Diagnose.me, Emperra, Fertility Focus, FindMeHealth, MédecinDirect, Medexo, Newolo, Medisafe, SilverCloud Health, uMotif, Vivago, and VitalServices.*

Task 3.4 Pitching events

GET Funded's first event was a combined GET Funded/GET Global session that happened on May 12th, 2014 as part of the **eHealth Forum** in Athens. 47 SMEs showed interest. 18 submitted the form requesting additional information, and 7 SMEs were selected to present their solution and their plan for funding and/or internalization in front of an international panel of investors, purchasers and industry leaders. **5** SMEs participating in the GET Funded service presented and received feedback at the event: *Aseptika, Linkcare, Medexo, PCC Hellas, Vital.Services*

GET Funded start-ups were also invited to apply to the Traction event, hosted at the Health 2.0 Fall conference (September 21-24, 2014). Finalist companies were offered mentoring services with renowned digital health investors. Medisafe made it to the final and won the consumer-facing category. We will use this momentum to approach EU investors on their behalf.

Our next 2 pitching events will happen at:

- EC to VC at [Health 2.0 Europe 2014](#) – November 12, 2014 in London
- EC to VC at Health 2.0 Europe 2015 – May 20, 2015 in Barcelona

12 companies presenting at each conference will have the opportunity to network with investors at the events including, in the London event: *Diagnose.me, Emperra, Fertility Focus, FindMeHealth, MédecinDirect, Medexo, Newolo, Medisafe, SilverCloud Health, uMotif, Vivago, and VitalServices.*

Task 3.5 On-going investor networking

In between online meetings and live events and throughout the project lifecycle, the Consortium has and will continue to facilitate introductions and broker exchanges between participating SMEs and digital health investors in our network.

To date, we have set up one-on-one meetings - in-person or online - between investors and the following SMEs: *Aseptika, Emperra, Infermedica, LinkCare, Medisafe, Medixine, Medexo, Medtep, PCC Hellas, SilverCloud Health and VitalServices.*

GET funded also facilitates SME and start-ups' participation in additional networking events (including [DHF14](#)).

b) Highlight clearly significant results

The main results for the first half of the project are:

- **Dissemination Campaign**

Taking advantage of their extensive networks within the eHealth field across the EU, the GET Consortium has planned and executed a successful dissemination campaign that has allowed the recruitment of **40+ investors** and **24 SMEs** to date.

- VC Community survey and GET Funded Criteria**

An in-depth survey of the VC community (including our partners) has been carried out to better understand investors' specific expectations and investment criteria in eHealth, and to help us verify our working premises, focus our coaching activities, and complement our SME recruitment criteria.

- 40+ investors recruited - 23 Investor Profiles Created**

In order to better match investors with SMEs that might be of interest, we've created investor profiles. Among other things, investors were asked about their previous investments, their minimum and maximum ticket amounts and their main digital health categories of interest. Investor Profiles created include:

Agfa, Albion Ventures, Amadeus Capital Partners, Ananda / Social Venture Fund, Artemis Healthcare Ventures, Capricorn Venture Partners, Entrepreneurs Fund, Faraday Venture Partners, Gilde Healthcare, Health Disrupt, Imperial Innovations, Innovation Capital, Janssen Healthcare Innovation, NBGI Ventures, Noaber Ventures, Peppermint VenturePartners, PHS, PJ Tech Catalyst, Qualcomm, Roche, RTAventures, XLHealth.

- 24 SMEs Recruited – 24 SME Profiles Created**

The SMEs profiles created, allow investors to quickly gauge their interest in a specific solution, as they follow exactly the same format and answer all the preliminary questions an investor would ask to make a preliminary assessment on an investment opportunity. The following SME profiles were created and most of them already disseminated to selected investors:

Aseptika (United Kingdom), Diagnose.me (Slovakia), Emperra (Germany), Fertility Focus (United Kingdom), FindMeHealth (United Kingdom), Galvanic (Ireland), Infermedica (Poland), LinkCare (Spain), MédecinDirect (France), Medexo (Germany), MediSafe (Israel), Medixine (Finland), Medtep (Spain), Newolo (Finland), Nutrino (Israel), PCC Hellas (Greece), PX Healthcare (The Netherlands), Quantid (United Kingdom), SilverCloud Health (Ireland), TopDoctors (Spain), uMotif (United Kingdom), Variowell (Germany), vital.services (Germany), and Vivago (Finland).

- Dissemination of materials**

All material produced or gathered to date (investments criteria, lessons learned from the GET Funded session in Athens) have been made available to a wider audience through the GET Project website, the Consortium email marketing reach, the Health 2.0 News and its sister publication The Health Care Blog.

WP3 GET FUNDED	Description
Participants	<ul style="list-style-type: none"> 24 SMEs recruited 24 SMEs profiles created
Investors	<ul style="list-style-type: none"> 46 European investors recruited 23 investor profiles created

Pitching events	<ul style="list-style-type: none"> ▪ Event 1 on May 12th, 2014 at the eHealth Forum in Athens ▪ Event 2 on September 21-24, 2014 at the Health 2.0 Fall conference
Online training	<ul style="list-style-type: none"> ▪ 11 one-on-one meetings between investors and SMEs
Live training	<ul style="list-style-type: none"> ▪ 5 companies presented at the eHealth Forum in Athens

c) Deviations from Annex I

Regarding personnel, Health 2.0, had a change in the team as Eugene Borukhovich left Health 2.0 soon after the launch of the project, forcing us to reorganize internally.

Over the first few months of the GET Funded service activities, a few discoveries have led us to adjust our methodology which implies some deviations in order to better deliver the service.

Task 3.1: Service set up: Increase the number of investors recruited

Financing eHealth SMEs remain a game of numbers. Therefore we decided to increase our SMEs' chances by increasing the number of participating investors. The consortium had initially proposed to identify and recruit the 10-15 most relevant partners in the investors' community, including Venture Capital (VC) and large organizations interested in eHealth corporate ventures. Instead we have identified and recruited 40+ investors to be part of this service. This has increased the service set up time, that was meant to be closed at month 2, but the WP leader, Health 2.0, feels this investment on investor recruitment will make a difference over the next 12 months in helping the digital health SMEs.

Task 3.2 Dissemination and selection of SMEs: Increase the period of the open call

The digital health industry is still relatively young. We are just starting to see examples (mainly in the US) of successful investments and exit strategies. Investors in Europe have been observing this movement overseas, and are just starting now to seriously look into digital health and make their first investments. Unlike other health care investments, there is also a lack of framework for gauging digital health solutions. This situation is promoting the adoption of stricter criteria in Europe, especially when it comes to SMEs proving commercial traction.

The number of SMEs meeting all of our investors' criteria remains fairly low. Therefore, although the recruitment period should have been closed at month 5, the call for SME application will remain open, and the consortium will continue to review and accept applications on an ongoing basis until project-month 20.

Task 3.3 Training: One-on-one coaching and rehearsals, instead of grouped or webinar sessions.

eHealth start-ups and SMEs require a lot of coaching to present themselves in a way that will pick investor's attention: their elevator pitches are too generic, and they often miss to present the unique selling proposition of their solution. **This has led us to propose one-on-one coaching**

and rehearsals, instead of grouped or webinar sessions for the on-line prepping and the online training services. This methodology adjustment takes more time, but allows us to spend the necessary amount of time coaching each one of them. We are also creating SME profiles for dissemination which forces them to clarify their messages and unique selling propositions in advance of investors' meetings.

Also, all training has been redesigned as an on-going service as the call hasn't been closed.

Investors are busy executives. Their way of working and the profiles of the eHealth SMEs they target can be very different. As a result, **investors prefer one-on-one meetings** rather than 'grouped meetings' or webinars including at the same time several investors and several investment candidates. We are therefore proposing private online meetings between investors and SMEs. To address the variety of investors' specific interests in digital health, we have also created investor profiles in order to better match their interests with applying SMEs.

Task 3.4 Pitching events: Increase of one-to-one interactions

Although we will organize the number of pitch events we included in the grant agreement, the GET Funded has proven to be a service that should not be event-based. GET Funded physical events will then mainly focus on training and networking. All pitching events were planned for year 2 but two pitching events have already been organised as explained in the section above.

The GET Funded service needs to be more focused on one-on-one interactions based on the following lessons learnt:

- Start-ups need a lot of coaching in presenting their solutions, and one-on-one training sessions are allowing more in-depth feedback and personalized coaching.
- Investors prefer one-on-one meetings and follow ups with SMEs.
- Investors have put forward some of their start-ups, and requested our help in identifying co-investors to work with on financing follow-up rounds. This added-value also requires personalized interactions.

d) Use of resources

- TICBioMed has allocated more than the expected resources due to the coordination support in the session planning and SME selection regarding the GET funded event in Athens that wasn't planned initially.
- Connected Health Alliance, Forum Virium and Digitalezorg.nl, have allocated some resources mainly linked to the Athens's event.
- Health 2.0, as GET funded leader, has focused the effort in the redesign of the methodology as well as the service provision with a one-to-one approach.

	TBM	ECHA	FV	H2.0	SDZ	TOTAL
Personnel costs	11.912	5.641	984	27.838	3.075	49.450
Subcontracting	-	-	-	-	-	-
Other direct cost	1.467	-	-	1.510	-	2.977
Indirect cost	2.676	1.128	257	5.869	615	10.545
TOTAL	16.055	6.770	1.241	35.217	3.690	62.972
Person hours	397,00	131,50	26,00	880,00	41,00	1.475,50
Personmonth	2,48	0,82	0,16	5,50	0,26	9,22
Personmonth planned for all GET	4,00	2,00	1,00	11,00	2,00	20,00

e) Corrective actions

None required.

2.2.3 WP4 GET GLOBAL service

a) A summary of progress towards objectives and details for each task;

This section of the report summarises progress made towards the objectives of the GET Global service, and provides an overview of the tasks undertaken in Year 1. Full details of all work undertaken in Year 1 are available in D4.1 First Review of **Get Global Service Model & Service Outcomes**.

