

# 1<sup>st</sup> PROJECT PERIODIC REPORT

## Objectives & achievements

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# INDEX

1	Project objectives for the period .....	3
2	Work progress and achievements during the period.....	3
2.1	WP2 GET ON TRACK service .....	3
2.2	WP3 GET FUNDED service .....	7
2.3	WP4 GET GLOBAL service .....	15
2.4	WP5 FILL THE GAP service.....	20
2.5	WP6 DISSEMINATION .....	29
3	Deliverables and milestones tables.....	38
3.1	Deliverables .....	38
3.2	Milestones .....	39



## 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 Work progress and achievements during the period

### 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.

### 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.
- Digtazorg.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
<b>TOTAL</b>	<b>19.335</b>	<b>-</b>	<b>38.201</b>	<b>3.029</b>	<b>12.160</b>	<b>72.725</b>
Person hours	503,00	-	731,00	82,00	122,00	1.438,00
Personmonth	<b>3,14</b>	-	<b>4,57</b>	<b>0,51</b>	<b>0,76</b>	<b>8,99</b>
Personmonth planned for all GET	5,00	3,00	7,00	1,00	4,00	20,00

## e) Corrective actions

None required.

## 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.

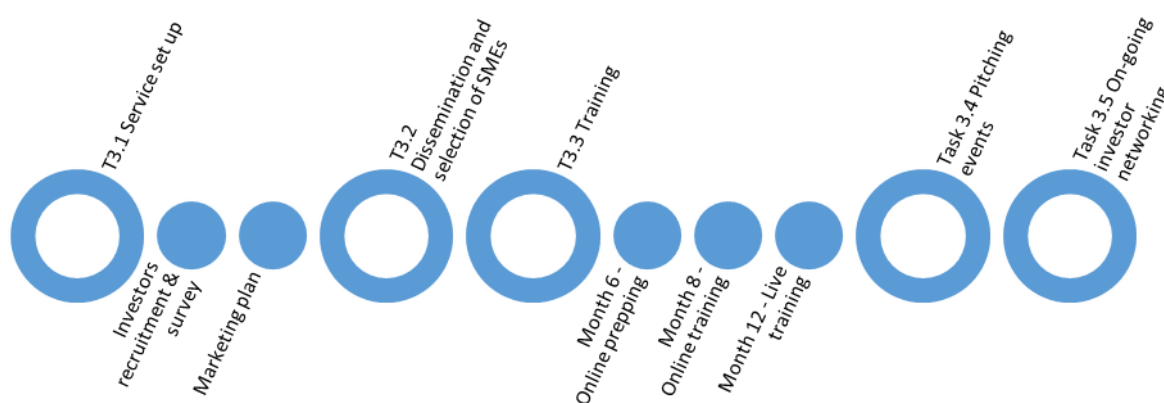
**3. Organize pitching events to enable matchmaking between SMEs and investors.**

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, Vakyrrie 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 12<sup>th</sup>, 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.

### 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
<b>TOTAL</b>	<b>16.055</b>	<b>6.770</b>	<b>1.241</b>	<b>35.217</b>	<b>3.690</b>	<b>62.972</b>
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.

## 2.3 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"> <li>▪ Panel presentations and feedback</li> </ul>	<ul style="list-style-type: none"> <li>▪ To provide expertise, resources and global network connections to support SMEs in their prime accessing to</li> </ul>
Market insights (challenges, opportunities, specific market needs)	<ul style="list-style-type: none"> <li>▪ SelectUSA program – info provided and support to access market</li> </ul>	

