2nd PROJECT PERIODIC REPORT

Grant Agreement number: 611709
Project acronym: GET
Project title: GET: Global eHealth Transforming services
Funding Scheme: FP7 – ICT – 2013 - 10
Periodic report: 2nd
Period covered: From 1st October 2014 to 30th September 2015

Name, title and organisation of the scientific representative of the project’s coordinator:

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Project website: www.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):
  - [X] 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
  - [X] 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: Jose Gonzalez

Date: 12/11/2015

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.
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INDEX

1  Publishable summary ................................................................. 1
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 111 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 34 SMEs looking for a second round of funding (between 0.5-2M€) with training, resources and networking opportunities with a network of 50+ investors at the European level.

3. The GET Global service has engaged with 91 SMEs to access international markets by facilitating them the matchmaking and networking with foreign contacts.

4. The Fill the gap service has collected 111 unmet needs: 23 of them has been published in the website, and 4 of those were moved to “solved requests” section after find suitable solutions in the market. Consortium has promoted the traction among IT companies to push the demand-driven development and 14 companies are now working on unmet needs collected by the project.

1. 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 45 articles, 43 repository items and received 16,764 visits. The repository items were downloaded and viewed 8093 times. Furthermore the social media channels attracted 512 followers on Twitter and 60 on F6S.

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).

Each GET service has produced a number of on-line resources that have been widely disseminated during the project lifetime, and will be freely available at the public GET website for at least 2 years after project closure. The resources are included in the Final Deliverable of each service and listed in the Final Report. They refer to business support guidelines, methodologies, best practices, listing of investors and unmet needs among others.

The Final Report describes the actions planned for the exploitation of results for each of the services. It firstly explains the exploitation approach and then list the planned actions to be executed by each of the GET partners.

The address of the project public website, if applicable

http://www.get-ehealth.eu/
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## INDEX

1.1 Project objectives for the period ........................................................................................................... 1
1.2 Summary of recommendations and actions .......................................................................................... 1
1.3 Work progress and achievements during the period ............................................................................ 4
  1.3.1 WP2 GET on track service ................................................................................................................. 4
  1.3.2 WP3 GET FUNDED service ............................................................................................................... 8
  1.3.3 WP4 GET GLOBAL service .............................................................................................................. 17
  1.3.4 WP5 FILL THE GAP service .......................................................................................................... 24
  1.3.5 WP6 DISSEMINATION ....................................................................................................................... 33
2.1 Deliverables ........................................................................................................................................... 41
2.2 Milestones ............................................................................................................................................ 42
1 Core of the report for the period

1.1 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 20 additional SMEs looking for a second round of funding (between 0.5-2M€) with training, resources and networking opportunities with investors at European level in order to reach an overall objective of 24 SMEs by project end, including a traction goal of 8 ‘serious conversations’.

3. Help mature 25-30 SMEs to access international markets by putting them in contact with foreign partners for commercialization and implementation.

4. Collect a total of 80 unmet needs/market gaps and get 11 persons/organizations working on any of the unmet needs.

5. Collect at least 500 followers on Twitter, 500 retweets, 80 followers on F6s, and 10,000 website visitors. Furthermore, reach at least of 250 views of items in the repository.

1.2 Summary of recommendations and actions.

The previous review come up with a number of recommendations that were tackled in an Action Plan that was shared with the European Commission. The 6 concrete actions that were designed and implemented to improve project outcomes are commented below:

1. Risk management protocol
Get consortium designed a specific risk management protocol to minimize the risk of event cancellations over the 2nd project year. Event organisers implemented actions in the preparation, dissemination and attendee commitment in order to reach maximum number of potential attendees and ensure that selected attendees commit to the service. A contingency plan was also put in place. As a result, no event had to be postponed or cancelled in the second year.

2. Key Performance Indicators (KPIs)
The consortium defined the following KPI typologies to track the project outputs and set a target objective for each of them:

- Direct Impact KPI: Companies directly benefited by the services via personalized value (e.g. trained for VC fund raising, delivered presentations at GET events, contacted with regards to a needed solution in Fill the Gap, etc.).
- Knowledge Sharing KPI: Companies and people that benefit of the knowledge generated through the project services (e.g. participants in events as audience, downloads of on-line resources, etc.).
- Traction KPI: Proofs that show traction of the service delivered (e.g. start of negotiation with VC, VC investment, letter of interest from a foreign partner/customer).
- Early Warning KPI: To proactively address any potential shortcomings. They can be the same as above (or not) and need to be reviewed periodically. The Early Warning KPIs will be assessed periodically and red flags will be raised if the expected values are not met.

These KPIs are referenced and quantified in the final Deliverables and Final Report. All targets have been reached and most of them over-passed by more than 20%.

3. Knowledge sharing overall and data repository

The following measures have been taken to enhance the impact the project and its services can achieve in the second half of the project duration:

- An online repository has been created on the GET website for sharing the best practices, methodologies, services results and other materials. This repository is an open section of the GET website and open to anyone that can benefit from that content.
- Forum function: The discussion function of F6S has been used to start discussing topics with the followers on F6S. We will be triggering discussion by posted articles, questions, trends, statistics and project results to motivate stakeholder to react and discuss.
- A direct link has been made available from the Menu of the GET web site (left of page) to the related F6S forum.
- All GET events have been listed in the Event page of GET web site.
The presence of the GET project on F6S has leveraged the startup community that uses that platform. The platform enabled the project to interact with the community and invite them to events, webinars, bootcamps etc.

To share both the contents added to the repository and the activity on F6S to the audience outside of the platform, a (social) media strategy has been actively managed and measured.

- each new addition to the repository has been shared through the GET media (website, F6S and Twitter) and the twitter accounts of the consortium partners;
- each new event has been promoted through GET media (website, F6S and Twitter) and the Twitter accounts of the consortium partners. Furthermore, these announcements have also been shared to other partner media such as the ISfTeH newsletter, eHealthNews.eu, EC eHealth newsletters etc. Each major result has been disseminated through GET media (website, F6S and Twitter) and the Twitter accounts of the consortium partners. Furthermore, these announcements have also been shared to other partner media such as the ISfTeH newsletter, eHealthNews.eu, EC eHealth newsletters etc.

In addition, the following EC accounts have been targeted: @EU_eHealth, @EU_Health, @StartUpEU @ICTinnovEU. For sharing purposes on social media, the following project specific hashtags have been used regarding each of the services: #getglobal, #getfunded #fillthegap #getontrack #ectovc #ehealthinvesting #crossborderehealth

All activity has been monitored to measure if the dissemination activities are effective.
Each service has produced on-line resources to contribute to the knowledge sharing. They are openly accessible in the GET portal.

5. Resources
In year 2, the Consortium has allocated resources to optimize the delivery of the one-to-one services as planned, and also focused in the communication and the design and creation of tangible deliverable products in order to improve the knowledge sharing and have a bigger impact in the SMEs community. In this framework, partner Stichting Digitalezorg.nl, committed in the delivery of the knowledge repository and the increase of the communication activities as well as to support the GET partners in the delivery of tangible results nicely formatted, that provided added value to the SMEs. The outputs can be accessed in the GET portal and in the KPI tables related to Dissemination.

6. Validation process for Fill the Gap service
GET has defined a ‘Unmet need validation process’ that has been followed regarding the needs published in the GET portal. The Fill the Gap section contains the table with the validating person and date.

1.3 Work progress and achievements during the period

1.3.1 WP2 GET on track service

a) A summary of progress towards objectives and details for each task;
This section summarises progress made towards the objectives of the GET on Track service, and provides an overview of the tasks undertaken in the second project year. Details of all work undertaken are available in “D2.2 GET Deliverable 2nd period reporting GET ON TRACK.pdf”

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, business clinic, and one-to-one coaching.

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 entrepreneurs have got feedback and support from diversified types of eHealth experts to develop and optimise their business models. During the second project year more emphasize was put on one-to-one coaching with entrepreneurs and start-ups.
2. Organize boot-camp events with a selection of early-stage companies, start-ups and entrepreneurs.

Based on the experience from the first project year and feedback from evaluators the number of events was increased from the original plan. During the second project year 4 events were organised. Based on the actions in contingency plan we overbooked all events by 10 - 20 %, and at the same were ready to deliver if 10 - 20 % over planned quota should have attended. The organised events were full booked for 8-10 participating start-ups and entrepreneurs. Due to some very last minute cancellation the final number of participating companies varied from 7 - 9 in each event. Due to the planned overbooking we achieved more than targeted 32 participants for 4 events. Altogether 33 start-ups or entrepreneurs participated in these four events.

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

After the 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. During the second project year Get team also focused more on tailored one-to-one coaching by e.g. guiding them in performing before presentations.

Task 2.1 – Service set up

The GET on Track service has been set up and executed based on the original plan plus the new targets set after the first project evaluation.

Partners and stakeholders were identified and recruited to support the GET on track sessions organised at The Northern Ireland Connected Health Ecosystem event in Belfast and at Health 2.0 Europe conference in Barcelona. The list of partners includes successful entrepreneurs, investors, eHealth consultants, regulation experts, clinicians, and key persons in eHealth start-up networks and communities.

Two boot-camps were organised in collaboration with Med-e-Tel forum in Luxembourg and eHealth week conference in Riga. These events used eHix methodology and focused on business models and innovation routes.

Selected communication channels websites, Twitter and e-mailings were used for the calls for SMEs to participate in GET on Track service.

Knowledge sharing was emphasized and four different online resources produced during the second project year:

- “eHealth Start-up Guide for business success”
- ‘Lean start-up in eHealth’ presentation
- Two interviews of experienced eHealth entrepreneurs
Task 2.2 – Execution of the service

GET on Track service has been designed to communicate existing knowledge of eHealth experts and share cumulated experience of successful eHealth entrepreneurs to early stage companies.

GET on Track service was delivered via three types of actions:

1. **GET on Track events**: Four business coaching events in Belfast, Luxembourg, Riga, and Barcelona provided direct support for business model and commercialization strategy development.

2. **One-to-one coaching**: Over the second project year Get team worked face-to-face with almost 40 early-stage companies to help entrepreneurs to optimize their business model.

3. **Online resources**: GET on Track service provided three types of online resources to support early-stage companies with successful business modelling.

Four GET on Track events were organized in synergies with major eHealth events in Europe. The events were organised in collaboration with eHealth week conference in Riga, Med-e-Tel forum in Luxembourg, The Northern Ireland Connected Health Ecosystem event in Belfast, and Health 2.0 Europe conference in Barcelona.

In the events entrepreneurs discussed and solved together with experienced experts the most common challenges related to their eHealth business models. The event concept was each time adopted to local resources and working method varied from active hands-on bootcamps, to time efficient startup-clinics, interactive mentoring, and workshops.

The promotion of the event and recruitment was done via the networks of all Get project partners. The recruitment was started 2-3 months prior to the event and when possible in a close collaboration with the main eHealth conference.

Partners involved into GET on Track service provided tailored support to entrepreneurs for business model development and suggestion of go-to-market approach also on individual bases. Communication took typically place over the phone or skype, but also with face-to-face meetings. Via one-to-one coaching entrepreneurs were able to have personalized coaching on their specific needs. This service was available practically anytime over the two years GET project lifetime.