Service objectives

The GET Global service is designed to support mature SMEs - who have had success in their initial markets, with a proven business model, a solution ready to be exported, and the necessary resources (human and financial) – to access international markets.

The GET Global service has the following four objectives:

1. To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets.
2. Organization of matchmaking event with foreign partners.
3. Organization of matchmaking event with foreign buyers.
4. Follow up the companies' progress and provide periodic support to facilitate their development and growth.

Year 1 of the GET Global service has achieved all of its specified objectives through the provision of two international events and an ongoing support service for SMEs, as summarised in Table A.

Year 2 will seek to build upon the progress made and will have a focus on the US (through the EU-US Marketplaces and New York eHealth Collaborative) and China markets (through the China Connected Health Alliance). We will also link further with the Readi for Health EU project to understand their markets of focus in internationalisation to promote inter-project knowledge sharing.

Table A: Summary of progress towards objectives of GET Global service

GET Global service	'GET Funded & International' session @ eHealth Forum, Athens, 12 May 2014	GET Global objectives achieved
Support to refine business plans for internationalisation	<ul style="list-style-type: none"> Panel presentations and feedback 	<ul style="list-style-type: none"> To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets. Organization of matchmaking event with foreign partners. Organization of matchmaking event with foreign buyers.
Market insights (challenges, opportunities, specific market needs)	<ul style="list-style-type: none"> SelectUSA program – info provided and support to access market 	
Session on interoperability and standards	<ul style="list-style-type: none"> Session delivered by EC in cooperation with HL7 Foundation, US Office of the National Coordinator for Health Information Technology and Microsoft 	
Matchmaking with potential partners and buyers and networking with key commercialisation/ integration partners	<ul style="list-style-type: none"> Speaking and exhibition opportunities to an international audience Private networking lunch with 'Get Global' partners (buyers, investors, industry leaders). Pre-arranged matchmaking sessions with attendees at EU-US Marketplace 	
GET Global service	EU Marketplace for eHealth & EIP on Active and Healthy Ageing, Brussels, 22 September 2014	GET Global objectives achieved
Market insights (challenges, opportunities, specific market needs)	<ul style="list-style-type: none"> Table Topic sessions provided key insights 	<ul style="list-style-type: none"> To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets. Organization of matchmaking event with foreign partners. Organization of matchmaking event with foreign buyers.
Matchmaking with potential partners and buyers and networking with key commercialisation/ integration partners	<ul style="list-style-type: none"> Format of Table Topic sessions (presentation and debate) provided opportunity for direct engagement between SMEs and potential partners and buyers Speakers' Corner and exhibition provided opportunity to spotlight SMEs to an international audience of potential partners and buyers Pre-arranged matchmaking sessions facilitated networking and connections between SMEs and potential partners and buyers 	

GET Global service	Follow up with SMEs and ongoing support provided in Year 1	GET Global objectives achieved
Follow up support for SMEs	<ul style="list-style-type: none"> ▪ Personal written feedback on their business plans for internationalisation ▪ Follow up emails and teleconference calls to discuss how to use feedback to improve business plans for internationalisation ▪ Invitation and speaking/ exhibition opportunities offered at: <ul style="list-style-type: none"> ▪ June meetings of the Connected Health Ecosystems in the ECHAlliance International Network (Oulu, Manchester, Northern Ireland, Scotland, North West Coast of England) ▪ EU Marketplace for eHealth & EIP on Active and Healthy Ageing, Brussels, Sept 2014 ▪ 5th EU-US eHealth Business Marketplace & Conference, Boston, Oct 2014 ▪ Follow up emails to transfer knowledge, provide articles of potential interest to SMEs seeking to internationalise. 	<ul style="list-style-type: none"> ▪ Follow up the companies' progress and provide periodic support to facilitate their development and growth.

Task 4.1 – Service set up

The GET Global service has been successfully set up.

- Year 1 activities and events were planned and scheduled, taking into consideration existing events in the global ehealth calendar. Two international events were identified as having particular synergies to the GET Global service: **eHealth Forum**, Athens, 12-14 May 2014 and '**Growing the Silver Economy in Europe**', Brussels, 23 September 2014.
- Partners were identified to support the GET Global service from our network of contacts and those of the consortium. The list of partners includes successful entrepreneurs, investors, buyers and legal advisors, and a full list is available to view in D4.1.
- SME selection criteria were established, including quality and maturity of the innovation.
- Communication channels were established, with calls for SMEs to participate in GET Global issued via websites, Twitter and e-mailings.

Task 4.2 – SME recruitment

SME recruitment is ongoing. Two different approaches to SME recruitment were trialled in Year 1 to explore how this would impact on the overall service model of GET Global - a formal process with defined eligibility criteria and shortlisting for the 'Get Funded & International' session @

eHealth Forum, and an open registration process for the 'EU Marketplace for eHealth & EIP on Active and Healthy Ageing' in Brussels. We will continue to recruit SMEs into Year 2.

Task 4.3 - Global Partner Matchmaking & Task 4.4 – Global Deal-Making

Global partner matchmaking and global deal-making services were provided through the events in Athens and Brussels as well as on an ongoing basis throughout Year 1.

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

- Table A above presents a summary of the GET Global services provided at the event. 7 SMEs participated in the session; 4 of these SMEs benefitted from the GET Global service. 56 people registered to attend the session – in reality there were many more as the central location of the room in the venue boosted attendance on the day.
- Full details of the event are available in D4.1. This includes feedback given to SMEs on their business plans for internationalisation, market insights, information session on interoperability and standards, and matchmaking.

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

- Table A provides a summary of the GET Global services provided at the event. 55 companies participated in the EU Marketplace, with 184 people registering to attend the event from 27 countries, providing a truly international audience. The event website address is <http://www.b2match.eu/eu-marketplace-brussels2014>
- Full details of the event are available in D4.1, including information on the 'Meet & Debate' tables, Speakers' Corner, exhibition and matchmaking.

Follow up with SMEs and ongoing support provided:

- SMEs were first recruited in April 2014 for the GET Funded & International session @ eHealth Forum in Athens 12 May. Since then, those GET Global SMEs have received ongoing help from the GET Global service to support them to access international markets.
- Table A provides a summary of the ongoing support provided to SMEs as part of the GET Global service.
- At the time of report submission, the EU Marketplace in Brussels had just been completed (22 September). The GET Global service is currently following up attendees to identify those SMEs who would like to continue to be supported by the GET Global service (to date, 12 SMEs responding to the EU Marketplace Brussels Feedback Survey indicated that they would like to receive follow up contact from the GET Global service).

b) Highlight clearly significant results

The GET Global service has attracted a great deal of interest from SMEs in Year 1, and this continues to grow. Full results from Year 1, including results reported by SMEs and direct SME feedback, are included in D4.1. Key highlights are:

Table B: Summary of results at end Year 1

GET Global service	Number of SMEs
Registering an interest in Get Global service	<ul style="list-style-type: none"> 47 SMEs ('GET Funded & International' @ eHealth Forum)
Applying to participate	<ul style="list-style-type: none"> 18 SMEs (completed application forms for eHealth Forum) 55 companies registered to attend the EU Marketplace (open registration process)
Participating	<ul style="list-style-type: none"> 4 SMEs at eHealth Forum 55 companies at the EU Marketplace
Feedback on business plan for internationalisation	<ul style="list-style-type: none"> 4 SMEs at eHealth Forum (and follow up support)
Speaking opportunities to international audience	<ul style="list-style-type: none"> 4 SMEs at eHealth Forum (presentation to panel and audience) 20 companies at EU Marketplace (Speakers' Corner)
Exhibition opportunities to international audience	<ul style="list-style-type: none"> 25 companies at EU Marketplace
Market insights (challenges, opportunities and specific market needs)	<ul style="list-style-type: none"> 4 SMEs at eHealth Forum (US Market – SelectUSA program) 55 companies at EU Marketplace (Germany, Valencia – Spain, as well as broader 'Digital Health' market and EIP AHA work programmes)
Matchmaking of SMEs with potential international partners and buyers (global partner matchmaking and global dealmaking) and networking with key commercialisation/ integration partners	<ul style="list-style-type: none"> 4 SMEs at eHealth Forum (Matchmaking session as part of EU-US Marketplace) 55 companies at EU Marketplace (two Matchmaking sessions, with 195 pre-arranged meetings taking place, and attendees benefitting from 4,000+ profile views before and after the event on the event website)
Follow up and ongoing support	<ul style="list-style-type: none"> 4 SMEs (ongoing support following eHealth Forum) Currently following up with attendees at EU Marketplace to identify those SMEs who would like to continue to be supported by the GET Global service in Year 2. At the time of report submission, 12 SMEs responding to the EU Marketplace Brussels Feedback Survey indicated that they would like to receive follow up contact from the GET Global service.

c) Deviations from Annex I

While there have been no major deviations from the Description of Work in Year 1, we have responded to the opportunities that have arisen in the global ehealth events calendar and adopted a flexible approach, rather than be limited to the events suggested in the DoW.

eHealth Forum in Athens attracted hundreds of attendees and created lots of opportunities for SMEs to meet potential partners and buyers, and therefore had many synergies with the GET Global service, therefore we chose to deliver a 'GET Global' session at this event. Similarly the 'Growing the Silver Economy in Europe' event focused on how to best grow a large scale silver economy in Europe and how to help industry (and SMEs in particular) to be in the driving seat. This event had obvious synergies with the GET Global service, hence we organised the EU Marketplace.

Early plans for Year 2 seek to build upon the progress made. In particular, Year 2 will have a focus on the US market (through the EU-US Marketplaces and New York eHealth Collaborative) and China market (through the China Connected Health Alliance). We will also link further with the Readi for Health EU project (where TICBioMed and the ECHAlliance are also partners) to understand their markets of focus in internationalisation to promote inter-project knowledge sharing.

We expect there to be some deviation from the Outcomes expected of the GET Global service (paragraph 3.1.2 Annex I). Experience of providing the GET Global service in Year 1 suggests that the service model requires a longer term view of the length of time required to secure business agreements on international markets.