<p>Session on interoperability and standards</p>	<ul style="list-style-type: none"> <li>Session delivered by EC in cooperation with HL7 Foundation, US Office of the National Coordinator for Health Information Technology and Microsoft</li> </ul>	<ul style="list-style-type: none"> <li>international markets.</li> <li>Organization of matchmaking event with foreign partners.</li> <li>Organization of matchmaking event with foreign buyers.</li> </ul>
<p>Matchmaking with potential partners and buyers and networking with key commercialisation/ integration partners</p>	<ul style="list-style-type: none"> <li>Speaking and exhibition opportunities to an international audience</li> <li>Private networking lunch with 'Get Global' partners (buyers, investors, industry leaders).</li> <li>Pre-arranged matchmaking sessions with attendees at EU-US Marketplace</li> </ul>	
<p><b>GET Global service</b></p>	<p><b>EU Marketplace for eHealth &amp; EIP on Active and Healthy Ageing, Brussels, 22 September 2014</b></p>	<p><b>GET Global objectives achieved</b></p>
<p>Market insights (challenges, opportunities, specific market needs)</p>	<ul style="list-style-type: none"> <li>Table Topic sessions provided key insights</li> </ul>	
<p>Matchmaking with potential partners and buyers and networking with key commercialisation/ integration partners</p>	<ul style="list-style-type: none"> <li>Format of Table Topic sessions (presentation and debate) provided opportunity for direct engagement between SMEs and potential partners and buyers</li> <li>Speakers' Corner and exhibition provided opportunity to spotlight SMEs to an international audience of potential partners and buyers</li> <li>Pre-arranged matchmaking sessions facilitated networking and connections between SMEs and potential partners and buyers</li> </ul>	<ul style="list-style-type: none"> <li>To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets.</li> <li>Organization of matchmaking event with foreign partners.</li> <li>Organization of matchmaking event with foreign buyers.</li> </ul>
<p><b>GET Global service</b></p>	<p><b>Follow up with SMEs and ongoing support provided in Year 1</b></p>	<p><b>GET Global objectives achieved</b></p>
<p>Follow up support for SMEs</p>	<ul style="list-style-type: none"> <li>Personal written feedback on their business plans for internationalisation</li> <li>Follow up emails and teleconference calls to discuss how to use feedback to improve business plans for internationalisation</li> <li>Invitation and speaking/ exhibition opportunities offered at: <ul style="list-style-type: none"> <li>June meetings of the Connected Health Ecosystems in the ECHAlliance International Network (Oulu, Manchester, Northern Ireland, Scotland, North West Coast of England)</li> <li>EU Marketplace for eHealth &amp; EIP on Active and Healthy Ageing, Brussels, Sept 2014</li> <li>5th EU-US eHealth Business</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Follow up the companies' progress and provide periodic support to facilitate their development and growth.</li> </ul>



- Marketplace & Conference,  
Boston, Oct 2014
- Follow up emails to transfer knowledge, provide articles of potential interest to SMEs seeking to internationalise.

#### 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
<b>Registering an interest in Get Global service</b>	<ul style="list-style-type: none"> <li>47 SMEs ('GET Funded &amp; International' @ eHealth Forum)</li> </ul>
<b>Applying to participate</b>	<ul style="list-style-type: none"> <li>18 SMEs (completed application forms for eHealth Forum)</li> <li>55 companies registered to attend the EU Marketplace (open registration process)</li> </ul>
<b>Participating</b>	<ul style="list-style-type: none"> <li>4 SMEs at eHealth Forum</li> <li>55 companies at the EU Marketplace</li> </ul>
<b>Feedback on business plan for internationalisation</b>	<ul style="list-style-type: none"> <li>4 SMEs at eHealth Forum (and follow up support)</li> </ul>
<b>Speaking opportunities to international audience</b>	<ul style="list-style-type: none"> <li>4 SMEs at eHealth Forum (presentation to panel and audience)</li> <li>20 companies at EU Marketplace (Speakers' Corner)</li> </ul>

<b>Exhibition opportunities to international audience</b>	<ul style="list-style-type: none"> <li>25 companies at EU Marketplace</li> </ul>
<b>Market insights (challenges, opportunities and specific market needs)</b>	<ul style="list-style-type: none"> <li>4 SMEs at eHealth Forum (US Market – SelectUSA program)</li> <li>55 companies at EU Marketplace (Germany, Valencia – Spain, as well as broader ‘Digital Health’ market and EIP AHA work programmes)</li> </ul>
<b>Matchmaking of SMEs with potential international partners and buyers (global partner matchmaking and global dealmaking) and networking with key commercialisation/ integration partners</b>	<ul style="list-style-type: none"> <li>4 SMEs at eHealth Forum (Matchmaking session as part of EU-US Marketplace)</li> <li>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)</li> </ul>
<b>Follow up and ongoing support</b>	<ul style="list-style-type: none"> <li>4 SMEs (ongoing support following eHealth Forum)</li> <li>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.</li> </ul>

### 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
<b>TOTAL</b>	<b>13.236</b>	<b>64.595</b>	<b>1.193</b>	<b>16.294</b>	<b>3.600</b>	<b>98.918</b>

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.