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 had 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, and networking opportunities.

The successful practices created for GET on Track service will be utilized by several Get partners also in the future. Especially, TicBiomed and European connected health alliance will actively develop the service and provide it within the ecosystem. Forum Virium Helsinki will act mainly as a facilitator initiating new opportunities and connections for eHealth startups. The most concrete exploitation activities include intensive training provided for start-ups, expanding workshops containing the eHIX methodology combined with the lean startup approach and building collaboration opportunities between startups and large health and medical companies. See the exploitation plans included in Final Report for further details.

b) Highlight clearly significant results

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

- The GET on Track events were successful and the service has supported a bigger number of entrepreneurs than planned. **33 entrepreneurs and early-stage companies** participated to the events in the second year. The strategy to organise the events in collaboration with large international eHealth conferences created synergies and benefited both participants and organisers.

- A total of **111 entrepreneurs and SMEs** got help to optimize the business model and commercialization strategy during the complete lifetime of the project, combining events and one to one coaching.

- Recruitment of **66 eHealth experts** to meet SMEs and coach and advise them after their specific needs. These experts had different backgrounds, from clinical to business and regulation. They provided feedback, support and mentoring to entrepreneurs and SMEs in the organized events.

<table>
<thead>
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<th>WP2. GET on track</th>
<th>Description</th>
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<tr>
<td>Participants</td>
<td>33 SMEs selected</td>
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<tr>
<td>Experts</td>
<td>66 eHealth experts recruited</td>
</tr>
<tr>
<td>Events</td>
<td>Get on Track event, 24-27 March, Belfast</td>
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<tr>
<td></td>
<td>Get on Track event in Health 2.0 conference, 17-20 May 2015 Barcelona</td>
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<tr>
<td></td>
<td>Fill the Gap event in Health 2.0 conference, 17-20 May 2015 Barcelona</td>
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</table>
c) Deviations from Annex I

GET on Track service had occurred one deviation related to knowledge sharing for the services. The boot-camp session in Riga was planned to be recorded and broadcasted online.

The following had been initially proposed: One of the GET on Track event sessions organized in the next months will be video recorded, edited and published on Get website, and promoted through the social media channels. The recordings published in line with the European Data Protection Directive (95/46/EC) and ePrivacy Directive (2002/58/EC), with required measures being taken before publication.

Unexpectedly, an event venue in Riga was not appropriate for a quality recording and broadcasting of the session. In the consortium only Stichting Digitalezorg.nl had the needed equipment and experience for professional level recording so it was not possible to reproduce recording in any other GET on Track events.

As an alternative, the revised and improved bootcamp materials (slidedecks) will be shared in the repository as soon as they come available.

d) Use of resources

<table>
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<th>TBM</th>
<th>ECHA</th>
<th>FV</th>
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Personmonth

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</table>

e) Corrective actions

None required.

1.3.2 WP3 GET FUNDED service

The GET Funded service targeted SMEs looking for follow-up or Series B funding - typically between 0.5 and 2M€ - and was 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 during the 2nd period 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 “D3.2 GET Deliverable 2nd reporting period GET FUNDED.pdf”

The GET Funded service’s overall objective was to select and support a minimum of 20 SMEs looking for follow-up funding. Leaving the call for application until month 22 - as explained in our 1st periodic report - our recruitment efforts have served to overachieve our initial objective and recruit a total of 44 SMEs in the programme by the end of the 2nd period.

Specific GET Funded detailed objectives were:

1. Set up an ‘investment readiness’ training service for SMEs looking for a 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, 50+ investors were identified and recruited to increase the chances of a match for SMEs. These 50+ investors either attended one of our events or were in direct relationship with a Consortium member, and received detailed information about some the SMEs in the programme. They were later included in the more comprehensive list of 250+ global investors interested in eHealth, which resulted from additional desktop research.

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. By the end of the project 2nd period, the Consortium was able to organize a total of 4 events:

- GET funded session at eHealth Week 2014 - May 12th, 2014 in Athens (1st period)
- 1st EC2VC at Health 2.0 Europe 2014 - November 12th, 2014 in London
- 2nd EC2VC at Health 2.0 Europe 2015 - May 18th, 2015 in Barcelona
- 3rd EC2VC at Innovation and Investments in Health Care (IIHC Summit) - September 18th, 2015 in Munich

We also were able to partner with additional events focusing on eHealth investments - such as Traction (September 22nd, 2014 and October 4th, 2015 in Santa Clara, California) and the Health Tech Summit (June 30th - July 1st 2015 in Lausanne) - and to provide SMEs in the GET Funded programme with additional exposure to international investors.

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 continued to facilitate introductions and broker exchanges between participating SMEs and digital health investors in our network. After each one of our events:

- Participating investors were sent the more detailed investment profiles of the presenting SMEs - including contact details - and encouraged to reach out to the ones they thought most promising;

- SMEs were encouraged to follow up with the investors they had met at the event and investors’ contact details were provided when needed;

- When the beginning of a serious conversation was witnessed at an event or mentioned in a follow up email conversation with the SME, an extra push was initiated with the investor(s) to encourage a follow up on-on one meeting - online or in person.

In the last month of the project, the decision was made to share our entire pipeline with a greater number of active investors in our pool to increase the chances of a match. We asked to be kept in the loop, in copy of all email exchanges. However, we suspect a few conversations happened without our being in the loop. For instance we realized a few months after it happened that one of our SMEs got 300K€ from one of our investors in a ‘private’ follow up that we were not part of.

Task 3.1 Service set up

Taking advantage of their extensive networks within the eHealth field across Europe, the GET Consortium executed a dissemination campaign, involving traditional media, web and blog publishers, social networks and a database of European contacts of 10,000+. The GET Funded Service was widely advertised through the Consortium’s many communication channels and overall marketing reach.

During the second term, our dissemination and recruitment efforts were more on an ongoing basis and followed the rhythm of what we considered newsworthy happenings regarding the GET Funded service, including:

- Information about GET Funded upcoming events
- New resources published and available on the GET website: interviews, lessons learnt, articles, etc...

50+ active investors in digital health were identified and invited to join the programme and to take part in our events from the following companies:

37Celsius Capital Partners · ADVentura Capital · Agfa Purchasing · Albion Ventures · ALMI Invest · Amadeus Capital Partners · Artemis Healthcare Ventures · AXA Strategic Ventures · Caixa Capital Risc · Capital Cell · Capricorn Venture Partners · COMB · DFJ Esprit · DocCheck Guano AG · Endevour Vision SA · Enterprise Europe Network · Enterprise Ventures · Entrepreneurs Fund Faraday · FiBAN (Finnish Business Angels Network) · Fidelity Biosciences · Forward Partners · Glide Health care · Global Capital Finance · Health Disrupt · Healthequity SCR · Holland Venture Management B.V. · IFC · Venture Capital · Index Ventures · IBM Ventures/HealthXL · Imperial
Innovations · Innovation Capital · Inventages · Janssen Healthcare Innovation · Kuwait Life Sciences Company · Lamy/Medical Investment Trust Oy · LAUNCHub Seed Fund · NBGI Ventures · Noaber Ventures · Nokia Growth Partners · Nomad Fund · Odyssey Venture Partners · Omnes Capital · Peppermint Venture Partners · Personal Health Solutions · PJ Tech Catalyst Fund · Polar Capital · Qualcomm Life Fund · Radiant Capital · Reed Elsevier Ventures · Roche Venture Fund · RTAventures · Salus Partners · Scottish Equity Partners · Startup Health · Tekes Venture Capital · THCAP · TopSeedsLab · Vakyrie Venture · Wayra UK · XLHealth · Ysis Capital and Zanec.

**Task 3.2 Dissemination and selection of SMEs**

Per our mid-term report, our call to join the GET funded service was open from month 1 to month 22 and SMEs could apply at any time regardless of the timing of our events.

However, whenever we had an event we made an extra communication push to encourage SMEs to join the programme and present. This is what we did for all our GET Funded events during the project second term.

SMEs expressing an interest were invited to check our investors’ criteria. If they qualified, we worked with them to create an Investment Profile that covered the key deciding factors for investors to consider an SME as an interesting investment opportunity.

Once the profile created, we worked with the SMEs to select the investors they would like to focus on in our pool of 60+ investors. Profiles were then disseminated to the selected investors (usually 4 or 5), and one-on-one online meetings were proposed to investors, which included a demo of the solution and reserved time at the end of the presentation for investors’ questions and feedback for training purposes.

At the end of the 2nd period, the decision to disseminate all profiles to all our most active investors was made to increase SMEs exposure and chances for a good match.

**Task 3.3 Training**

**Online prepping with Consortium members**

Online prepping meetings happened with members of the Consortium. Participants were 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.

In the project first term, 5 companies participating in the GET Funded/GET Global session at the eHealth Forum in Athens were required to attend these online training sessions prior to the event: Aseptika · LinkCare · Medexo · PPC Hellas · VitalServices.

During the project second term, the Consortium was able to provide the same training opportunity to a lot more SMEs: 12 companies participating in the 1st EC2VC at Health 2.0 Europe 2014: Diagnose.me - Poland · Emperra GmbH E-Health Technologies - Germany · Fertility Focus Limited - United Kingdom ·
10 companies participating in the 2nd EC2VC at Health 2.0 Europe 2015: MedUniverse – Sweden · Adsum / IDI EIKON – Spain · Fertility Focus Limited – United Kingdom · Exovite GEOACTIO - Spain · Voptica – Spain · topdoctors – Spain · Doctrina – Slovenia · Mendor – Finland · MESI – Slovenia

8 companies participating in the 3rd EC2VC at Innovations and Investment in Health Care Summit (IIHC Summit) 2015: Braingaze – Spain · Infermedica – Poland · HealthComms – Ireland · Libify – Germany · Mesi – Slovenia · MySphera – Spain · OvulaRing – Germany · Yomp – United Kingdom

Prior to our online pitch-coaching session, SMEs were asked to prepare a 4 minute presentation that would be followed by 5 minutes of questions and feedback from investors at the event. They were provided a presentation template covering all the key information for investors:

- Health care challenge addressed
- Market size and dynamics
- Competition landscape
- Unique selling proposition
- Clinical validation / Commercial traction (revenues) / Adoption momentum
- Scalability
- Important partnerships
- Customer references
- Investment needs
- Investment plan
- Best exit strategy
- Team

Each SME was trained at least twice via online screenshare presentations approximately 10 days prior to the event to ensure they would address all the important pitch points and present their solutions in the best light for investors. During these rehearsals we used a timer to verify their capability to present in 4 minutes or less.

Training and pitch coaching prior to the event was not optional. The SMEs understood the importance of this step and were happy to participate in at least 2 rehearsals of approximately 30-45 minutes via online screenshare.

For those SMEs who ended up not presenting at live event but had the opportunity to meet investors in individual online session, a one-on-one rehearsal was also scheduled to make sure they were ready for their investment meetings.
Online training with investors – through one-on-one meetings

Since investors’ time and availability had proven to be very limited during the first term, we decided to combine the online training sessions with investors with actual pitches.