The initial outcomes expected of the GET Global service within two years – 15 new business agreements on international markets in the project lifetime – was rather ambitious and experience of providing the service so far suggests that this was aspirational rather than realistic.

At the end of Year 1, it would be more realistic to aim for 10-15 serious contacts engaged in foreign markets in the project lifetime, with the indicator for this being testimonials from SMEs in Year 2.

It is not expected that this would impact on any other tasks, resources or planning.

d) Use of resources

- TICBioMed has supported actively the definition of the service set-up and has participated in the SMEs selection for the Athen's event, taking the role of facilitator during the event.
- Connected Health Alliance, as GET global leader, has taken the lead in the service set up as well as the organizing the two events that has taken place so far: Athens and the EU marketplace in Brussels.
- Forum Virium and Digitalezorg.nl have been providing advice in the service set up and had made dissemination activities so far for Year 1.
- Health 2.0 has worked jointly with GET global leaders in order to be able to deliver a joint service, inking investment and internationalization.

	TBM	ECHA	FV	H2.0	SDZ	TOTAL
Personnel costs	8.810	49.878	946	13.579	3.000	76.214
Subcontracting	-	-	-	-	-	-
Other direct cost	2.220	3.951	-	-	-	6.171
Indirect cost	2.206	10.766	247	2.716	600	16.534
TOTAL	13.236	64.595	1.193	16.294	3.600	98.918
Person hours	319,00	859,50	25,00	400,00	40,00	1.643,50
Personmonth	1,99	5,37	0,16	2,50	0,25	10,27
Personmonth planned for all GET	4,00	9,00	1,00	5,00	1,00	20,00

e) Corrective actions

None required.

2.2.4 WP5 FILL THE GAP service

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

a) A summary of progress towards objectives and details for each task;

The section focus on the service objectives, not only those described in the Dow, but also, in those that have arisen in the implementation of the service and that should be taken into consideration in order to achieve successful results. Following, progress against the objectives is detailed then on a task by task basis. Any reference to the methodology can be found in **“D5.1 First review of Fill the Gap, service model and assessment of outcomes”**

Fill the gap objectives are:

1. Systematic identification of healthcare actors with unmet needs that are effective “market gaps”.

As described in Task 5.1, the GET project has successfully identified the main stakeholders typologies in the eHealth ecosystem.

2. Search for the right expertise at EU level for filling those gaps, and deliver the relevant information back to the proposers of the needs.

As described in Task 5.3, the GET project has searched for expertise for the identified ‘unmet needs’.

3. Organize the cost-effective exchange of information between procurers and potential suppliers by setting up matchmaking events at European level.

As describes in task 5.4, a European level event has been organized in Brussels to promote the exchange of information between procurers and potential suppliers. In that event, information about Pre-commercial procurement was also presented.

4. Facilitate the participation of supplier companies and provide periodic support for their matchmaking with procurers.

As describes in task 5.4, several actions have been implemented so far in order to facilitate the access of the ICT SMES and entrepreneurs to the unmet needs identified, pre-commercial procurement opportunities and one to one matchmaking with stakeholders.

Two new objectives have been included as they have shown to be relevant issues to consider in order undertaking a successful need identification process in eHealth

5. Assess different methods for unmet need identification with their advantages and disadvantages.

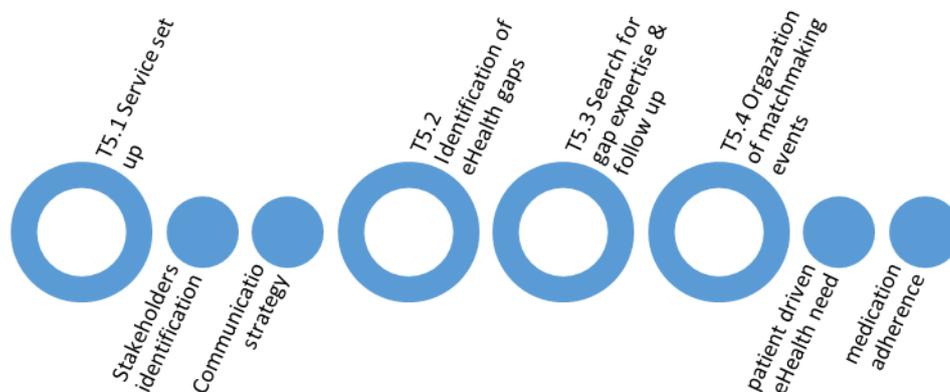
Several approaches have been tested in order to evaluate cost-effectiveness, together with the advantages and disadvantages of each one, and, the following approaches have been tested in the first half of the project:

- One to one interviews with stakeholders.
- Focus groups.
- Matchmaking and table discussions at events.
- Unmet need corner.

6. Awareness raising among entrepreneurs and SMEs on the importance of connecting with potential customers to identify market gaps, avoiding the technology-push.

Fill the gap highlights the importance of identifying a ‘real health need’ prior to the technological development of a solution. This concept is communicated through the different service related actions and in other events where FILL the Gap is presented.

The progress against the Fill the gap tasks is described next:



Task 5.1. Service set up

Fill the Gap has been designed as a demand-driven service and, therefore, starts with the identification of Health stakeholders that are close to the problem as they are in the best position to highlight ‘**unmet needs**’ that are ‘**market gaps**’. The former term is preferred when dealing with Health stakeholders, the latter is better understood in the business side.

The current identified typologies are broader that the one stated in the DoW that was restricted to “*procurers with the intention to purchase ICT in the near future*”. Due to the heterogeneous nature of the eHealth ecosystem, that restriction might have given a partial overview of the real existing needs.

After several internal discussions, the identified typologies are:

- **Managers of healthcare organizations.** These include CIOs, CEOs and Medical Directors of private and public healthcare providers.
- **Health experts,** including healthcare professionals trying to cope with increasing patient demands and large volumes of health information, as well as Payers (like health insurance companies) that want to reduce their financial burden and turnaround time for processing claims and medical information-, as well as representatives of Pharmaceutical and Medical Devices companies, eHealth consultants and policy makers to provide information on how to unlock the full potential of eHealth for safer, better and more efficient healthcare in Europe.
- **Patients, caregivers & patient associations** seeking for accessible, more informed, high-quality healthcare. This group refers to people living with one of several illnesses themselves, but also their carers and relatives, as well as patient associations that are very close to the day to day challenges of the patients. The identification of needs in this case does not only target solutions to be acquired by traditional Healthcare (e.g. Public or private insurers), but also technology that the people can purchase directly to manage their own health (e.g. eHealth apps).

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

Once the typologies have been set-up, the stakeholders has been selected after applying a different set of criteria according to the action to be undertaken for the needs identification, in order to count with the most suitable audience for each of the approaches

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

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

Task 5.2. Identification of eHealth gaps.

Once the typology of the major stakeholders has been identified, the first approach included in the DoW was to present the service to the stakeholders through a dissemination campaign, involving general and specialized traditional media as well as other media channels and the GET portal. This has been achieved mainly via email to reference networks like the EIP AHA action supported by the European Commission. To collect the needs from any stakeholder, a tailored form has been included at the GET web site and is publicly available.

In addition to the original approach, other alternatives have been tested to evaluate their cost-effectiveness together with the advantages and disadvantages of each one. The consortium will make this information publicly available, so other organizations can choose and replicate in the future their best option.

The following approaches have been also tested in the first half of the project:

- **One to one interviews with stakeholders.** The consortium has mainly targeted Chief Information Officers (CIOs) of local public and private healthcare organizations for this approach. 4 interviews took place in the first year of the project.
- **Focus groups.** Focus groups aim to produce qualitative data (e.g.. preferences and beliefs) to a discussion instead on individual responses. Patients have been selected for this approach. The GET partners have followed an adaptation of the methodology designed by Sandra Bates, expert in need identification for social challenges, and member of the GET Advisory Board.

The following events have been already organized following this approach.

- “*Somos pacientes event*” -Madrid (Spain), 27th November 2014-, where ICT SMEs were invited in order to provide advice on the needs identified by patients and patients associations in a joint session.
- “Need identification in obesity patients with Sandra Bates”, -Murcia (Spain). 29th Jan 2014-
- “Patient driven eHealth needs identification focus group on medication adherence” –Helsinki (Finland), 16th September 2014-

As an action not included in the DoW, several training sessions (both physically and on-line) were organized with Sandra Bates. In those sessions GET partners learnt to apply the right methodology to systematically conduct focus group sessions to identify needs and opportunities. The face-to-face training session with Sandra Bates took place on the 28-29th January in Murcia (Spain), and several GET partners attended and benefitted from the session.

- **Matchmaking and table discussions at events.** This strategy aims to leverage events where eHealth experts participate, and as part of the event agenda there are matchmaking and table discussions. In the first iteration, an European wide eHealth Matchmaking event with table discussions was leveraged to identify unmet needs among participants, with the support of the table speakers.
 - “*EU Marketplace for eHealth & EIP on AHA*” –Brussels, 22nd September 2014- where major stakeholders took part in working tables aimed to raise hidden unmet needs.
- **Unmet need corner.** As the previous one, this approach aims to take advantage of eHealth events to capture new unmet needs. Attendees at the same event were asked to propose unmet needs using an innovative visual format to attract attention.

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

As an added value, a number of lessons learnt have been identified and verbalized. The consortium plans to publicly disseminate them to support other organizations if they plan follow any of these approaches for need identification.

Though the partners have collected **78 needs** during those initiatives, after the first phase of assessment the **5** most promising have published in the GET web site. More will be published in the second half of the project.

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

- **Publication in the GET web.** The needs with the most market potential following the criteria of the consortium –currently 5 out of 78- have been published in the project portal. Related information to each of the needs has also been included.

- **email dissemination.** Through the mailing lists of the partners.
- **Social channels.** Mainly via twitter and LinkedIn (see Dissemination WP).