## 2.4 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.**

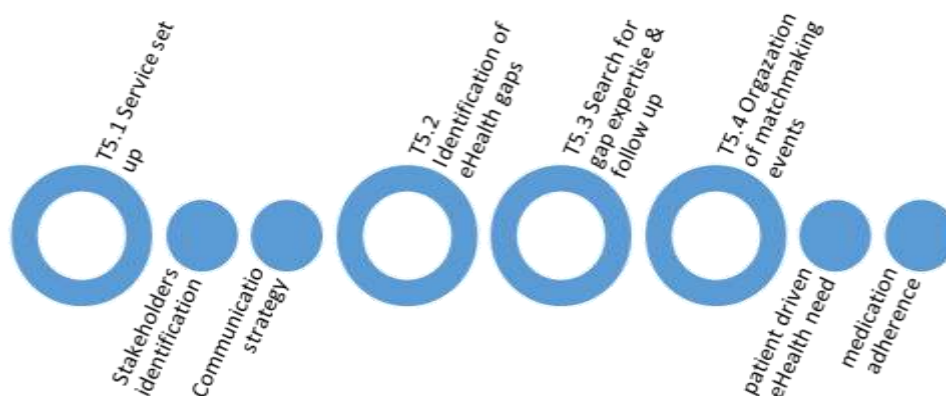
Several approaches have been tested in order to evaluate cost-effectiveness, together with the advantages and disadvantages of each one, and, the following approaches have been tested in the first half of the project:

- 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 than 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), 27<sup>th</sup> November 2014-, where ICT SMEs where 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). 29<sup>th</sup> Jan 2014-
- “Patient driven eHealth needs identification focus group on medication adherence” –Helsinki (Finland), 16<sup>th</sup> 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 28-29<sup>th</sup> 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, 22<sup>nd</sup> 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).

### 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 were 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 12<sup>th</sup> 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.

### 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 organized 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
<b>TOTAL</b>	<b>29.691</b>	<b>3.449</b>	<b>16.514</b>	<b>3.329</b>	<b>5.490</b>	<b>58.472</b>
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

## 2.5 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 though 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.



**‘GET Funded & International’ session @ eHealth Forum**  
Monday 12<sup>th</sup> May 2014

The GET project is delighted to be in Athens for eHealth Forum and to welcome participating SMEs to the ‘GET Funded & International’ session on Monday 12<sup>th</sup> May 2014.

**‘GET’: Global eHealth Transforming services**  
The GET project aims to deliver high-impact services to eHealth SMEs and entrepreneurs in order to boost their growth and move them to the next level of competitiveness. The project provides four different services for SMEs:

1. GET on Track – support for early-stage SMEs
2. GET Funded – investment readiness training for SMEs looking for second round investment
3. GET International – help mature SMEs to access international markets
4. Fill the GAP – identifying eHealth gaps and searching for SMEs with gap expertise

The ‘GET Funded & International’ session @ eHealth Forum is aimed at SMEs seeking funding and access to international markets. Participants have been pre-selected to participate following a competitive call for applications. The session marks the beginning of an ongoing programme of support for participating SMEs. The session in Athens will provide the opportunity for SMEs to:

- Present to an expert panel of investors, industry leaders and purchasers and receive feedback;
- Gain valuable insights into what international purchasers and investors are looking for;
- Hear success stories from SMEs who have successfully internationalised their products and services and secured investment; and
- Attend an informal networking lunch with presenters, panelists, purchasers and investors.

Future calls for SMEs to apply for GET services are expected in 2014 and 2015. For more information on the GET project and future services, go to <http://www.get-ehealth.eu/>

The GET project partners are TIC Biomed, European Connected Health Alliance, Health 2.0, Forum Vrije and Stichting DigitaleZorg.nl.

The GET Project is a two year project (2013-2015) and has received funding from the European Union’s Seventh Framework Programme for research, technological development and demonstration under grant agreement no 611709.



GET eHealth retweeted

**Thanos Kosmidis** @ThanosKosmidis 49d  
Listening to @PantelisAng share the @VIDAVO\_SA funding story at the @Get\_eHealth session  
[pic.twitter.com/ECNAHjAEOj](http://pic.twitter.com/ECNAHjAEOj)



Details

GET eHealth retweeted

**Pascal Lardier** @pascal\_lardier 49d  
@VIDAVO\_SA sharing great insights into getting funding for digital health at @Get\_eHealth session in Athens

Details

- 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 13<sup>th</sup> March 2014 and remained open until 4<sup>th</sup> 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 EC Alliance mailing list)