Live training at investors’ event

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

The following companies participated in the events below and received live training through discussion and feedback from attending investors:

12 companies participating in the 1st EC2VC at Health 2.0 Europe 2014: Diagnose.me - Poland · Emperra GmbH E-Health Technologies – Germany · Fertility Focus Limited - United Kingdom · Findmemehealth.com - United Kingdom · MédecinDirect/Sympad - France · Medexo GmbH - Germany · MediSafe - Israel · Newolo - Finland · Vivago Oy - Finland · vital.services GmbH - Germany · SilverCloud Health - Ireland · uMotif Digital Health - United Kingdom

10 companies participating in the 2nd EC2VC at Health 2.0 Europe 2015: MedUniverse – Sweden · Adsum / IDI EIKON – Spain · Fertility Focus Limited – United Kingdom · Exovite GEOACTIO - Spain · Vaptica – Spain · topdoctors – Spain · Doctrina – Slovenia · Mendor – Finland · MESI – Slovenia

8 companies participating in the 3rd EC2VC at Innovations and Investment in Health Care Summit (IIHC Summit) 2015: Braingaze – Spain · Infemerica – Poland · HealthComms – Ireland · Libify – Germany · Mesi – Slovenia · MySphera – Spain · OvulaRing – Germany · Yomp – United Kingdom

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 and October 4th, 2015 in Santa Clara). Finalist companies were offered mentoring services with renowned digital health investors. Medisafe made it to the final and won the consumer-facing category in the first edition. SilverCloud Health made it to the final and won the consumer-facing category in the second edition.

Task 3.4 Pitching events

During the second term of the project, the Consortium organized an additional 3 events - bringing the total number of events organized through the project lifecycle to 4 (as opposed to the 2 events included in the original DOW):

The 1st edition of EC2VC gathered more than 130 participants in total: 35 investors, 12 pitching companies, and over 80 additional SMEs that were invited to listen in and learn from the debate, pitch presentations and investors’ feedback. The event included 4-minute presentations from 12 investment-ready SMEs in the GET Funded programme, each one followed by 4-5 minutes of discussion/feedback from investors.

The 2nd edition of EC2VC gathered more than 110 participants in total: 35 investors, 10 pitching companies, and over 65 additional SMEs that were invited to listen in and learn from the debate, pitch presentations and investors’ feedback. The event included 4-minute presentations from 10
investment-ready SMEs in the GET Funded programme, each one followed by 4-5 minutes of discussion/feedback from investors.

The 3rd edition of EC2VC gathered more than 150 participants in total: 40 investors, 8 pitching companies, and the rest of the audience representing key stakeholders in the digital health ecosystem, including additional SMEs invited to listen in and learn from the debate, pitch presentations and investors’ feedback. The event included 4-minute presentations from 8 investment-ready SMEs in the GET Funded programme, each one followed by 4-5 minutes of discussion/feedback from investors.

**Task 3.5 On-going investor networking**

In between live events and throughout the project lifecycle, the Consortium has continued to facilitate introductions and broker exchanges between participating SMEs and digital health investors in our network. By the end of the project, we estimate that more than at least 40 companies have benefited from personal introductions and one-on-one discussions - in-person or online. Since these discussions were private and not necessarily part of a public pitch-event, the names of the companies are not disclosed here. This number is nearly as high as the number of SMEs participating in the programme because it includes startups that were too early stage to join the GET funded service but still received individual advice and personal introductions to selected investors. In the case of earlier stage startups, the introduction to investors was made as a request for an “informational” meeting in order to get their expert feedback.

**b) Highlight clearly significant results**

The main results for the second term of the project are:

**Dissemination Campaign**

Taking advantage of their extensive networks within the eHealth field across Europe, the GET Consortium has continued to plan and execute a successful dissemination campaign that has allowed the recruitment of **50+ active investors** and **41 SMEs**.

**45 Investor Profiles created - 23 additional in year 2**

In order to better match investors with SMEs that might be of interest, we’ve created investor profiles throughout the lifetime of the project. 23 additional profiles were created during the 2nd term. 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:

37celsius capital partners · AGFA Healthcare · Albion Ventures · Almi Invest · Amadeus Capital Partners · Ananda / Social Venture Fund · Artemis Healthcare Ventures · Avet Ventures · AXA Strategic Ventures · Beringea LLP · Capital Cell · Capricorn Venture Partners · Conector · DocCheck Guano AG · Endeavour Vision SA · Entrepreneurs Fund · Faraday Venture Partners · Fundació Casa Cresques · Gilde Healthcare · Health Disrupt · Healthstart · Highlands and Islands
41 SME Profiles created in total – 19 additional in year 2

The SMEs Profiles allowed investors to quickly gauge their interest in a specific solution, as they followed exactly the same format and answered all the first questions an investor would ask to make a preliminary assessment on an investment opportunity. 22 SME profiles were created during the first term of the project. An additional 19 profiles were created in year 2.

Profiles were created for the following companies:

Aseptika Limited - UK · Braingaze - Spain · Daman - Denmark · Descansare Sleep Lab - Spain · Diagnose.me - Slovakia · Doctrina - Slovenia · Emperra GmbH - Germany · Exovite - Spain · Fertility Focus - United Kingdom · Findmehealth.com - England · Galvanic Limited - Ireland · GeoActio - Spain · Healthcomms - Ireland · IDI EIKON - Spain · Infermedica - Poland · Libify Technologies GmbH - Germany · Linkcare - Spain · MédecinDirect - France · Medexo GmbH - Germany · MediSafe - Israel · Medixine Oy - Finland · Medtep - Spain · MedUniverse AB - Sweden · Mendor - Finland · myHealthbox - Italy · MySphera - Spain · Newolo - Finland · Nutrino - Israel · PCC Hellas - Greece · Px HealthCare - The Netherlands · Quantid - UK · Remente - Sweden · SilverCloud Health - Ireland · SOMA Analytics - United Kingdom · Systems Healthcare Solutions eLearning SL - Spain · TopDoctors - SPAIN · uMotif Digital Health - UK · Variowell Development GmbH - Germany · vital.services GmbH - Germany · Vivago Oy - Finland · VivoSensMedical - Germany · Yomp - United Kingdom

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.

<table>
<thead>
<tr>
<th>WP3 GET FUNDED</th>
<th>Description</th>
</tr>
</thead>
</table>
| Participants   | 41 SMEs recruited  
41 SME Profiles created and disseminated - 19 additional in year 2 |
| Investors      | 60+ European investors recruited  
45 Investor Profiles created - 23 additional in year 2 |
| Pitching events | Event 3 on November 12, 2014 in London at Health 2.0 Europe 2014  
Event 4 on May 18, 2015 in Barcelona at Health 2.0 Europe 2015  
Event 5 on September 18, 2015 in Munich at IIHC Summit |
Event 6 on October 4, 2015 in Santa Clara at the Health 2.0 Fall conference
6 events in total - 4 additional in year 2

| Online training | 40 one-on-one meetings - online or in person - between investors and SMEs 29 additional in year 2 |
| Live training   | 34 companies presented at our live events - 29 additional in year 2 |

**c) Deviations from Annex I**

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 3.3 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

<table>
<thead>
<tr>
<th></th>
<th>TBM</th>
<th>ECHA</th>
<th>FV</th>
<th>H2.0</th>
<th>SDZ</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontracting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct cost</td>
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<td>435</td>
<td>10.719</td>
<td></td>
<td></td>
<td>16.031</td>
</tr>
<tr>
<td>Indirect cost</td>
<td>2.486</td>
<td>524</td>
<td>326</td>
<td>8.209</td>
<td>665</td>
<td>12.210</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14.913</td>
<td>3.146</td>
<td>4.983</td>
<td>49.251</td>
<td>10.171</td>
<td>82.465</td>
</tr>
</tbody>
</table>

| Personmonth    | 1.52 | 0.19 | 0.84 | 5.81 | 1.27 | 9.63  |

### e) Corrective actions

None required.

### 1.3.3 WP4 GET GLOBAL service

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

This section reviews activities undertaken in the second half of the project regarding GET Global service. It also responds to the action plan after the first review meeting, highlights the results of Year 2, plus offers a final version of the service model, assessment of its outcomes and explains the sustainability actions which will be delivered.

### 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 2 of the GET Global service has achieved all of its specified objectives through the provision of one international event, an international webinar and ongoing support service for SMEs, as summarised in Table A below.

Year 2 saw a continued focus on business and market opportunities across Europe and also a focus on the US (through the EU-US Marketplaces and New York eHealth Collaborative). We also ensured further links with other EU projects including the Readi for Health EU project and the STOP&GO EU project which enabled improved understanding of potential markets and promoted inter-project knowledge sharing.
Table A: Summary of progress towards objectives of GET Global service

<table>
<thead>
<tr>
<th>GET Global service</th>
<th>GET Global Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Market insights (challenges, opportunities, specific market needs)</td>
<td>- Speaking slots in main plenary of the Health &amp; Wellness event to audience of 250+ people</td>
</tr>
<tr>
<td>- Matchmaking with potential partners and buyers and networking with key commercialisation/integration partners</td>
<td>- Opportunity for 21 SMEs to spotlight their products and services to an international audience of potential partners and buyers</td>
</tr>
<tr>
<td>- To provide expertise, resources and global network connections networking</td>
<td>- SME Branding on Health &amp; Wellness website including bio profile, photo and company logo.</td>
</tr>
<tr>
<td></td>
<td>- Most SMEs pitches recorded on video and made available post event</td>
</tr>
<tr>
<td></td>
<td>- Photo and presentations posted on event website</td>
</tr>
<tr>
<td></td>
<td>- Promotions post event to 13000 advising of presentations/video available</td>
</tr>
<tr>
<td></td>
<td>- Facilitated informal networking and connections between SMEs and potential partners and buyers</td>
</tr>
</tbody>
</table>

GET Global objectives achieved

- 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.
- Follow up the companies’ progress and provide periodic support to facilitate their development and growth.

GET global webinar: ‘eHealth business opportunities and things to consider when entering the USA market’

<table>
<thead>
<tr>
<th>GET Global service</th>
<th>GET Global support</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Market insights, for the US market (challenges, opportunities, specific market needs)</td>
<td>- Guest speaker: Dave Whittlinger, Executive Director, New York eHealth Collaborative, USA who presented about ‘eHealth business opportunities and things to consider when entering the USA market’</td>
</tr>
<tr>
<td>- Guest speaker: Dave Whittlinger, Executive Director New York eHealth Collaborative, NYeC</td>
<td>- Information provided to support access market in New Work and USA</td>
</tr>
<tr>
<td></td>
<td>- Details provided on the NYeC Accelerator programme – for SMEs</td>
</tr>
<tr>
<td></td>
<td>- Opportunity for SMEs to ask questions directly to the market expert</td>
</tr>
<tr>
<td></td>
<td>- Webinar was recorded and Dave’s presentation made available</td>
</tr>
</tbody>
</table>

GET Global objectives achieved

To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets
## GET Global – SMEs & Expert 1-2-1 sessions with US expert Dave Whitlinger, Executive Director, New York eHealth Collaborative, USA

<table>
<thead>
<tr>
<th>GET Global service</th>
<th>Approach</th>
</tr>
</thead>
</table>
| • To provide expertise, resources and global network connections to support SMEs in their prime accessing to international markets | • As a follow up to the successful webinar, the GET Global services identified 7 SMEs (6 accepted the opportunity) to benefit from a focused 1-2-1 conversation with Dave Whitlinger on USA eHealth Markets  
• SMEs were asked to produce a one page document explaining their innovation and motivation for the call and what they wanted from the session.  
• This information was studied before the call and a focused conversation on targeted opportunities were discussed. |

## GET Global objectives achieved

- 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.
- Follow up the companies’ progress and provide periodic support to facilitate their development and growth.