The screenshot shows two versions of the GET website interface. The top version is titled '> From the need to the solution' and features a navigation menu on the left with 'MARKET OPPORTUNITIES' highlighted. The main content area explains that the site is for those looking to develop eHealth products, listing 'The top five challenges' with icons for Cancer, Mental Health, Diabetes, and Disability. A sidebar on the left includes a mailing list subscription form and social media links. The bottom version is titled '> Full list of challenges collected' and displays a list of 8 specific challenges, such as 'Help to provide support in the management of screening requirements and test results for cancer patients' and 'An intuitive tool that calculates carb to insulin ratios...'. It also includes a similar mailing list form and social media links.

Task 5.3 Search for gap expertise.

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

Also, in order to increase effectiveness, although it wasn't foreseen in the DoW, ICT SMEs and entrepreneurs have been invited to the different activities organised in the previous task 5.2, in order to provide a preliminary advise to stakeholders on the identified need.



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

A first wave of expertise launch has just been executed to find expertise that can support the published unmet needs. There will be more expertise search waves in the following months.

The replies received have been and will be collected. Those that are relevant are contextually added in the GET portal, so they are publicly available. The proposers of the needs are then contacted to let them aware of the solution.

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

Task 5.4 Organization of matchmaking events.

In order to promote the service further, a matchmaking event has been organised at European level to promote the cost-effective exchange of information between stakeholders and potential suppliers.

The **EU Marketplace for eHealth & EIP on AHA matchmaking** event was organized in Brussels on the 22th Sept 2014. 55 eHealth companies took part, with a total of 195 pre-arranged meetings taking place, and attendees benefitting from 4,000+ profile views before and after the event on the event website.

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

The agendas have been adapted to the nature of the events and combine meet-and-debate table sessions, 'unmet need corner' as well as 1 to 1 meetings, plus opportunities for casual networking.

Subtask 5.4.1 Patient driven eHealth needs Identification and Communication

This subtask is patient-centric identification of needs that could be solved using ICT. Then, in an event, these needs are shared with ICT entrepreneurs and SMEs so that they can transform them into business opportunities.

The 2 events mentioned in the DoW have been organised in the first year. See details of the findings in "D5.1 First review of Fill the Gap, service model and assessment of outcomes". These first events followed a need identification methodology following Sandra Bates' approach.

- The first event described took place on the 27th of November 2013 in Madrid (Spain), in conjunction with the patient umbrella organization SomosPacientes. A total of **35 needs**

in 9 categories where identified. This event was the first opportunity to deploy Sandra Bates' methodology.

- The DoW second event with patients was organized on the 16th of September 2014 in Helsinki (Finland). **12 needs** regarding Adherence grouped in 5 categories were identified at this event in two parallel focus groups with patients. A workshop with doctors also took place to get insight on the identified needs.

An additional session "Need identification in obesity patients with Sandra Bates" took place in Murcia (Spain) on the 29th Jan 2014 following this approach. **1 need** that required ICT support was highlighted during the session.

Regarding project year 2, there is a Fill the gap service delivery planned for 12th November 2014, as a satellite action of the Health 2.0 Europe conference in London. Its objective is to bridge patient needs with ICT entrepreneurs and eHealth stakeholders. This event is organized in collaboration with Patient View, a patient-centred organization, and it follows the structure stated in the DoW. Unmet needs in the 5 categories have been identified and will be discussed. Though a cherry picking approach for the selection of stakeholders have been followed, there are currently 78 registered attendees, surpassing organizers' expectations with the expressions of interest collected.

Also, an 'unmet need corner' action is planned in collaboration with HIMSS at the Ibero-American eHealth Exchange event in Madrid on the 14th November 2014.

Subtask 5.4.2 Medication Adherence. An opportunity for entrepreneurs.

The planned actions under this subtask will take place on the second half of the project, as indicated in the DoW. They are currently planned for the first semester of 2015 in Finland and Spain.

b) Highlight clearly significant results

The main results for the first half of the project are:

- **Several methodological approaches have been identified, tested in the field and fine-tuned.**
 - Targeted email dissemination
 - One to one interviews with stakeholders.
 - Focus groups.
 - Matchmaking and table discussions at events.
 - Unmet need corner.
- **A mechanism to publicly submit needs has been incorporated to the GET web site.**
- **Several actions for need identification have been executed.**

- 4 one to one interviews. 4 needs identified.
- “Somos pacientes event” -Madrid (Spain), 27th November 2014-, where ICT SMEs were invited in order to provide advice on the needs identified by patients and patients associations in a joint session. Indicators: 35 needs, 86 participants, 8 companies.
- “Need identification in obesity patients with Sandra Bates”, -Murcia (Spain). 29th Jan 2014. Indicators: 4 patients, 1 need.
- “Patient driven eHealth needs identification focus group on medication adherence” –Helsinki (Finland), 16th September 2014-. Indicators: 11 needs, 27 participants (no companies).
- “EU Marketplace for eHealth & EIP on AHA” –Brussels, 22nd September 2014- where major stakeholders took part in working tables and contributed at the ‘unmet need corner’. Indicators: 16 needs from speakers, 12 from the corner, 187 participants, 55 companies.
- 2 other related service delivery events are planned for 2014.
- **78 needs have been collected** (the DoW target was 15), and the first batch of 5 has been published in the GET web site. The complete listing can be found in deliverable 5.1. More will be published in the second half of the project.
- **Dissemination**
 - First batch of ‘unmet need’ dissemination has been executed. Indicator: 692 emails sent.
 - Publication on the GET web site about 2 eHealth procurement opportunities.
 - At the different service-related actions and other events where Fill the Gap is presented, GET partners stress the importance of being demand-driven and search for unmet needs, rather than following technology-driven approaches (technology-push).
- 4 general **lessons learnt** over the service delivery, and others that are approach-specific have been identified and described in the 5.1 Deliverable.
- Several **training actions** have been carried out:
 - Several on-line and a two-day live training in Murcia with Sandra Bates about focus group methodology.
 - “Success factors and best practices in Pre-commercial Public/Private Procurement” and “International Innovative Public Procurement & Business Models” tables at the “EU Marketplace for eHealth & EIP on AHA.

WP5 FILL THE GAP	Description
Needs	<ul style="list-style-type: none"> ■ 78 needs identified ■ 5 needs published in the GET website

Interviews	<ul style="list-style-type: none"> 4 one-to-one interviews with stakeholders
Focus groups	<ul style="list-style-type: none"> Event 1: "Somos pacientes" on November 27th, 2013 in Madrid Event 2: "Need identification in obesity patients with Sandra Bates" on June 29th, 2014 in Murcia, Spain Event 3: "Patient driven eHealth needs identification focus group on medication adherence" on September 16th, 2014 in Helsinki
Table discussions	<ul style="list-style-type: none"> Event: "EU marketplace for eHealth & EIP on AHA" on September 22nd, 2024 in Brussels

c) Deviations from Annex I

The Finnish event programmed in SubTask 5.4.1 was planned for June 2014, but finally took place in September 2014 (still in the first project year) to better organize the action as some stakeholders were not available in June.

d) Use of resources

- TICBioMed as FILL the gap leader, has allocated a big effort in order to set up the service. In order to define the adequate methodology, several approaches have been applied involving a most intensive resources work.
- Connected health alliance, Health 2.0 and Digitalezorg.nl have been supporting the WP leader in the definition of the service, providing feed-back in order to improve the methodology and improve the service delivery.
- Forum Virium has also organize an event on this service in order to test the first approach based on the methodology developed by our Advisory Board member, Sandra Bates.

	TBM	ECHA	FV	H2.0	SDZ	TOTAL
Personnel costs	22.783	2.874	12.743	2.774	4.575	45.750
Subcontracting	-	-	-	-	-	-
Other direct cost	1.959	-	354	-	-	2.313
Indirect cost	4.948	575	3.416	555	915	10.409
TOTAL	29.691	3.449	16.514	3.329	5.490	58.472
Person hours	806,00	67,00	350,75	80,00	61,00	1.364,75
Personmonth	5,04	0,42	2,19	0,50	0,38	8,53
Personmonth planned for all GET	9,00	1,00	7,00	1,00	2,00	20,00

e) Corrective actions

None required

2.2.5 WP6 DISSEMINATION

The dissemination work package ensures wide and effective dissemination of the project and its results are thus considered as important to attract participants and inform the public at large. Following a structured dissemination strategy and plan, measures and activities will be executed during the project. Main measures and activities include articles and messages, events and online communication channels.

a) A summary of progress towards objectives and details for each task:

This section focuses on the activities undertaken in order to meet the service objectives. Progress against objectives is detailed on a task by task basis.

Task 6.1 – Dissemination strategy and corporate identity

Activity A: Dissemination strategy

The dissemination strategy focusses on these services and to maximize its results and exposure. The dissemination phases are in sync with the events and each of the dissemination tools are used in the phases to maximize results.



- Promote and recruit

Each of the events are promoted online using the project website and social media. Where relevant the events will also be promoted using the consortium partners own media channels and media channels from external partners. The promotion of the events will start at least 2 months prior to the event start date and is monitored throughout the process.

The recruit SMEs each of the consortium partners are announcing the events to their own network o SMEs and startups through social media and newsletters. Once interested the SMEs are invited to sign-up the event using and registration form specifically created for each event.

The tools used in this phase are: Website, Twitter, LinkedIn, template items and newsletters.



- Execute

During the execution of the events, the progress is disseminated through Twitter and if relevant through the website. Also, printed materials have been designed and delivered, such as program leaflet and flyers are used during the event.

The tools used in this phase are: Website, Twitter and printed materials.



- Report and disseminate

Once the event is closed a report is generated to report the results to a wider public and for reporting us to the European Commission. Each report is translated into a news items and disseminated through the website, social media and newsletters.

The tools used in this phase are: Website, Twitter, LinkedIn, template items and newsletters.

Recruitment



Issuing a call to SMEs
A call for SMEs to apply to participate in the 'GET Funded & International' session @ eHealth Forum was issued on 13th March 2014 and remained open until 4th April.

The call was issued via:

- GET project website <http://www.get-ehealth.eu/>.
- Twitter @GET_ehealth
- Mailings to those subscribed to the GET newsletter (c. 70 subscribers)
- Mailings to the contact lists of the consortium partners (c. 10,500 on ECHAlliance mailing list)

SMEs registering an interest
SMEs were invited to register their interest in the 'GET Funded & international' session by completing a brief form collecting their contact details. See form in Appendix.