**SMEs registering on 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:

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

18 SMEs submitted completed application forms.

**Shortlisting SMEs**

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

Stakeholder type	Reason for inclusion
<b>European Commission</b> <ul style="list-style-type: none"> <li>• DG CONNECT</li> <li>• DG SANCO</li> </ul>	To inform the main stakeholder and funding organisation of GET. Also for broader dissemination purposes.
<b>Government and NGO</b> <ul style="list-style-type: none"> <li>• Field labs and ecosystems</li> <li>• Municipalities</li> </ul>	To be included as one of the stakeholders in the field of eHealth.
<b>Industry</b> <ul style="list-style-type: none"> <li>• Manufacturers</li> <li>• Suppliers</li> <li>• Service providers</li> <li>• Vendors</li> <li>• System integrators</li> </ul>	The industry can be leverage to enhance the chance of successful uptake in the market.
<b>SME</b> <ul style="list-style-type: none"> <li>• eHealth SMEs</li> <li>• Web entrepreneurs</li> </ul>	SMEs are the main target group for GET.
<b>Associations</b> <ul style="list-style-type: none"> <li>• SME associations</li> <li>• Industry associations</li> </ul>	All mentioned associations are included to ensure their members are informed and included in the challenge. This includes the patient and health professional associations.
<b>Healthcare institutes</b> <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Elderly care</li> <li>• Pharma</li> </ul>	Healthcare institutes are the most likely purchasers of the innovation produced by the SMEs
<b>Media</b> <ul style="list-style-type: none"> <li>• Blogs</li> <li>• Journals</li> <li>• Newspapers</li> <li>• Radio</li> <li>• Television</li> <li>• Websites</li> </ul>	To maximise exposure, the general and specific media is included in the dissemination process.
<b>Public at large</b> <ul style="list-style-type: none"> <li>• General public</li> </ul>	To maximise exposure, public at large is included in the dissemination process.
<b>Project Partners</b> <ul style="list-style-type: none"> <li>• Consortium members</li> <li>• Consortium partners</li> <li>• Advisory Board</li> </ul>	All partners are involved in the creating of content and will receive all content available
<b>Investors</b> <ul style="list-style-type: none"> <li>• Venture Capital</li> <li>• Incubators</li> <li>• Innovation Funds</li> </ul>	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 1<sup>st</sup> 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](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

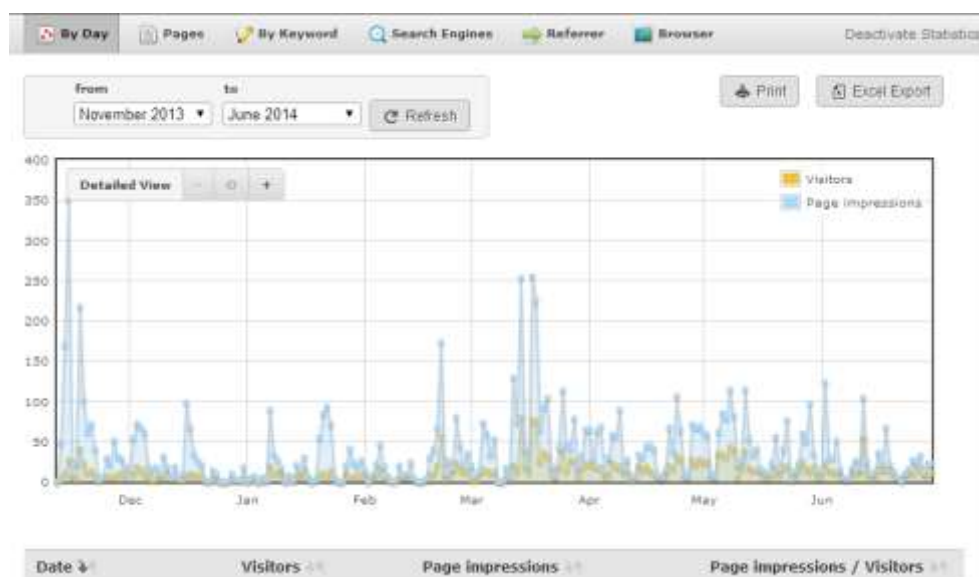
Although the use of the media channels were sufficient, for the second half or the project we expect to create a stronger boost of new content disseminated via de media channels, including F6S.

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

## 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
<b>TOTAL</b>	<b>14.721</b>	<b>4.633</b>	<b>15.047</b>	<b>5.474</b>	<b>43.441</b>	<b>83.317</b>
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.

### 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		Report on services and their outcomes
MS3	1st Get on Track event completed	2	3	3	Yes	On-going	SMEs recruited for the service and report on event outcomes.
MS5	Recruitment of SMEs for Get Global service	4	2	8	Yes	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	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		Report on media coverage and dissemination outcomes.