## Follow up with SMEs and ongoing support provided in Year 2

<table>
<thead>
<tr>
<th>GET Global service</th>
<th>GET Global support</th>
</tr>
</thead>
</table>
|                     | • 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:  
  - Over 50 meetings of the Connected Health Ecosystems in the ECHAlliance International Network (Oulu, Manchester, Northern Ireland, Republic of Ireland, Scotland, North West Coast of England, Paris, Estonia, New York, Greece, Poland)  
• Follow up emails to transfer knowledge, provide articles of potential interest to SMEs seeking to internationalise. |

## GET Global objectives achieved

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 was successfully set up in year one, this service has been maintained, reviewed and improved on in year 2. As part of the service set up we have worked to ensure there are clear processes, methods and practices to enable consistency and consideration in our activities.

GET Global contact list of SMEs has been identified, maintained and developed. This contact list has enabled efficient access to a tracking schedule of SMEs and the services they have received.

Task 4.2 – SME recruitment

Two different approaches to SME recruitment were trialled in Year 1, namely

1. A formal approach
2. An open registration process.

In Year 2 the recruitment process had matured to now include an open registration process, plus a review of SMEs known to the Get project at large who would be suitable for further Get Global opportunities.

We developed a contact list of SMEs who had engaged with the Get Global project and those which had been referred to our services from the consortia partners. This provided us with a pre-screened list of SMEs who met the criteria, meaning we could offer open registration to this cohort of contacts.

For new SMES wishing to access Get Global services we supported each new contact with a brief call to understand their requirements and to ascertain whether they met the criteria for the services. Those that didn’t would be offered a referral to one of the other Get services to support them on their journey.

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 Barcelona, Get Global webinar, 1:1s with US Market expert as well as on an ongoing basis throughout Year 2.

Get Global Services offered at Health & Wellness @ Mobile World Congress, 3 - 4 March Barcelona Spain

- Table A above presents a summary of the GET Global services provided at the event. 21 SMEs presented their innovation and services to an international audience of 350+ delegates – all of the SME Presentations on day were recorded and are available to view.

- 21 SMEs had the opportunity to network with a multi sectorial stakeholders, Health authorities and buyers at the Health vertical at Mobile World Congress – attended by 85,000 people
Get Global webinar: ‘eHealth business opportunities and things to consider when entering the USA market’ June 2015

- Table A provides a summary of the services provided at the Webinar.
- 77 SMEs registered for the session with 47 participating
- The output was communicated via the various networks to 13,000 + contacts
- As a follow up 7 SMES were offered the opportunity for a private 1-2-1 session with Dave Whitlinger to discuss their innovations and specific market opportunities

Get Global – SMEs & Expert 1-2-1 sessions with US expert Dave Whitlinger, Executive Director, New York eHealth Collaborative, USA

- Table A provides a summary of the services provided
- 7 SMEs were invited (6 participated) in a separate 20 minute, 1-2-1 sessions, with Dave Whitlinger (expert in US eHealth Markets).
- 1 SME has already planned meetings with potential buyers.

Follow up with SMEs and ongoing support provided:

- Table A provides a summary of the ongoing support provided to SMEs as part of the GET Global service.
- Over 250 SMEs have been engaged with GET Global services
- 28 SMES have received tailored, bespoke services which has included intense resource to enable progress
- To date we have recorded 18 business agreements

Full details of the events and actions described above are available in the final Get Global service model and assessment of outcomes deliverable.

a) Highlight clearly significant results

The GET Global service has continued to attract a great deal of interest from SMEs across Year 2. Full results from Year 2, including results reported by SMEs and direct SME feedback, are included in D4.3. Key highlights are:

We have received over 250 applicants to the Get Services over the lifetime of the project this included:

- 47 registered an interest in April 2014 at launch
- 18 applied to participate in the ‘GET Funded & International’ session @ eHealth Forum in May 2014
- 55 companies registered to attend the EU Marketplace in September 2014
• 67 registered for the Get Global Dave Whitlinger Webinar
• 9 pitched their business service or product in Belfast in March 2015
• Over 100 SMEs contacted us through other consortia partners, events, social media and webpage knowledge.

To date over 250 SMEs have received generic services from the GET Global services 63 have received targeted services and 28 have accessed Get Global bespoke services, making 91 the number of companies that received direct support from the service.

The expected outcome that the GET Global service was that we would deliver 15 new business agreements on international markets in the project lifetime. To date 18 SMEs have achieved international agreements, however alignment to the services offered is difficult to quantify.

b) Deviations from Annex I

There have been no major deviations from the Description of Work in Year 2, 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.

The initial outcomes expected of the GET Global service within two years – 15 new business agreements on international markets in the project lifetime – although considered to be ambitious, has been exceeded.

GET Global services can report 18 new business agreements on international markets in the project lifetime which was both a challenge and resource intensive. It is also important to mention that the agreements were achieved towards the latter part of the project indicating a 2 year run in time to achieve and deliver these through a service like this.

c) Use of resources

<table>
<thead>
<tr>
<th></th>
<th>TBM</th>
<th>ECHA</th>
<th>FV</th>
<th>H2.0</th>
<th>SDZ</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontracting</td>
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<td>Other direct cost</td>
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<td>6.772</td>
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<td>Indirect cost</td>
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<td>TOTAL</td>
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<td>17.078</td>
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<td>123.764</td>
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<tr>
<td>Personmonth</td>
<td>2.01</td>
<td>6.39</td>
<td>0.84</td>
<td>2.58</td>
<td>0.49</td>
<td>12.31</td>
</tr>
</tbody>
</table>

d) Corrective actions

None required.
1.3.4 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.

**e) 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 “D5.2 GET Deliverable 2nd reporting FILL THE GAP.pdf”

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, during the second half of the project, a European level event has been organized in Belfast help to build collaborative relationships between SMEs and healthcare purchases by providing matchmaking and networking opportunities to meet, speak with and pitch to health and care and provide access to knowledge on medicines optimisation.

In addition to objectives in the DoW, a the second European level event has been organized in Barcelona to promote the take up of 7 eHealth challenges jointly with the stakeholders and eHealth companies willing to propose digital solutions.

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. Unmet needs have been broadly disseminated, using the project dissemination channels during the whole project but especially in the second half. In addition to the approaches of the first year, more pro-active actions were put in place to encourage the development of solutions to tackle these needs. The main approaches to promote uptake during the second half of the project were:

- One to one interviews with stakeholders.
- Focus groups.
- Matchmaking and table discussions at events.
- Unmet need corner.
- One to one matchmaking.
- Cross-stakeholder meetings.
- Proposer-solver exchanges.
- Collaboration with third party initiatives

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 GET Inspired in Barcelona (Spain) in conjunction with another EU project: Fistar, and the event in Belfast, supported by the Department of Enterprise Trade & Investment.

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 has made this information publicly available, so other organizations can choose and replicate in the future their best option.

Most of the following approaches were tested during the first half of the project and also applied during the second half:

- **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.

- **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 organized following this approach.

- *What do patients and carers need in health apps - but are not getting? Meeting with patients of 5 different therapy areas - London 12th November 2014.*

- **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.

The following events have been organized following this approach.

- **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.

The following events have been organized following this approach.

  - **Iberoamerican eHealth exchange.** Organised by HIMSS Europe in Madrid, the 14th November 2014

- **On-line surveys.** Participants answered a number of questions regarding their unmet needs in Health via online survey that collects the answers.

The following actions have been organized following this approach.

  - **What do patients and carers need in health apps - but are not getting?** Online survey at international level – September & October 2014.

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 has publicly disseminated them to support other organizations if they plan follow any of these approaches for need identification.

Though the partners have collected **111 needs** during those initiatives, after the first phase of assessment the **23** most promising have published in the GET web site. 4 of them were moved to a new section called **solved requests** where the solutions founded are fully explained and linked to the source.

The published needs have been gone through a validation process described in the Action Plan. The table below states the relevant dates for the current published needs.

<table>
<thead>
<tr>
<th>Need</th>
<th>Validated by</th>
<th>Date validated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable, effective and scalable solutions for treatment adherence</td>
<td>Asensio Lopez</td>
<td>January 2015</td>
</tr>
<tr>
<td>Help to provide support in the management of screening requirements and test results for cancer patients</td>
<td>Patient View</td>
<td>December 2014</td>
</tr>
<tr>
<td>An intuitive tool that calculates carb to insulin ratios advising on next best steps, giving feedback on how proper maintenance clearly improves the health</td>
<td>Patient View</td>
<td>December 2014</td>
</tr>
<tr>
<td>A tool to provide a support package for pain management – improving upon what is already available</td>
<td>Patient View</td>
<td>December 2014</td>
</tr>
<tr>
<td>Help to manage a personal mental health crisis</td>
<td>Patient View</td>
<td>December 2014</td>
</tr>
<tr>
<td>An app to provide feedback on how treatment, care and lifestyle changes impact on health and wellbeing</td>
<td>Patient View</td>
<td>December 2014</td>
</tr>
<tr>
<td>Topic</td>
<td>Author</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Get personalized answers to patient’s non-critical issues from trusted sources</td>
<td>Jose Luis Alonso</td>
<td>December 2014</td>
</tr>
<tr>
<td>Decision support technology to assess the best initial treatment for HIV patients</td>
<td>Enrique Bernal</td>
<td>January 2015</td>
</tr>
<tr>
<td>Enable to cost-efficiently creation of apps to exchange data with EHRs</td>
<td>Alejandro Jimenez</td>
<td>February 2015</td>
</tr>
<tr>
<td>New ways to interact between the Pharmaceutical industry and the healthcare professionals</td>
<td>M. Isabel Martin Diego de Sotto</td>
<td>February 2015</td>
</tr>
<tr>
<td>Holistic and adaptive innovations to support older citizens</td>
<td>Jouko Laurila</td>
<td>February 2015</td>
</tr>
<tr>
<td>Access to trustable practical information for cancer patients</td>
<td>Jose Luis Alonso</td>
<td>December 2014</td>
</tr>
<tr>
<td>Support conditions specific to older people, like sarcopenia in the context of physical frailty</td>
<td>Jouko Laurila</td>
<td>February 2015</td>
</tr>
<tr>
<td>Personalized nutritional interventions</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>Telemonitoring system of cardiac failure patients that requires minimal user interaction</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>Intelligent video or other surveillance technology to help patients with intellectual disability or mental diseases</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>Mobile technology to support responsible alcohol consumption in youngsters</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>How can mobile technology support access to an Automated External Defibrillator when needed?</td>
<td>Dr. Ron Liebkin and Ville Koivunen</td>
<td>February 2015</td>
</tr>
<tr>
<td>Technology to support the medicine purchase for policyholders of an insurance company</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>Speed up the access to specialized treatment for patients with allergies</td>
<td>Dr. Ron Liebkin</td>
<td>February 2015</td>
</tr>
<tr>
<td>User identification to improve the remote telemonitoring of patients</td>
<td>Dr. Ron Liebkin and Ville Koivunen</td>
<td>February 2015</td>
</tr>
</tbody>
</table>

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 23 out of 111- 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 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.