47 SMEs registered their interest.

SMEs completing an application form
The GET project team issued an online application form to all those registering their interest. See form in Appendix. This collected information on the:

- Organisation profile (website, year founded, legal status, number of employees, key team members)
- Description of product/ solution
- Investment profile
- Summary of plan for internationalisation

18 SMEs submitted completed application forms.

Shortlisting SMEs
Applications were assessed against the GET Global

To engage with the relevant stakeholder listed below, each stakeholder will be engaged through the channel most suitable.

Stakeholder type	Reason for inclusion
European Commission <ul style="list-style-type: none"> • DG CONNECT • DG SANCO 	To inform the main stakeholder and funding organisation of GET. Also for broader dissemination purposes.
Government and NGO <ul style="list-style-type: none"> • Field labs and ecosystems • Municipalities 	To be included as one of the stakeholders in the field of eHealth.
Industry <ul style="list-style-type: none"> • Manufacturers • Suppliers • Service providers • Vendors • System integrators 	The industry can be leverage to enhance the chance of successful uptake in the market.
SME <ul style="list-style-type: none"> • eHealth SMEs • Web entrepreneurs 	SMEs are the main target group for GET.
Associations <ul style="list-style-type: none"> • SME associations • Industry associations 	All mentioned associations are included to ensure their members are informed and included in the challenge. This includes the patient and health professional associations.
Healthcare institutes <ul style="list-style-type: none"> • Hospitals • Elderly care • Pharma 	Healthcare institutes are the most likely purchasers of the innovation produced by the SMEs

Media <ul style="list-style-type: none"> • Blogs • Journals • Newspapers • Radio • Television • Websites 	To maximise exposure, the general and specific media is included in the dissemination process.
Public at large <ul style="list-style-type: none"> • General public 	To maximise exposure, public at large is included in the dissemination process.
Project Partners <ul style="list-style-type: none"> • Consortium members • Consortium partners • Advisory Board 	All partners are involved in the creating of content and will receive all content available
Investors <ul style="list-style-type: none"> • Venture Capital • Incubators • Innovation Funds 	Investors play a key role in the up scaling of innovations in health.

Activity B: Corporate identity

To give the project a recognizable design and an uniform use of style elements throughout the WPs and events, a Corporate Identity Manual was created. This manual includes a corporate logo, use of colours, fonts, template letter, emailing and email signature.



Activity: Website and webtools

The web site for the project was created in November 2013 and it is active: (<http://www.get-ehealth.eu>).



Other tools that are being used:

The GET project will use e-newsletters to inform the public about the project, its goals and activities. For the management of the e-newsletters Mailchimp is being used.

Besides the dissemination materials, extra webtools are used to communicate to the stakeholders and/or reporting tools to monitor the effect of the dissemination activities.

- **Google apps**

Several Google apps are used in different activities. Instead of developing own tools or methods, the Google apps are very suitable for these tasks. Apps that are used are Google forms, spreadsheet and docs.

- **Bufferapp**

Bufferapp is used to schedule social media content. This will ensure a continuous stream of content on the social media channels, keeping them interesting for followers and readers between events.

- **Google Analytics**

To monitor the generated exposure, Google analytics is used. The reports and data will be used in the reports to the EC and shared among the consortium partners.

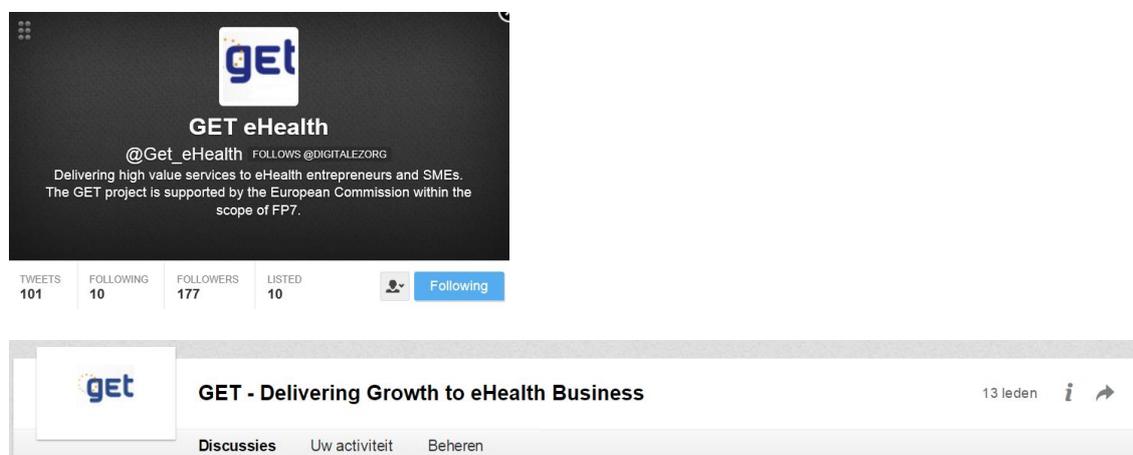
Activity C : Social Media

The GET Project has created a group on the largest business network site LinkedIn. As of July 1st 2014, all content from the website and Twitter will be reproduced in this group and members are able to react and discuss the items.

<https://www.linkedin.com/groups/GET-Delivering-Growth-eHealth-Business-7411575>

Twitter is used as a dissemination mechanism and for this purpose an account has been created.

https://twitter.com/get_ehealth



Activity D : Common platform FP7-ICT-2013:11.5 projects



Task 6.2 – Creation of content

As part of the execution of the dissemination strategy, all media channels are used to disseminate content about the project.

- Published article on the GET website: 17
- Tweets and other messages on social media: 107
- Publication of a press release: 1
- Publication of a e-newsletter: 1
- Other promotional product such as leaflets or banner: see WP event reports

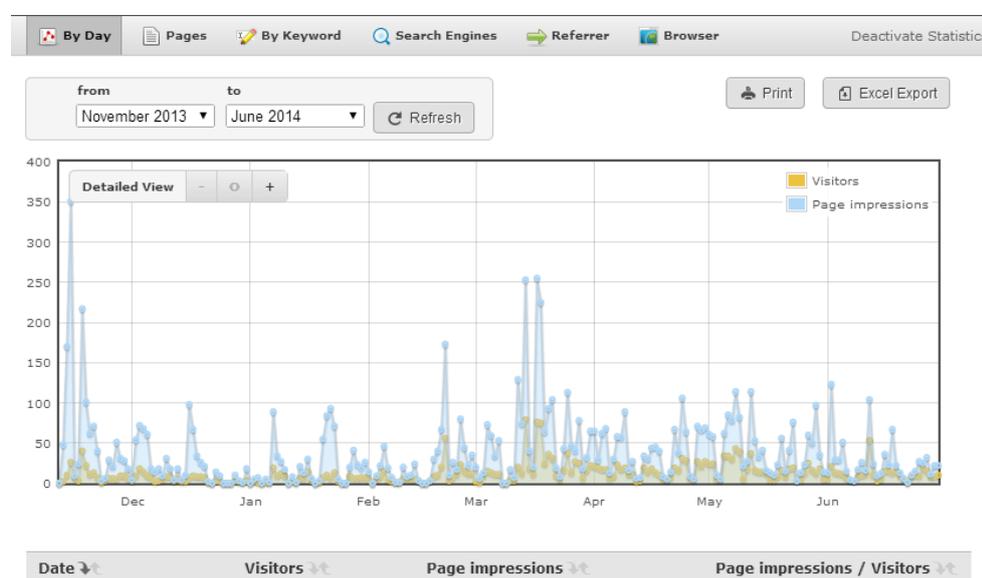
Although the use of the media channels were sufficient, for the second half or the project we expect to create a stronger boost of new content disseminated via de media channels, including F6S.

Task 6.3 – Project dissemination events

The GET project was launched during the Health 2.0 event in London. The participants of that event are similar to the targeted SMEs and stakeholders of the GET project. During the event, a presentation slot was dedicated to the launch of the GET project.

Task 6.4 – Monitoring and reporting

In order to follow, monitor and evaluate the effectiveness of the activities developed in this task, partners will collect a set of data that will be analyzed and presented in the project periodic reports.



b) Highlight clearly significant results

The main results for the first half of the project are:

Description	Data to collect
Project web site	<ul style="list-style-type: none"> Number of visits: 4874 Visit duration: average 2.88 pages Top visitors: 15 September (80) Most popular pages: Home (3913), Project overview (1385), EU eHealth marketplace bxl (1366), Get Funded (1280)
Social Media	<ul style="list-style-type: none"> Number of followers: 177 Number of retweets and likes:
Project events	<ul style="list-style-type: none"> Number of participants: See WPs Number of audience: See WPs Number of articles: 17

c) Deviations from Annex I

Webtools on the website

Initially more webtools were planned on the website, including an online repository, forum and a registration facility (access control and who-is-who). These functionalities are not implemented. At least part of the content of the project is made available on the website and the other functionalities are incorporated through the F6S platform which will be in use during the second half of the GET project.

EU HUB

During the project the platform that was used by the seven projects funded under this call, was renamed to StartupEuropeHUB. The goals of the common platform did not change, although it became clear that this platform will not be sustainable, and funding will end after the end dates of the seven projects.

F6S

As a replacement of the StartupEuropeHUB, the European Commission asked the seven projects to use the startup platform F6S as a main common platform. This platform was also stated as commonly used platform for the projects that are funded under FP7 FI-PPP.

As a result the consortium has to decide if they will continue using the LinkedIn platform or if the combine that activity with the F6S platform.

d) Use of resources

- As a coordinator, TICBioMed has worked jointly with Digitalezorg.nl in the definition of the website structure, definition of contents and design of the different section regarding the findings in the different services, especially in the FILL the gap section.
- All other partners have contributed in the dissemination activities.