According to the Action Plan delivered after the first review meeting, the second half of the project has been oriented to successful takeup, rather than the search for unmet needs. One event at European level has been organized during the second year of the project:

- GET inspired Barcelona. An event to promote the demand-driven technology development
  – Health 2.0 Barcelona, Spain 18th May 2015

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 has been 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. The replies received have been 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. Once done, the solution published in the web portal, was moved to a section called “solved requests” where solutions for that need are fully explained and linked to the source.

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 was organised at European level in the first year of the project, to promote the cost-effective exchange of information between stakeholders and potential suppliers.

None matchmaking events has been organized in the second half of the project.

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 event for the exchanges between proposers and solvers took place in Barcelona, as previously explained, during the Health 2.0 Europe conference, on May 18th.
Subtask 5.4.2 Medication Adherence. An opportunity for entrepreneurs.

Despite the planned actions under this subtask should have taken place in Finland during October 2014—as indicated in the DoW—, after the first review meeting comments and the Action Plan delivery, the consortium decided to include a deviation in this task and the event related to Medication Adherence was moved to Ireland and was organized another event, not foreseen in the Dow, where exchanges took place between proposers of needs and potential solvers (SMEs and entrepreneurs). These corrections were aligned to the new objectives for the second year, focused in the takeup rather than in the unmet need search.

The event related to Medication Adherence was moved to Ireland and held during the Northern Ireland Connected Health Ecosystem (NICH-ECO) meeting, to better take advantage of the international meeting of the ecosystem. The focus was Medicines Optimisation and brought together large industry, SMEs, policymakers, researchers, care professionals, service providers, buyers and consumers.

a) Highlight clearly significant results

The main results for the second 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.

- Several actions for need identification have been executed.
  - Unmet needs corner at the Iberoamerican eHealth exchange, organised by HIMSS Europe in Madrid, the 14th November 2014
  - Need identification prior to GET inspired Barcelona with the proposers for the event. 7 one to one interviews. 6 needs identified.

- 111 needs have been collected (the DoW target was 15), and 23 has been published in the GET web site. The complete listing can be found in deliverable 5.2

- Dissemination
  - 12 waves of dissemination has been executed. Indicator: 10,000+ emails sent with information about the needs and the resources
Publication on the GET web site about 2 eHealth procurement opportunities and 4 opportunities with eHealth challenges from other sources.

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).

20 general lessons learnt over the service delivery, and others that are approach-specific have been identified and described in the 5.2 Deliverable.

Several 3rd party actions have been carried out:

- Hackathons and University actions to promote the takeup of the unmet needs published in the website.
- GET eHealth worked with Startify7 in Sheffield, UK Digital Health Academy, by providing support to one of the teams related to one of the GET needs.

<table>
<thead>
<tr>
<th>WP5 FILL THE GAP</th>
<th>Description</th>
</tr>
</thead>
</table>
| Needs            | 111 needs identified  
|                  | 23 needs published in the GET website |
| Traction         | 14 companies working on the unmet needs collected by the project |
| Interviews       | 7 one-to-one interviews with stakeholders |
| Focus groups     | What do patients and carers need in health apps - but are not getting?  
|                  | Meeting with patients of 5 different therapy areas - London 12th November 2014 |
| Table discussions & Matchmaking | Group discussion: Medicines optimization 2 burning questions. Northern Ireland Connected Health Ecosystem (NICH-ECO) – Ireland 25th March 2015 |
| Unmet needs corner | Iberoamerican eHealth exchange. Madrid 14th November 2014 |
| Proposer-solver exchanges | GET inspired Barcelona. An event to promote the demand-driven technology development – Health 2.0 Barcelona. Spain 18th May 2015 |

b) Deviations from Annex I

The Medication Adherence event was programmed in subtask 5.4.2 was planned for October 2014 in Finland, but finally it took place in March 2015 in Ireland, as part of the NICH-ECO meeting to better take advantage of the international meeting of eHealth stakeholders, policy makers, companies, care professionals and large industry.
c) Use of resources

<table>
<thead>
<tr>
<th></th>
<th>TBM</th>
<th>ECHA</th>
<th>FV</th>
<th>H2.0</th>
<th>SDZ</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel costs</td>
<td>23,098</td>
<td>2,515</td>
<td>20,084</td>
<td>2,913</td>
<td>8,539</td>
<td>57,148</td>
</tr>
<tr>
<td>Subcontracting</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other direct cost</td>
<td>4,412</td>
<td>-</td>
<td>573</td>
<td>-</td>
<td>-</td>
<td>4,985</td>
</tr>
<tr>
<td>Indirect cost</td>
<td>5,502</td>
<td>503</td>
<td>1,446</td>
<td>583</td>
<td>598</td>
<td>8,631</td>
</tr>
<tr>
<td>TOTAL</td>
<td>33,011</td>
<td>3,018</td>
<td>22,103</td>
<td>3,495</td>
<td>9,137</td>
<td>70,764</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Personmonth</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>4.45 0.20 3.55 0.54 1.14</td>
</tr>
</tbody>
</table>

d) Corrective actions

None required

1.3.5 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 focused on the services and the repository 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.
The website, social media (Twitter, Slideshare, F6S) will be kept online by SDZ to ensure the generated content will be available at least during the next 24 months. Also new relevant content (generated by new projects and/or third parties) will be shared through the channels. The website will be modified to reflect the status of the project, and will be optimized to promote the valuable content.

Action plan items

During the 2nd period of the project, the dissemination activities were continued as before, but also a couple of extra measures were taken to re-mediate the (minor) issues that were raised during the first period review.

An online repository has been created on the GET website for sharing the best practices, methodologies, services results and other materials. This repository is an open section of the GET website and open to anyone that can benefit from that content. Throughout the whole project, more than 40 valuable reports, guides, lists and interviews were added to the repository. These were accessed, viewed and download more than 8000 times and currently new downloads and clicks are received.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Total views/downloads 02/11/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>GET on Track</td>
<td>Online resources</td>
<td>2167</td>
</tr>
<tr>
<td>Get funded</td>
<td>Online resources</td>
<td>1423</td>
</tr>
<tr>
<td>Get global</td>
<td>Online resources</td>
<td>779</td>
</tr>
<tr>
<td>Fill the gap</td>
<td>Number of access to the published unmet needs in GET web site.</td>
<td>3098</td>
</tr>
<tr>
<td>Fill the gap</td>
<td>Number of downloads of the related on-line resource.</td>
<td>823</td>
</tr>
</tbody>
</table>

The LinkedIn active approach was abandoned, and F6S was used as replacement tool. The discussion function of F6S has been used to start discussing topics with the followers on F6S. Although it has proven to be difficult too, to startup discussion, the F6S platform is more suitable to connect to other startup and SME programs. The presence of the GET project on F6S will leverage the startup community that uses that platform. The platform enables the project to interact with the community and invite them to events, webinars, bootcamps etc. using its features.

A direct link has been made available from the Menu of the GET web site (left of page) to the related F6S forum.
Activity B: Corporate identity

The corporate identity was developed in the first half of the project. Throughout the second period of the project, no changes were to the corporate identity

Activity: Website and webtools

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

Since the launch of the website it has had several revisions to meet the demand of the visitors and maximize the exposure of the services. These changes were mostly made effective in the second period of the project. This reflects to the outcome of the first review meeting in Brussels and the foreseen further development of the project and its services.

Main changes in the second year include:

- Specific area for the Fill the Gap service;
- Changed the layout of the repository and put more visibility to the repository;
- Changed the description of the services to include the latest results.

Promotion of the website, repository and published services was primarily done via Twitter and through the e-newsletter.

The web site for the project was created in November 2013 and it is active: (http://www.get-ehealth.eu).
Other tools that were used:

The GET project used e-newsletters to inform the public about the project, its goals and activities. For the management of the e-newetters Mailchimp was used.

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

**Google apps**

Several Google apps were 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 was 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, site stats and bit.ly**

To monitor the generated exposure, Google analytics, the built-in site stats and the bit.ly tool was 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 stopped using the LinkedIn group in the second half of the project. The use did not resulted in the expected impact, nor did it attract the expected target audience. The group however is still visible on LinkedIn.

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

A specific function of LinkedIn was used more frequently: SlideShare. This feature (also available seperate from LinkedIn) was used to disseminate the slides used by the GET services and gained significant results, up to 500+ views per sliddeck. Because it was not setup as a GET account from the beginning, multiple user accounts were used to disseminate. A GET account was created during the second half of the project.
In the second half of the project a lot of attention was paid to the traction of the Twitter account. Both the number of visitors and the number of retweets and likes were monitored. By retweeting from other accounts and involving important influential accounts, retweets and likes were targeted. At the end this resulted in a significant growth of the number of followers and retweets.

https://twitter.com/get_ehealth

To share both the contents added to the repository and the activity on F6S to the audience outside of the platform, a (social) media strategy has been actively managed and measured.

- each new addition to the repository has been shared through the GET media (website, F6S and Twitter) and the twitter accounts of the consortium partners;
- each new event has been promoted through GET media (website, F6S and Twitter) and the Twitter accounts of the consortium partners. Furthermore, these announcements will also be shared to other partner media such as the ISfTeH newsletter, eHealthNews.eu, EC eHealth newsletters etc. each major result will be disseminate through GET media (website, F6S and Twitter) and the Twitter accounts of the consortium partners. Furthermore, these announcements will also be shared to other partner media such as the ISfTeH newsletter, eHealthNews.eu, EC eHealth newsletters etc.

In addition, the following EC accounts have been targeted: @EU_eHealth, @EU_Health, @StartUpEU, @ICTinnovEU. For sharing purposes on social media, the following project specific hashtags will be used regarding each of the services: #getglobal, #getfunded #fillthegap #getontrack #ectovc #ehealthinvesting #crossborderehealth.

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

In the second half of the project, the support of the Startup Europe HUB was ended.

The cooperation with other FP7, Horizon2020 and other EU initiatives was continued on a one-to-one basis.

Projects such as FiCHe, Startif7, European Investors Gate, REAdi for Health, Inspire and Decipher worked with the GET project to multiply the dissemination efforts and maximize results.

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: 26
- Tweets and other messages on social media: 200+
- Publication of a press release: 1
- Publication of a e-newsletter: 3
- Other promotional product such as leaflets or banner: see WP event reports
Task 6.3 – Project dissemination events

Initially a specific closing event for the GET project was foreseen in the DOW. Due to the lessons learnt, it was decided to disseminate the closure of the project during large international event organized by third parties. It was targeted to get involved in the program of the events and disseminate the results of the projects (and its legacy) to a large relevant audience.

The events that were used for this purpose were the Ambient Assisted Living Forum in Ghent and ICT 2015 in Lisbon.

At the AAL Forum, the GET Partners joined/offered 3 sessions throughout the forum. Expertise and knowledge gained during the project was exhibited in three forum sessions:

- Taking innovation in AAL across the EU market;
- How to catch the investor’s attention;
- Reach the market: new models for business development and distribution networks.

In total ~200 participants joined the three sessions.

The GET project also joined the ICT2015 conference in Lisbon. During the presentation of the new relevant call topics, the project was asked to show the results of the project and ‘promote’ the repository among the participants.

As the topic of the session included an action that could be seen as the follow-up of the GET project, the presentation could ensure the use of the results after the lifetime of the GET project.

Task 6.4 – Monitoring and reporting

All activity has been monitored to measure if the dissemination activities are effective. If not they were changed to create more results. Taken in consideration are the number of followers and retweets on Twitter and F6S, number of downloads from the repository and the number of mentions through other third party media. The online Bit.ly tool was used to monitor the clicks on the links in the repository.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Total (NOV 2-’15)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
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</tr>
<tr>
<td>Twitter</td>
<td>Number of retweets</td>
<td>912</td>
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</tr>
<tr>
<td>F6S</td>
<td>Number of followers</td>
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<td>10.000</td>
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<tr>
<td>Website</td>
<td>Number of pageviews</td>
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<td>30.000</td>
</tr>
<tr>
<td>Repository</td>
<td>Number of views</td>
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<td>250</td>
</tr>
<tr>
<td>Newsletter</td>
<td>Subscribers</td>
<td>220</td>
<td>200</td>
</tr>
</tbody>
</table>
a) Highlight clearly significant results

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Data to collect</th>
</tr>
</thead>
</table>
| Project web site  | Number of visits: 11,760  
Visit duration: average 2.38 pages  
Top visitors: 25 February (195)  
Most popular pages: Home (4757), Get Funded (2956) Fill the Gap Service page (1981) Fill the gap unmet needs (1406), project overview (1202) |
| Social Media      | Number of followers: 451 (collective: Twitter, F6S, subscribers)  
Number of retweets and mentions: 862 |
| Project events    | Number of participants: See WPs  
Number of audience: See WPs  
Number of articles: 26 |

Numbers only include the second period gain.

b) Deviations from Annex I

Closing event

Initially a specific closing event for the GET project was foreseen in the DOW. Due to the lessons learnt, it was decided to disseminate the closure of the project during large international event organized by third parties. It was targeted to get involved in the program of the events and disseminate the results of the projects (and its legacy) to a large relevant audience.

The events that were used for this purpose were the Ambient Assisted Living Forum in Ghent and ICT 2015 in Lisbon.
a) Use of resources

<table>
<thead>
<tr>
<th></th>
<th>TBM</th>
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<th>FV</th>
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<td>1.87 0.87 0.95 1.08 6.37</td>
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b) Corrective actions

None required
## 2 Deliverables and milestones tables

### 2.1 Deliverables

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<th>Comments</th>
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<td>D1.1</td>
<td>GET Final report, and assessment and plans for sustainability of each service.</td>
<td>1</td>
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<td>1</td>
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<td>PU</td>
<td>24</td>
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<td>PU</td>
<td>24</td>
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## 2.2 Milestones

### Milestones

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<th>WP no.</th>
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<td>1</td>
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<td>FINAL Report on services, their delivery models, sustainability and outcomes.</td>
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<td>4</td>
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<td>13.11.2014</td>
<td>Report on event outcomes is included in Final GET Funded deliverable.</td>
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<td>MS7</td>
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<td>List delivered in deliverable D4.2.</td>
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<td>MS8</td>
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<td>MS11</td>
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<td>25.09.2015</td>
<td>Information on event outcomes is included in Dissemination Final report.</td>
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2nd PROJECT PERIODIC REPORT

Grant Agreement number: 611709
Project acronym: GET
Project title: GET: Global eHealth Transforming services
Funding Scheme: FP7 – ICT – 2013 - 10
Periodic report: 1st □ 2nd X
Period covered: From 1st October 2014 to 30th September 2015

Name, title and organisation of the scientific representative of the project’s coordinator:

JORGE GONZALEZ OLALLA. TICBioMed Manager
Tel: +34 657 847 238
Fax: +34 902 539 222
E-mail: jorge.gonzalez@ticbiomed.net

Project website: www.get-ehealth.eu
INDEX

1.1  Project management during the period (TICBioMed) ................................................................. 1
1.1 Project management during the period (TICBioMed)

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 officers to discuss the project progress. In particular, it has had a number of phone calls and physical meetings with Mr. Luuk Borg (last officer out of the three that the GET project has been appointed to) to assess progress and investigate further collaboration opportunities with other EC initiatives, like the Innovation Radar, Startup Europe and others.

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

TICBioMed, as GET coordinator, has delivered the grant agreement payment. Regarding the second reporting period, TICBioMed has supported the delivery of the financial statements of the GET partners and the summary financial report.

TICBioMed has collected necessary input from the partnership and has prepared 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 at least once a month through the Google Hangout system to update the on-going process of the GET project. The objective of these meetings 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 2 meetings have been organized in Year 2:

- Belfast (UK). 3rd GA on the 26th March 2015
- Barcelona (Spain). 4th GA on the 10th September 2015

The executive board has met on-line at least monthly 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/](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 though the web website and the GET consortium channels

- HAVISIO (http://haivisio.eu/)

HAVISIO 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 and FI-STAR co-organized the GET Inspired even under the FILL the Gap service.

- Health2market (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/](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.

- **Startify** ([www.startify7.eu](http://www.startify7.eu))

Startify offers 7 start-up summer schools (2015/2016) in Europe on Information and Communications Technologies for young aspiring entrepreneurs. Consortium member TIC Biomed joined the Startify eHealth Academy in July 2015 and promoted the unmet needs.

- **eHealth Hackathon strasbourg** ([http://hackinghealth.camp/](http://hackinghealth.camp/))

Hacking Health Camp is a global event for all people interested in health innovation, inspiring health professionals, patients, developers, hackers, designers and UX researchers about their common amazing possibilities in tomorrow’s health. The GET list containing the unmet needs was promoted among the participants. Also the direct interaction with the participants with similar unmet needs, was done through conference calls.

- **Epilepsy Hackathon Health Startup** ([www.healthstartup.eu](http://www.healthstartup.eu))

The hackaton was promoted through the GET media channels.

- **FiCHE** (F6S.com/fiche)

The Future Internet CChallenge eHealth is the FIWARE accelerator, supporting 80 startups and SMEs to create a marketready product of service using FIWARE technology. Throughout the phases of the acceleration period (until May 2016) all GET knowledge and repository items were shared with the startups and SMEs to support them. Also the GET services were open to them and they were promoted via direct messages and through F6S.

- **European investor gate** ([http://www.eig-project.eu/](http://www.eig-project.eu/))

European Investor Gate offers hands-on services for researchers, founders and start-ups. The content developed by the European Investor Gate project was added to the GET repository and promoted through the GET channels.

- **Patient View**

For the Fill the Gap service, the GET project worked together with Patient View to identify unmet needs.

- **Stop and Go** ([http://stopandgoproject.eu/](http://stopandgoproject.eu/))
The Stop and Go project, a EU funded PCP, was promoted among the GET target audience. Not only via the media channels, but also via one-2-one meetings.

- **Decipher** ([http://www.decipherpcp.eu/](http://www.decipherpcp.eu/))

Mutual communication of GET and Decipher projects. The Decipher project participated in the Health & Wellness event in Barcelona 2015 and also promoted the Barcelona H2.0 event for SMEs. Decipher also promoted SMEs to engage with GET activities

- **Inspire** ([http://inspirecampus.eu/](http://inspirecampus.eu/))

Mutual communication of GET and Inspire projects. Inspire promoted the Barcelona H2.0 event to encourage SMEs to attend. Participated in the Health & Wellness event Barcelona 2015

- **Other project collaborations**

With the following projects, the GET project shared the GET repository items with and cross-promote events and activities: European Youth Award, Digistart project, ePlus Ecosystem project, Startup Scaleup, Twist project and the Nordic Independent Living Challenge.

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

None

**b) Changes in the consortium, if any;**

None

**c) List of project meetings, dates and venues;**

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<th>Title</th>
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<td>EC2VC #1 at Health 2.0 Europe 2014</td>
<td>2014/11</td>
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<td>2</td>
<td>Patients meeting during Health 2.0 London</td>
<td>2014/11</td>
<td>London</td>
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<td>3</td>
<td>Iberoamerican eHealth exchange. Organised by HIMSS Europe</td>
<td>2014/11</td>
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<td>4</td>
<td>Nordic Health Technology &amp; eHealth Forum 2015</td>
<td>2015/01</td>
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<td>5</td>
<td>Health &amp; Wellness @ Mobile World Congress</td>
<td>2015/03</td>
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<td>6</td>
<td>Fill the Gap, Medicines Optimisation Belfast, Northern Ireland</td>
<td>2015/03</td>
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<td>7</td>
<td>‘GET on Track: Start up SMEs do business in health’ @ Northern Ireland Connected Health Ecosystem</td>
<td>2015/03</td>
<td>Belfast UK</td>
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<td>8</td>
<td>Challenge using the methodology of identifying unmet needs in the hospitals @NVZ, dutch association of hospitals</td>
<td>2015/03</td>
<td>Utrecht</td>
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<td>9</td>
<td>Get on Track. Barcelona event during Health 2.0 Conference</td>
<td>2015/05</td>
<td>Barcelona</td>
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</table>
d) Project planning and status;

The project execution follows the plan described in the DoW and in the Action Plan.

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

None

f) 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

g) Development of the Project website, if applicable;

See above WP6, Dissemination.
2nd PROJECT PERIODIC REPORT

Grant Agreement number: 611709
Project acronym: GET
Project title: GET: Global eHealth Transforming services
Funding Scheme: FP7 – ICT – 2013 - 10
Periodic report: 1st □ 2nd X
Period covered: From 1st October 2014 to 30th September 2015

Name, title and organisation of the scientific representative of the project’s coordinator:
JORGE GONZALEZ OLALLA. TICBioMed Manager
Tel: +34 657 847 238
Fax: +34 902 539 222
E-mail: jorge.gonzalez@ticbiomed.net

Project website: www.get-ehealth.eu
INDEX

1 Publishable summary ................................................................. ¡Error! Marcador no definido.

2 Core of the report for the period.................................................. ¡Error! Marcador no definido.
2.1 Project objectives for the period............................................... ¡Error! Marcador no definido.
2.2 Summary of recommendations and actions.............................. ¡Error! Marcador no definido.
2.3 Work progress and achievements during the period ............... ¡Error! Marcador no definido.
   2.3.1 WP2 GET on track service .............................................. ¡Error! Marcador no definido.
   2.3.2 WP3 GET FUNDED service .......................................... ¡Error! Marcador no definido.
   2.3.3 WP4 GET GLOBAL service .......................................... ¡Error! Marcador no definido.
   2.3.4 WP5 FILL THE GAP service ....................................... ¡Error! Marcador no definido.
   2.3.5 WP6 DISSEMINATION ................................................. ¡Error! Marcador no definido.
2.4 Project management during the period (TICBioMed) ............ ¡Error! Marcador no definido.

3 Deliverables and milestones tables........................................... ¡Error! Marcador no definido.
3.1 Deliverables ..................................................................... ¡Error! Marcador no definido.
3.2 Milestones ....................................................................... ¡Error! Marcador no definido.