	TBM	ECHA	FV	H2.0	SDZ	TOTAL
Personnel costs	7.377	3.861	11.935	4.561	33.975	61.710
Subcontracting	5.869	-	-	-	-	5.869
Other direct cost	-	-	-	-	2.226	2.226
Indirect cost	1.475	772	3.113	912	7.240	13.513
TOTAL	14.721	4.633	15.047	5.474	43.441	83.317
Person hours	351,00	90,00	221,00	160,00	453,00	1.275,00
Personmonth	2,19	0,56	1,38	1,00	2,83	7,97
Personmonth planned for all GET	3,00	2,00	2,00	2,00	8,00	17,00

e) Corrective actions

The following corrective actions and/or changes are foreseen for the second half of the GET project:

- Structured plan for action around each of the projects events, which should result in more content for the website and Twitter
- Discontinue LinkedIn and start using F6S to recruit SMEs and Startups, registration process and disseminating results. Furthermore, the interaction with and between GET participants can be facilitated through F6S instead of the planned webtools.

2.3 Project management during the period

a) Consortium management tasks and achievements;

Provide the administrative services, including acting as contact point towards the European Commission,

GET coordinator, Mr. Jorge Gonzalez, has kept regular contact with the European Commission project officer, Ms. Eija Laineenoja, to discuss the project progress and the finance distribution.

Handling of financial and legal issues, and submission of deliverables and periodic reports

TICBioMed, as GET coordinator, has deliver distributed the grant agreement payment. Regarding the first reporting period, TICBioMed has prepared the financial statements and the summary financial report.

TICBioMed has collected necessary input from the partnership and has prepare different reports:

- Periodic reports to be delivered to the EC.
- Deliverables scheduled in the DoW, ensuring timely submission of deliverables
- Events reports

Deliver the project coordination services, including keeping an overall view on the project progress, ensuring a smooth consortium-wide communication, and arranging kick-off, general assembly and executive board meetings.

- Follow-up meetings take place once a month through the hangout system to update the on-going process of the GET project. The objective of these meeting is:
 - To follow-up of milestones

- To keep track of other project results that require reporting to the European Commission.
- In addition to this scheduled monthly meetings, coordination meetings regarding specific events or services are set-up with respective WP leaders.

TICBioMed has announce follow-up and formal (general assembly and executive board) meetings in accordance with the implementation rules and the consortium agreement. In order to do so, TICBioMed has prepared agendas and minutes and also, in collaboration with the host partner, has arranged venues and logistics.

- General Assembly (GA) meets every 6 months and 3 meetings have been organized in Year 1, including the kick-off meeting:
 - Murcia (Spain). Kick-off on the 28th-29th October 2013
 - Athens (Greece). 1st GA on the 14th May 2014
 - Helsinki (Finland). 2nd GA on the 4th September 2014
- The executive board has met on-line in order to make better use of budget.

Coordination activities with other initiatives

The GET project has been involved from the very beginning in the EUHUB initiative and has also look for cooperation with other initiatives such as the ones described below:



- **READi for Health project.** (<http://www.readiforhealth.eu/>)

The READi for health project is a region of Knowledge project that includes a research activity in order to ensure that the regional efforts to support a R&D plan are aligned with business and societal needs. In order to do so, a systematic demand-driven methodology

has been deployed. The objective is to identify services and use cases with clear business value that the three ICT areas can contribute to.

The methodology will have two main targets:

- Decision-makers and influencers (top-down approach). Typically directors and stakeholders in Healthcare organizations, like regional Healthcare Ministries and public or private hospitals. A number of individual or joint meetings has been organized to identify strategic needs and priorities from the healthcare organizations. The potential development needs will be prioritised based on predicted added business or quality values.
- Social innovators (bottom-up approach). Will target three groups: i) healthcare professionals, ii) patients and their associations, and iii) citizens. A crowd sourcing strategy has been defined and implemented to gather ideas and proposals to improve the delivery of Health services with the support of ICT. The objective is to spot opportunities from these three groups. FI-STAR community linked to the Future Internet initiative.

The GET consortium has worked jointly with the READi for Health team in order to gather the needs identified within the Fill the gap service and give visibility through the web website and the GET consortium channels

- **HAIVISIO** (<http://haivisio.eu/>)

HAIVISIO is an ambitious Coordination and Support Action project aimed at enhancing visibility and awareness of the results generated by eHealth, Active Ageing and Independent Living projects, supporting community building around these results, through a series of communication and synergy exploitation activities.

GET consortium redirect the recruited SMEs to use the online working space in their collaboration tool.

- **The GET project EUHUB initiative** (<http://www.startupeuropehub.eu/about>)

The GET consortium has participated actively in the definition and definition of the EUHUB platform as well as contributed with the resources developed by GET and available to other SMEs.

- **FI-STAR Community - Healthcare Innovation Marketplace.** (<http://fistarcommunity.eu/>)

FI-STAR is a project in the Phase 2 of Future of Internet that establishes early trials in the Health Care domain building on Future Internet (FI) technology leveraging on the outcomes of FI-PPP Phase 1.

FI-STAR has developed the FISTAR community that offers Healthcare Providers and Innovators a platform to communicate, exchange knowledge, showcase solutions and solve challenges related to productivity and quality-of-care in the European Healthcare sector.

GET consortium is working with this initiative in order to provide a better dissemination for the needs identified in the Fill the gap service and also identify key challenges that can be included in the needs identified.

- **Health-to-market** (<http://www.health2market.eu/>)

Health-2-Market is a coordinating action funded by the European Commission that aims at developing the Health researchers' entrepreneurial skills and knowledge to support the market exploitation of their research results. More specifically, it aims to:

- Help health/life sciences researchers to develop an entrepreneurial mentality
- Provide high quality training in a variety of topics: IPR and asset management, entrepreneurship and business planning, launch of a successful start-up and knowledge transfer, etc.
- Offer advanced services and consultation to researchers having the most promising health research outcomes in terms of commercial exploitation and new business creation.

All health-2-market initiatives have been widely disseminated among the GET ON TRACK SMEs and entrepreneurs in order to profit from these resources. Moreover, several SMEs participated in the training session organised in Madrid in May 2014.

- **Openaxel** (<http://www.openaxel.com/>)

OPENAXEL intends to open the entrepreneurial ecosystem in Europe by identifying the key stakeholders of the acceleration and the ICT industries and fostering coordinated involvement and smart cooperation among them. It will consist of a powerful on-line platform that will provide entrepreneurs with a complete vision of the different acceleration services offered within Europe.

The GET consortium counted with the participation of Paloma Castellanos, representing WAYRA (partner of Openaxel) as an expert in the Emprendex event (GET ON TRACK service) celebrated in November 2013.

b) Problems which have occurred and how they were solved or envisaged solutions;

None

c) Changes in the consortium, if any;

None

d) List of project meetings, dates and venues;

	Date	WP	Description
MURCIA (Spain)	28 oct 2013	WP1	Kick-off meeting
LONDON (UK)	17 nov 2013	WP4	GET project official launching event
MADRID (Spain)	27 nov 2013	WP2	Somos pacientes
MADRID (Spain)	28 nov 2013	WP5	Emprendex (Get on track)
BRUSSELS (Belgium)	23 jan 2014	WP1	EU HUB
MURCIA (Spain)	28 jan 2014	WP5	Training Sandra Bates
ATHENS (Greece)	12 may 2014	WP3 & WP4	GET Funded & GET Global event
ATHENS (Greece)	14 may 2014	WP3 & WP4	1st Consortium meeting
HELSINKI. (Finland)	5 sep 2014	WP1	2 nd Consortium meeting
BRUSSELS (Belgium)	22 sep 2014	WP2 & WP4	EU Marketplace

e) Project planning and status;

The project execution follows the plan described in the DoW

f) Impact of possible deviations from the planned milestones and deliverables, if any;

None

g) Any changes to the legal status of any of the beneficiaries, in particular non-profit public bodies, secondary and higher education establishments, research organisations and SMEs;

None

h) Development of the Project website, if applicable;

See above WP6. Dissemination

3 Deliverables and milestones tables

3.1 Deliverables

Del. no.	Deliverable name	Version	WP no.	Lead beneficiary	Nature	Dissemination level	Delivery date from Annex I	Delivery date	Status	Comments
D2.1	First review of Get on track service model, and service outcomes.	01	2	3	R	PU	12	14.10.2014	Submitted	
D3.1	First review of Get funded service model, and service outcomes.	01	3	4	R	PU	12	14.10.2014	Submitted	
D3.2	Training service content in project web site	01	3	4	R	PU	12	14.10.2014	Submitted	It is included in the deliverable as D3.1 in a separate section
D4.1	First review of Get global service model and service outcomes.	01	4	2	R	PU	12	14.10.2014	Submitted	
D5.1	First review of Fill the gap service model and service outcomes.	01	4	1	R	PU	12	14.10.2014	Submitted	
D6.1	Project Web site (without web tools) + corporate identity + 2.0 channels (email list in Mailchimp and project twitter account). To be delivered in W6.	03	6	5	O	PU	2	09.07.2014	Submitted	
D6.2	Web tools in project web site.	03	6	5	O	PU	4	09.07.2014	Submitted	
D6.3	Dissemination strategy.	01	6	5	R	PU	4	09.07.2014	Submitted	



3.2 Milestones

Mil no.	Milestone name	WP no.	Lead beneficiary	Delivery date from Annex I	Achieved	achievement date (dd/mm/yyyy)	Comments
MS1	Project Interim assessment	1	1	12	Yes/no		Report on services and their outcomes
MS3	1st Get on Track event completed	2	3	3	Yes/no	On-going	SMEs recruited for the service and report on event outcomes.
MS5	Recruitment of SMEs for Get Global service	4	2	8	Yes/no	On-going	SMEs recruited for the service and report of event outcomes
MS6	Get Global: 1st Partner Matchmaking and Deal Making events completed	4	2	12	Yes/no	22.10.2014	Report on event outcomes.
MS9	GET project opening event	6	5	3	Yes	17.11.2013	Attendee list and report on event outcomes.
MS10	First assessment of dissemination outcomes and review of strategy	6	5	12	Yes/no		Report on media coverage and dissemination outcomes.