4 Explanation of the use of the resources and financial statements ................................................. 2
4.1 Form C ........................................................................ 15
4.2 Summary Financial report ....................................................... 16
1 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 the project, including the transfer of budget between categories, form personnel to other direct costs, requested on the 3rd December 2014 and approved on 13th March 2015.

TICBioMed have used 13,69 person months (PM) across all Work Packages, compared to the 11,69 PM originally planned, this is an additional 2 PM due to a major involvement in WP2 and WP6. Nevertheless, the increase of person months had not affected the claimed personnel cost due to the involvement of personnel with lower personnel rates.

As for direct cost, all costs related to consortium meetings and events organisation amount a total of 9,976€. Also in this category are included the Advisory Boards costs for 13,000 €. In this category there is adjustment of -2,909€ as VAT was included in the first reporting period and some direct cost from first period were moved to the subcontracting category.

As for subcontracting, cost is of 5,060€ related to WP6 objectives. In this category there is adjustment of 2,125€ as VAT was included in the first reporting period and some direct cost were moved to subcontracting.

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<th>WP5</th>
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<td>5,060</td>
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<td>13,298</td>
<td>14,722</td>
<td>29,435</td>
<td>16,424</td>
</tr>
</tbody>
</table>

On a Work Package basis, WP1 has been as planned with a use of 1,53 person month, quite in line with the resources planned, undertaken by (0.65PM) Jorge Gonzalez (Project coordinator), (0.41 PM) Myriam Martín (Project manager) and (0.49PM) M Dolores Salinas (team member and coms manager). Also included here are:

- 06 11 2014. Brussels (Belgium) First review meeting with EC, travelling Myriam Martin (Project manager)
- 23 11 2014. Brussels (Belgium) F2 concertation meeting at the EC, travelling Jorge Gonzalez (Project coordinator), Myriam Martín (Project manager).
• 24 to 25 03 2015. Belfast (Northern Ireland). Get on track session and 3rd consortium meeting, travelling Jorge Gonzalez (Project coordinator) and Myriam Martin (Project manager) [137 €]

• 09 09 2015. Barcelona (Spain). 4th and final consortium meeting, travelling Jorge Gonzalez (Project coordinator), Myriam Martín (Project manager), M Dolores Salinas (team member and coms manager) [718 €]

• 18 11 2015. Brussels (Belgium) 2nd review meeting, travelling Jorge Gonzalez (Project coordinator), Myriam Martín (Project manager) [696 €]

Regarding the **WP2, GET ON TRACK**, efforts have been higher than planned as TICBioMed has used 2,28 PM compared to the 1,86PM planned for the second period, split as follows: 0,78 Jorge Gonzalez (Project coordinator), 0,48 Myriam Martín (Project manager), 0,68 M Dolores Salinas (team member and coms manager) and 0,34 Raquel Gomez (team). The deviation of 0,42 PM is the result of the efforts in setting additional events and to better test the service. Also, the one-to-one coaching, has been quite intensive and required the support of the whole TICBioMed team.

The events organised are as follows:

• 24 to 25 03 2015. Belfast (Northern Ireland). Get on track session, travelling Jorge Gonzalez (Project coordinator) and Myriam Martin (Project manager) [137€]

• 11 to 13 05 2015. Riga (Estonia). Get on track training session at the eHealth week, travelling Jorge Gonzalez (Project coordinator) and M Dolores Salinas (team member and coms manager) [1.278€]

Direct cost also includes payment of the member of the Advisory Board Ron Liebkind

As for **WP3, GET FUNDED**, TICBioMed has allocated the expected resources, 1,52PM, aligned with the resources planned of 1,52PM, with this breakdown: 0,49 Jorge Gonzalez (Project coordinator), 0,51 Myriam Martín (Project manager), 0,52 M Dolores Salinas (team member and coms manager)

The resources also included all expenses linked to:

• 11 to 12 11 2014. London (UK). Get funded event at "Health2.0 event ECtoVC", travelling Jorge Gonzalez (Project coordinator) and Myriam Martin (Project manager).

• 18 09 2015. Munich (Germany). Get funded session at 3rd edition of the GET Funded EC to VC pitch event with private eHealth investors, travelling Jorge Gonzalez (Project coordinator)

Direct cost also includes payment of the member of the Advisory Board Rosie Cunningham

Resources from TICBioMed regarding **WP4 GET GLOBAL** are aligned with figures planned and sum up 2,01 PM. Again, all TICBioMed team in involved in this work package: 0,91 Jorge Gonzalez (Project coordinator), 0,60 Myriam Martín (Project manager), 0,50 M Dolores Salinas (team member and coms manager)
Direct cost is directly linked to the participation of Dave Whitlinger as member of the Advisory Board.

TiCBioMed has lead the **WP 5 FILL THE GAP** and all team has been involved in the implementation of the actions. TiCBiommed has allocated 4,45 PM, with this breakdown: 1,34 Jorge Gonzalez (Project coordinator), 1,46 Myriam Martin (Project manager), 1,03 M Dolores Salinas (team member and coms manager) and 0,63 Raquel Gómez (team). This figure is slightly higher than the 3,96PM planned due to a higher number of events organised.

TiCBioMed has done an effort to better implement the methodology and get feed-back to improve it and, in order to do so, the following events have been organised:

- 11 to 12 11 2014. London (UK). Get funded event at “Fill the gap session with patients”, travelling Jorge Gonzalez (Project coordinator) and Myriam Martin (Project manager). It also includes logistic expenses such as room rental and catering.
- 14 11 2014. Madrid Spain. Fill the gap session at "HIMSS CIO Summit", travelling M Dolores Salinas (team member and coms manager)
- 09 03 2015. Brussels (Belgium). Fill the gap session at European Summit on Innovation for Active & Healthy Ageing, travelling Jorge Gonzalez (Project coordinator)
- 18 to 19 05 2015. Barcelona (Spain). Fill the gap session at Health 2.0 event, Jorge Gonzalez (Project coordinator) and M Dolores Salinas (team member and coms manager). It also includes logistic expenses such as catering and security.

As in the other WP, direct cost includes second payment to Sandra Bates as member of the GET Advisory Board.

Finally, in **WP6 DISSEMINATION**, TiCBioMed has committed significant resources 1,87 MM, split as 0,29 Jorge Gonzalez (Project coordinator), 0,34 Myriam Martin (Project manager), 1,24 M Dolores Salinas (team member and coms manager). This is 1,06 PM on top of the budgeted 0,81PM due to the involvement in the development of the contents in the website, particularly the WP5 Fill the gap section. TiCBioMed has worked jointly with Digitalezorg.nl in the dissemination activities through its network. Also website postings, Twitter announcements and mailings.

Direct cost includes the trip to Ghent (Belgium) on the 23 09 2015 as a closing session at the AAL Forum, travelling Jorge Gonzalez (Project coordinator).

Also included the payment to the members of the Advisory board Jos Raaphorst and Rajendre Khargi.

**Partner 2: European Connected Health Alliance (ECHAlliance)**

Budget and resources were effectively managed during the project and allocated budget was fully utilised; we delivered against all objectives. The budget overspend was forecast and expected as a result of the very high currency exchange between ‘Sterling £ to Euro €’ rates, some use of higher rate personnel for part of the project, training replacement team member
owing to maternity leave and additional effort allocated to ensure delivery against objectives. The budget overspend has not affected the amount claimed and is managed at our own risk.

ECHAlliance utilised 9,94 man months to deliver the results for the project, across all work packages. The main effort spent was against WP4 GET Global, for which we acted as WP lead. ECHAlliance supported all WPs as required.

<table>
<thead>
<tr>
<th>WP1</th>
<th>WP2</th>
<th>WP3</th>
<th>WP4</th>
<th>WP5</th>
<th>WP6</th>
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**WP1 Project Management.** A total of 0.48 person months split as follows 0.12 (Paula Dougan, Team member), 0.18 (Liz Ashall-Payne, Team team), 0.18 (Damian O’Connor Project Manager)

Direct cost included consortium meeting, review meeting and numerous project team calls.

- 23 Nov 14 - Brussels (Belgium) 2nd consortium meeting at the EC, traveller Paula Dougan (Project team member) [€649]
- 24 - 25 Mar 15 - Belfast (Northern Ireland). 3rd consortium meeting, traveller Damian O’Connor (Project Manager) [€358]
- 09 Sep 15 - Barcelona (Spain). 4th and final consortium meeting, traveller Damian O’Connor (Project Manager), Liz Ashall-Payne, (Project team member) [€994]
- 18 Nov 15 - Brussels (Belgium) Final Project Review with EC, traveller Liz Ashall-Payne, (Project team member)

**WP2. GET ON TRACK.** A total of 1.82 person months split as follows 0.13 (Liz Ashall-Payne, Team team), 0.12 (Damian O’Connor, Project Manager), 0.95 (Paula Dougan, Team member), 0.62 (Heather Smith, Team member).

Direct cost included the GET on Track events related in Belfast Northern Ireland March 2015 & the event in Barcelona Spain in May 2015.

- 25 March 2015 - GET on Track Belfast Northern Ireland, traveller Liz Ashall Payne (Project team member); Julien Venne, (Project team member) [€693]

**WP3 GET FUNDED.** A total of 0.19 person months split as follows 0.12 (Liz Ashall-Payne, team member), 0.07 (Damian O’Connor, Project Manager)

Direct cost included
• 18 - 19 May 2015 - Health 2.0 & GET Workshop Barcelona Spain, traveller Liz Ashall Payne, (Project team member) [€435]

**WP 4 GET GLOBAL.** The ECHAlliance team fully engaged with this WP and was WP lead and time spent reflected the effort required to manage the many SME interactions and support for the range of events.

Working to develop the service and provide meaningful one-to-one support was quite time intensive and required the support of 6,39 person months split as follows 1,86 (Liz Ashall-Payne, Team team), 0,89 (Damian O’Connor, Project manager), 2,03 (Paula Dougan, Team member), 1,5 (Julien Venne, Team member), 0,10 (Heather Smith, Team member)

Direct Costs includes

- 01-05 Mar 2015 - Health & Wellness @ Mobile World Congress 2015 – Barcelona Spain, traveller Damian O’Connor (Project manager) [€1826]
- 09-10 Mar 2015 –Brussels Belgium - EIP Active Healthy Ageing EC event - GET Speakers’ Corner, traveller Julien Venne (Project team member) [€465]
- 11-13 May 2015 –eHealth Week - Riga Latvia – traveller Damian O’Connor (Project manager) [€828]

**WP5 – FILL THE GAP.** Minimal effort required from ECHAlliance in year 2 and amounted to 0,20 person months split as follows 0,08 (Liz Ashall-Payne, Team team), 0,12 (Damian O’Connor, Project manager)

No direct cost although ECHAlliance supported the WP through connections and contacts, as well as the physical meeting in March in Belfast (Northern Ireland).