4 Explanation of the use of the resources and financial statements

Partner 1: TICBioMed

Overall, the use of resources is as would be expected at the end of Year 1, with TICBioMed having used 16,32 person months across all Work Packages. There are 11,68 person months remaining from the 28 person month allocation for the two year project, and this should be sufficient for the completion of Year 2 activities.

On a Work Package basis, WP1 has been quite extensive in resources, needed to define the adequate coordination systems, but still below the resources planned.

Regarding the WP2, Get on Track service, efforts have been higher than planned as TICBioMed has used 3,14 person months compared to the 2,50 planned. This deviation is the result of the first implementation of the methodology in November 2013 what required an intensive involvement in the methodology definition. The early implementation of the service has resulted in higher dedication in the follow-up activities for the SMEs recruited.

As for WP3, get funded, TICBioMed has allocated more than expected resources, 2,48 versus 2,00 planned, due to the coordination support in the Athens sessions regarding planning and SMEs recruitment, that wasn't planned originally.

There has also been considerable resource from TICBioMed (1,99 person month) invested in WP4 GET Global. This reflects the work regarding the definition of the service set-up as well as the organisation that went into the joint 'GET Funded & International' session @ eHealth Forum as well as coordination in the EU Marketplace for eHealth & EIP on Active and Healthy Ageing event held in Brussels in September 2014.

WP5 GET ON TRACK has been the most resource intensive for TICBioMed (5,04 person months). This is to be expected given that TICBioMed is leading this WP and we expect this to continue in Year 2. In order to define the adequate methodology, several approaches have been applied involving a most intensive resources work.

TICBioMed has committed significant resource to GET communications, 2,19 person-month compared to the 1,5 planned. As a coordinator, TICBioMed has worked jointly with DigitaalEZorg.nl in the definition of the website structure, definition of contents and design of the different sections regarding the findings in the different services, especially in the FILL THE GAP section. Also website postings, Twitter announcements and mailings.

Partner 2: Connected Health Alliance

Overall, the use of resources is as would be expected at the end of Year 1, with ECHAlliance having used 8.9 person months across all Work Packages. There are 8.6 person months remaining



from the 17.5 person month allocation for the two year project, and this should be sufficient for the completion of Year 2 activities.

On a Work Package basis, WP4 GET Global has been the most resource intensive for ECHAlliance (6.5 person months). This is to be expected given that ECHAlliance is leading this WP and we expect this to continue in Year 2.

There has also been considerable resource from ECHAlliance (1 person month) invested in WP3 GET Funded. This reflects the large amount of work and organisation that went into the joint 'GET Funded & International' session @ eHealth Forum, including an SME recruitment and interview process before the event and follow up afterwards.

Similarly, ECHAlliance has contributed to WP5 Fill the Gap (0.5 person month) with the organisation of the EU Marketplace for eHealth & EIP on Active and Healthy Ageing, which included the identification and collection of unmet needs in the ehealth market (central to WP5).

ECHAlliance has committed significant resource to GET communications, including regular website postings, Twitter announcements and mailings. This is reflected in the 0.7 person months and this is expected to continue in Year 2.

WP2 GET on Track will use up considerable resource in Year 2 as ECHAlliance is responsible for the organisation on a GET on Track event before month 18 (March 2015). We expect this event to use the majority of the allocated 3 person months, with the remainder used to support WP2 in other ways throughout Year 2.

Partner 3: FORUM VIRIUM

The use of resources has been according to the plan over the first year. Forum Virium Helsinki, has used 9,1 person months across all Work Packages. There are 9,4 person months remaining from the 18,5 person month allocation for the two year project.

On a Work Package basis, WP2 Get on track has been the most resource intensive for Forum Virium Helsinki (4,6 person months), and WP5 Fill the gap (2,2 person months) the second most. This was expected given that Forum Virium Helsinki is leading the WP2 and also organises events for WP5 Fill the gap. The same two work packages will be the most resource intensive also during the second year.

Forum Virium Helsinki has committed significant resource to GET communications. Considerable amount of work has been done in promoting the GET services and events. The importance of communication and promotion in the beginning of the project is reflected in the required 1.4 person months. The level of dissemination activities is expected to decrease over the second year.

WP5 Fill the gap will use up considerable resource in the second year as Forum Virium Helsinki is responsible for the organisation more Fill the gap activities during the second half of the project.



Partner 4: HEALTH 2.0

The use of resources has been according to the plan over the first year. Health 2.0 has used 10,25 person months across all Work Packages. There are 10,25 person months remaining from the 20,5 person month allocation for the two year project.

On a Work Package basis, WP3 Get Funded Get on track has been the most resource intensive for health 2.0 (5,5 person months), and WP4 get Funded (2,5 person months) the second most. Focusing in the redesign of the methodology as well as the service provision with a one-to-one approach. This was expected given that health 2.0 is leading the WP3 and also has organised joint events with WP4. The same two work packages will be the most resource intensive also during the second year.

Health 2.0 has also committed 1 person month to GET communications. The level of dissemination activities is expected to increase over the second year.

WP2, get on track, has allocated 0,51 person months as a result of supporting the other partners activities in terms of methodology definition and also support services, mainly linked with funding activities covered in WP3

Partner 5: Stichting Digitalezorg.nl

The use of resources has been according to the plan over the first year Stichting Digitalezorg.nl, has used 4,75 person months across all Work Packages. There are 12,75 person months remaining from the 17,50 person month allocation for the two year project.

On a Work Package basis, WP6 communication has been the most resource intensive (2,83 person months), and WP2 Get on track(2,76 person months). Focusing in the development of the communication strategy and its implementation. This was expected given that Stichting Digitalezorg.nl, is leading the WP6 and also has organised joint events with WP2. The same two work packages will be the most resource intensive also during the second year.

4.1 Form C



FP7 - Gran Agreement - Annex VI - Coordination and Support Action

Form C - Financial Statement (to be filled by each beneficiary)

Project nr	611709	Funding scheme	Coordination and Support Action
Project Acronym	GET		
Period from	1 October 2014	Is this an adjustment to a previous statement?	No
to	31 September 2014		
Legal name	TICBIOMED TECNOLOGIAS DE LA INFORMACION PARA LA SALUD EN LA REGION DE MURCIA ASOCIACION	Participant identity Code	969492400
Organisation short name	TICBIOMED	beneficiary number	
Funding % for RTD activities (A)		If flat rate for indirect cost, specify (%)	20%

1.- Declaration of eligible costs/lump sum/rate/scale of unit (in €)

	Type of Activity					TOTAL (A+B+C+D+E)
	RTD (A)	Demonstration (B)	Coordination/Support (C)	Management (D)	Other €	
Personnel costs			64.040	7.863		71.902
Subcontracting				5.869		5.869
Other direct cost			8.602	5.875		14.477
Indirect cost			14.528	2.748	-	17.276
Lump sums/flat rate						-
TOTAL			87.170	22.354	-	109.524
Maximum EC contribution			77.727	20.568	-	98.295
Requested EC contribution						98.295

2.- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge from third parties or did the project generate any income which could be considered a receipt according to Art. II.17 of the grant agreement? NO
 If yes, please mention the amount (in €)

3.- Declaration of interest yielded by pre-financing (to be completed only by the coordinators)

Did the pre-financing you received generate any interest until 31/12/2012 according to Art. II.19? NO
 If yes, please mention the amount (in €)

4.- Certificate on the methodology

Do you declare average personnel costs according to Art. II.1.4.1? NO
 Is there a certificate on the methodology provided by an independent auditor and accepted by the Commission according to Art. III.4.4? NO

Name of the auditor Cost of the certificate (in €), if charged under this project)

5.- Certificate on financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art.II.4.4? NO
 Name of the auditor Cost of the certificate (in €)

6.- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles II.14 and II.15 of the grant agreement, and, if relevant, Annex III and Article 7 (special clauses of the grant agreement);
- the receipts declared above are the only financial transfers or contributions in kind, free of charge, from third parties and the only income generated by the project which could be considered as receipts according to Art.II.17 of the grant agreement;
- the interest declared above is only interest yielded until 31/12/2012 by the pre-financing which falls within the definition of Art.II.19 of the grant agreement;
- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary's stamp	Name of the Person(s) Authorised to sign this Financial Statement
	Emilio Iborra Botía. President
	Date and signature

FP7 - Grant Agreement - Annex VI - Coordination and Support Action

Form C - Financial Statement (to be filled by each beneficiary)

Project Title	631789	Project acronym	Coordination and Support Action
Grant Number	QIT		
Period from	1 October 2014	is this an adjustment to a previous statement?	No
To	31 September 2014		
Legal name	Connected Health Alliance CIC	EU project acronym (only for FP7)	652514075
Organisation legal name	Connected Health All	Beneficiary location	2
Beneficiary type (EU/Non-EU/MS)		EU project acronym (non-EU/MS)	204

1- Declaration of eligible costs/expense/percentage of cost (in %)

	Type of costs					TOTAL (in %)
	Materials (A)	Personnel (B)	Contractual support (C)	Management (D)	Other (E)	
Personnel costs			62,208	2,497		64,705
Materials costs						
Contractual support			1,964	1,613		3,577
Management			13,243	812		14,055
Other expenses						
TOTAL			77,415	4,922	-	82,337
Maximum EC contribution			71,818	4,362		76,180
Requested EC contribution						76,200

2- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge, from third parties or did the project generate any income which could be considered a receipt according to Art. 18.17 of the grant agreement?
 If yes, please mention the amount (in €) No

3- Declaration of interest yielded by pre-financing (or by contractual work by the coordinator)

Did the pre-financing you received generate any interest until 31/12/2012 according to Art. 6.28?
 If yes, please mention the amount (in €) Yes/No

4- Certificate on the methodology

Do you declare average personnel costs according to Art. 8.1.4.1?
 Is there a certificate on the methodology provided by an independent auditor and accepted by the Commission according to Art. 18.4.4? No

Beneficiary location Date of the certificate (dd/mm/yyyy) if longer than 100 characters

5- Certificate on financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art. 18.4.7? No

6- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles 8.24 and 8.25 of the grant agreement, and, if relevant, Annex II and Article 7 (special cases) of the grant agreement;
- the receipts declared above are the only financial transfers or contributions in kind, free of charge, from third parties and the only income generated by the project which could be considered as receipts according to Art. 18.17 of the grant agreement;
- the interest declared above is only interest yielded until 31/12/2012 by the pre-financing which falls within the definition of Art. 6.28 of the grant agreement;
- there is full supporting documentation to justify the information hereby declared, it will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary name Date of signature

Walter O'Connor 20-11-14

FP7 - Grant Agreement - Annex VI - Coordination and Support Action

Form C - Financial Statement (to be filled by each beneficiary)

Project nr	611709	Funding scheme	Coordination and Support Action
Project Acronym	GET		
Period from	1 October 2014	Is this an adjustment to a previous statement?	No
to	31 September 2014		
Legal name	Forum Virium Helsinki Oy	Participant identity Code	997534324
Organisation short name	FVH	beneficiary number	3
Funding % for RTD activities (A)		If flat rate for indirect cost, specify (%)	26 %

1.- Declaration of eligible costs/lump sum/rate/scale of unit (in €)

	Type of Activity					TOTAL (A+B+C+D+E)
	RTD (A)	Demonstration (B)	Coordination/Support (C)	Management (D)	Other €	
Personnel costs			54 467	3 283	-	57 750
Subcontracting						-
Other direct cost			2 794	3 906		6 700
Indirect cost			14 934	1 875	-	16 808
Lump sums/flat rate						-
TOTAL			72 195	9 063	-	81 258
Maximum EC contribution			61 270	7 692	-	68 962
Requested EC contribution						68 962

2.- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge from third parties or did the project generate any income which could be considered a receipt according to Art. II.17 of the grant agreement?
If yes, please mention the amount (in €)

No

3.- Declaration of interest yielded by pre-financing (to be completed only by the coordinators)

Did the pre-financing you received generate any interest until 31/12/2012 according to Art. II.19?
If yes, please mention the amount (in €)

Yes/No

4.- Certificate on the methodology

Do you declare average personnel costs according to Art. II.1.4.1?

No

Is there a certificate on the methodology provided by an independent auditor and accepted by the Commission according to Art. III.4.4?

No

Name of the auditor

Cost of the certificate (in €). If charged under this project)

5.- Certificate on financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art.II.4.4?

No

Name of the auditor

Cost of the certificate (in €)

6.- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles II.14 and II.15 of the grant agreement, and, if relevant, Annex III and Article 7 (special clauses of the grant agreement);
- the receipts declared above are the only financial transfers or contributions in kind, free of charge, from third parties and the only income generated by the project which could be considered as receipts according to Art.II.17 of the grant agreement;
- the interest declared above is only interest yielded until 31/12/2012 by the pre-financing which falls within the definition of Art.II.19 of the grant agreement;
- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary's stamp

Name of the Person(s) Authorised to sign this Financial Statement

Jarmo Eskelinen, CEO

Date and signature

26.11.2014



FORUM VIRIUM
HELSINKI

FP7 - Grant Agreement - Annex VI - Coordination and Support Action

Form C - Financial Statement (to be filled by each beneficiary)

Project nr	611709	Funding scheme	Coordination and Support Action
Project Acronym	GET		
Period from	1 October 2014	Is this an adjustment to a previous statement?	No
to	31 September 2014		
Legal name	Health 2.0	Participant identity Code	951672821
Organisation short name	Health 2.0	beneficiary number	4
Funding % for RTD activities (A)		if flat rate for indirect cost, specify (%)	20%

1.- Declaration of eligible costs/lump sum/rate/scale of unit (in €)

	Type of Activity					TOTAL (A+B+C+D+E)
	RTD (A)	Demonstration (B)	Coordination/Support (C)	Management (D)	Other €	
Personnel costs			51.277	1.604		52.881
Subcontracting						-
Other direct cost			1.510	1.995		3.504
Indirect cost			10.557	720	-	11.277
Lump sums/flat rate						-
TOTAL			63.343	4.319	-	67.662
Maximum EC contribution			56.481	3.851	-	60.332
Requested EC contribution						60.332

2.- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge from third parties or did the project generate any income which could be considered a receipt according to Art. II 17 of the grant agreement? no
 If yes, please mention the amount (in €)

3.- Declaration of interest yielded by pre-financing (to be completed only by the coordinators)

Did the pre-financing you received generate any interest until 31/12/2012 according to Art. II.19?
 If yes, please mention the amount (in €)

4.- Certificate on the methodology

Do you declare average personnel costs according to Art. II.1.4.1? no
 Is there a certificate on the methodology provided by an independent auditor and accepted by the Commission according to Art. III.4.4? no
 Name of the auditor Cost of the certificate (in €). If charged under this project

5.- Certificate on financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art.II.4.4? no
 Name of the auditor Cost of the certificate (in €)

6.- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles II.14 and II.15 of the grant agreement, and, if relevant, Annex III and Article 7 (special clauses of the grant agreement);
- the receipts declared above are the only financial transfers or contributions in kind, free of charge, from third parties and the only income generated by the project which could be considered as receipts according to Art.II.17 of the grant agreement;
- the interest declared above is only interest yielded until 31/12/2012 by the pre-financing which falls within the definition of Art.II.19 of the grant agreement;
- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary's stamp	Name of the Person(s) Authorised to sign this Financial Statement
	Matthew Holt
	Date and signature

Matthew Holt
 November 12, 2014

FP7 - Grant Agreement - Annex VI - Coordination and Support Action

Form C - Financial Statement (to be filled by each beneficiary)

Project nr	611709	Funding scheme	Coordination and Support Action
Project Acronym	GET		
Period from	1 October 2014	Is this an adjustment to a previous statement?	No
to	31 September 2014		
Legal name	Stichting Digitalezorg.nl	Participant Identity Code	952552708
Organisation short name	Digitalezorg	beneficiary number	5
Funding % for RTD activities (A)	100	If flat rate for indirect cost, specify (%)	20%

1.- Declaration of eligible costs/lump sum/rate/scale of unit (in €)

	Type of Activity					TOTAL (A+B+C+D+E)
	RTD (A)	Demonstration (B)	Coordination/Support (C)	Management (D)	Other €	
Personnel costs			53.775	3.225		57.000
Subcontracting			-	-		-
Other direct cost			3.209	2.271		5.480
Indirect cost			11.397	1.099	-	12.496
Lump sums/flat rate						-
TOTAL			68.381	6.595	-	74.976
Maximum EC contribution			60.973	5.881	-	66.854
Requested EC contribution						66.854

2.- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge from third parties or did the project generate any income which could be considered a receipt according to Art. II 17 of the grant agreement?

No

If yes, please mention the amount (in €)

3.- Declaration of interest yielded by pre-financing (to be completed only by the coordinators)

Did the pre-financing you received generate any interest until 31/12/2012 according to Art. II.19?

If yes, please mention the amount (in €)

4.- Certificate on the methodology

Do you declare average personnel costs according to Art. II.1.4.1?

Yes

Is there a certificate on the methodology provided by an independent auditor and accepted by the Commission according to Art. III.4.4?

No

Name of the auditor

Cost of the certificate (in €). If charged under this project

5.- Certificate on financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art.II.4.4?

No

Name of the auditor

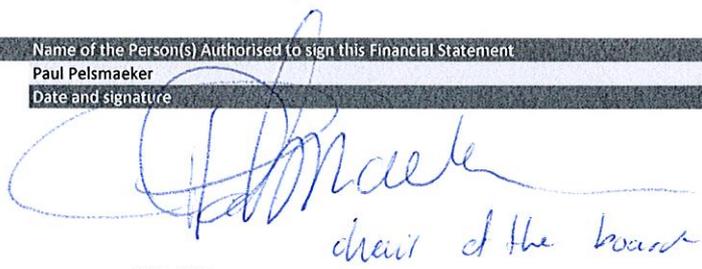
Cost of the certificate (in €)

6.- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles II.14 and II.15 of the grant agreement, and, if relevant, Annex III and Article 7 (special clauses of the grant agreement);
- the receipts declared above are the only financial transfers or contributions in kind, free of charge, from third parties and the only income generated by the project which could be considered as receipts according to Art.II.17 of the grant agreement;
- the interest declared above is only interest yielded until 31/12/2012 by the pre-financing which falls within the definition of Art.II.19 of the grant agreement;
- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary's stamp	Name of the Person(s) Authorised to sign this Financial Statement
	Paul Pelsmaeker
	Date and signature


chair of the board

18-11-2014

4.3 Summary Financial report

FP7 - Gran Agreement - Annex VI - Coordination and Support Action

Summary Financial Report - Coordination and Support Action - to be filled in by the coordinator																			
Project acronym		GET		Project nr		611709		Reporting period from		01/10/2013		Reporting period from		01/10/2013 to: 30/09/2014		Page		1/1	
Funding scheme			CP			Type of activity													
Beneficiary n°	If 3rd Party, linked to beneficiary	Adjustment (Yes/No)	Organisation Short Name	RTD (A)		Demonstration (B)		Coordination support (C)		Management (D)		Other (E)		Total (A)+(B)+(C)+(D)+€		Receipts	Interest		
				Total	Max EC Contribution	Total	Max EC Contribution	Total	Max EC Contribution	Total	Max EC Contribution	Total	Max EC Contribution	Total	Max EC Contribution				
1	No	No	TICBIOMED					87.170	77.727	22.354	20.568			109.524	98.295				
2	No	No	Connected Health All					79.447	70.840	4.892	4.362			84.340	75.203				
3	No	No	FVH					72.195	61.270	9.063	7.692			81.258	68.962				
4	No	No	Health 2.0					63.343	56.481	4.319	3.851			67.662	60.332				
5	No	No	Digitalezorg					68.381	60.973	6.595	5.881			74.976	66.854				
6																			
TOTAL								370.537	327.291	47.223	42.354	-	-	417.760	369.645				
Requested EC contribution for the reporting period (in €)																369.645			