**WP6 – DISSEMINATION.** A total of 0,87 person months split as follows 0,19 (Damian O’Connor, Project manager), 0,67 (Heather Smith, Team member), 0,01 (Liz Ashall-Payne, Team member)

- The direct cost refers to the printing of flyers for promotional activities at the March 2015 Health & Wellness event Barcelona (Spain) and May 2015 eHealth Week - Riga Latvia [€219]

**Partner 3: FORUM VIRIUM**

The budget of Forum Virium was exceeded with 2 232 € and the reason is that after first review project started new additional activities. FV prepared the online manual with Liz Ashall-Payne from Connected Health Alliance. FV was also organizing Get on Track event in Barcelona on May 2015.
Addition FV adjusted the reporting of the first period and added 5,706 € personnel cost. The reason was the incorrect multiplier which FV was used when the monthly working hours were calculated. The multiplier variates by person’s working experience.

<table>
<thead>
<tr>
<th></th>
<th>WP1</th>
<th>WP2</th>
<th>WP3</th>
<th>WP4</th>
<th>WP5</th>
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<td>4,983</td>
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**WP 1 Management** personnel cost is 186 €, corresponding 0,04 PM from Jaana Bergbom (administration)

Also, direct cost refers to the participation to following events:

- Consortium meeting 24-27 March 2015, in Belfast, travel cost 668 €, Jaakko Ikävalko
- Consortium meeting in Barcelona 9.10.2015, travel cost 707 €, Jaakko Ikävalko
- Review meeting 17-18 Nov 2015, travel cost to Brussels, Marja Mattila

Regarding **WP2 Get on Track**, personnel cost is 33,411 € corresponding to 5,47 PM from Jaakko Ikävalko (project management), Kaisa Sibelius (project management), Pauliina Smeds (communication manager), Elizabet Ashall-Payne (eHealth Specialist)

The direct cost corresponds to the events organised are as follows:

- Get on Track event in Belfast 24-27 March 2015: travel cost 668 €, Jaakko Ikävalko
- Get on Track event in Barcelona 17-20 May 2015, organizing expenses 1908 €

**WP 3 Get Funded** personnel cost is 4,657 €: 0,84 PM Jaakko Ikävalko (project management)

**WP4 Get Global** personnel cost is 4,657 €: 0,84 PM Jaakko Ikävalko (project management)

**WP 5 Fill the Gap** personnel cost is 20,084 €, 3,55 PM 47 PM Jaakko Ikävalko (project management), Kaisa Sibelius (project management), Pauliina Smeds (communication manager)

The direct cost refers to the event:

- Fill the Gap event in Barcelona 17-20 May 2015, travel cost 573 €, Jaakko Ikävalko

**WP 6 Dissemination** personnel cost is 5,983 €, 0,84 PM Marja Aho-Pynttäri (assistant), Jaana Bergbom (administration), Silja Peltonen (administration), Jaakko Ikävalko (project management), Pauliina Smeds (communication manager).
Partner 4: HEALTH 2.0

Overall, the use of resources is as should be expected at the closure of the project. Health 2.0 have used 10,87 person months (PM) across all Work Packages, out of 10,24 remaining person months budgeted for the 2nd period, which represents a deviation of 0,63 person months.

As for direct costs, related to consortium meetings (1.234€) and events organisation (10,719€), the total amount for this second period is 11,953€.

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<th>WP4</th>
<th>WP5</th>
<th>WP6</th>
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</table>

Health 2.0’s participation in WP1 activities for the period were in line with the resources planned, represented 0,33 MM and included 2 people: Matthew Holt (Project manager - 0,14PM) and Pascal Lardier (Project coordinator - 0,19PM). The deviation is of 0,08 PM.

Also included in this financial report are the following direct costs associated with WP1:

- 25 to 27/03/2015, Belfast, 3 days, 3rd Consortium Meeting. One person travelling: Pascal Lardier, Project coordinator [449€]
- 09 to 11/09/2015, Barcelona, 3 days, 4th and final Consortium Meeting, one person travelling: Pascal Lardier, Project coordinator [785€]

Health 2.0’s participation in WP2 activities for the period were in line with the resources planned, represented 0,53 MM and included 3 people: Matthew Holt (Project manager - 0,11PM), Pascal Lardier (Project coordinator - 0,29PM) Rebeka Gyorfi (Team member - 0,13PM). The deviation of 0,04 PM.

Health 2.0’s lead of WP3 activities for the period were in line with the resources planned, represented 5,81 MM person month and included 4 people: Matthew Holt (Project manager - 0,96PM), Pascal Lardier (Project coordinator - 3,87PM) Rebeka Gyorfi (Team member - 0,30PM) and Aline Noizet (Team member - 0,68PM).

The deviation of 0,31 PM is mainly due to the increase in the number of pitch events organized from the original DOW, and the production of comprehensive online resources including the Practical Guide to Getting Funded.

Also included in this financial report are the following direct costs associated with WP3:

- 23 to 25/06/2014, 3 days, London, DHF14 (Digital Health Forum 2014), 1 person travelling: Pascal Lardier, Project coordinator [1126€]
10 to 13/11/2014, 4 days, London, EC2VC #1 (1st edition of GET investor networking event EC2VC), 3 people travelling: Matthew Holt - Project manager, Pascal Lardier - Project coordinator, and Rebeka Gyorfi – Team member [2142€]

12/11/2014, London Mermaid Invoice I04004, Room rental (£500 or 644€) and catering (£234 or 301€) for EC2VC #1 (1st edition of GET investor networking event EC2VC)

19 to 26/11/2014, Santa Clara - CA, 7 days, Traction investor networking event, one person travelling: Pascal Lardier, Project coordinator [1023€ - only directly associated costs included]

16 to 19/05/2015, Barcelona, 4 days, EC2VC #2 (2nd edition of GET investor networking event EC2VC), 4 people travelling: Matthew Holt - Project manager, Pascal Lardier - Project coordinator, Aline Noizet – Team member, and Rebeka Gyorfi – Team member [2456€]

18-05-2015, Barcelona, Venue Invoices CCW5095.15 (AV Equipment, Technical Assistance and Catering: 1299€) and CCW1078.15 (Room rental: 400€) for EC2VC #2 (2nd edition of GET investor networking event EC2VC) and associated Investors Networking Breakfast [1699€]

29/06 to 01/07/2015, Lausanne, 3 days, Health Tech Summit investor networking event, one person travelling: Pascal Lardier, Project coordinator [709€]

17 to 19/09/2015, Munich, 3 days, EC2VC #3 (3rd edition of GET investor networking event EC2VC), One person travelling: Pascal Lardier, Project coordinator [619€]

Health 2.0’s participation in WP4 activities for the period were in line with the resources planned, represented 2.58 MM and included 3 people: Matthew Holt (Project manager - 0.63PM), Pascal Lardier (Project coordinator - 1.83PM) and Rebeka Gyorfi (Team member - 0.13PM). Deviation of 0.08 PM.

Health 2.0’s participation in WP5 activities for the period were in line with the resources planned, represented 0.54 MM and included 3 people: Matthew Holt (Project manager - 0.16PM), Pascal Lardier (Project coordinator – 0.31PM) and Rebeka Gyorfi (Team member - 0.06PM). Deviation of 0.04 PM.

Health 2.0’s participation in WP6 activities for the period were in line with the resources planned, represented 1.08 MM and included 2 people: Pascal Lardier (Project coordinator – 0.56PM) and Rebeka Gyorfi (Team member - 0.01PM). Deviation of 0.08 PM.

Partner 5: Stichting Digitalezorg.nl

The use of resources was in total as expected, taking in consideration the comments after the first period review. Across the different work packages there were some changes in focus, but overall the extra effort put in to the project, was directed to the main work package for Stichting Digitalezorg.nl: WP6 Dissemination.
Stichting Digitalezorg.nl has used 14.41 person months (PM) across all Work Packages, compared to the 12.75 PM originally planned, this is an additional 1.66 PM due to a scale-up of effort in WP2 and WP6. The extra effort was executed by junior and senior level staff.

The direct costs for Stichting Digitalezorg.nl were higher for WP1 and WP2. The costs incurred due to the several consortium meetings, including the number of staff traveling exceeded the planned costs. Also the number of staff traveling and executing on the Business Models bootcamps, exceeded the plan.

No subcontracting was foreseen for Stichting Digitalezorg.nl

<table>
<thead>
<tr>
<th>WP1</th>
<th>WP2</th>
<th>WP3</th>
<th>WP4</th>
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<th>WP6</th>
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<td>10.171</td>
<td>3.898</td>
<td>9.137</td>
<td>32.465</td>
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</table>

On a Work Package basis, WP1 has been as planned with a use of 0.24 person month, quite in line with the resources planned, undertaken by (0.14PM) Paul Pelsmaeker (Project Manager), (0.10 PM) Martijn Claus (Team Member). Also included here are related travel costs and expenses:

- 06 11 2014. Brussels (Belgium), First review meeting, travelling Paul Pelsmaeker (Project Manager) [145 €]
- 09 09 2015. Barcelona (Spain). 4th and final consortium meeting, travelling Paul Pelsmaeker (Project Manager), Martijn Claus (Team Member), Maaike Witjes (Team Member) [2.233 €]
- 18 11 2015. Brussels (Belgium) 2nd review meeting, travelling Paul Pelsmaeker (Project Manager) [90 €]

Stichting Digitalezorg.nl has used more resources on WP2, GET ON TRACK than planned. In total 4.90 PM was used; 3.24 PM was planned. Planned was the two bootcamps (Luxembourg and Riga), performed by two senior staff members. But scheduled was an extra trial session in Zwolle. To promote and organize the bootcamps and recruit participants, some extra staff members were allocated, although with a low hourly rate.

Furthermore, some extra effort was used for one-to-one coaching, (Cologne and Nijmegen)

In total the resources used for WP2 were: (1PM) Elles Lohuis (Bootcamp leader) and (0.45PM) Ruud Janssen (Bootcamp leader), (1.5PM) Paul Pelsmaeker (Project Manager), (0.73PM) Martijn Claus (Team Member), (0.22PM) Maaike Witjes (Team Member) and (1PM) Jo-Ann Heidekamp (Team Member)

The events organised are as follows:
- 22 to 23 02 2015. Luxembourg (Luxembourg). Get on track training session at Med-e-Tel, travelling Elles Lohuis (Bootcamp leader) and Ruud Janssen (Bootcamp leader) [1.508 €]
- 11 to 13 05 2015. Riga (Estonia). Get on track training session at the eHealth week, travelling Elles Lohuis (Bootcamp leader), Paul Pelsmaeker (Project Manager), Maaike Witjes (Team Member) [2.545 €]
- Furthermore, some traction meetings were scheduled with Tavla in Cologne and the participants of Rockstart Digital Health Accelerator in Nijmegen. Both were attended by Paul Pelsmaeker (Project Manager) [400 €]

WP3, GET FUNDED, required less PM than planned. Although supporting the work package leader with the dissemination activities, less involvement in practical support was needed. The planned resources of 1,74PM, was not reached with only using 1.27PM in the second period. This broken down in (0,27PM) Paul Pelsmaeker (Project Manager), (1,00PM) Martijn Claus (Team Member).

As planned no direct costs was used in this work package.

Same result for the resources used regarding WP4 GET GLOBAL. Less resources were used for the second period. Again supporting the work package leader with dissemination and promotion support, no other involvement was scheduled. The planned resources of 0,75PM, was not reached with only using 0,49PM in the second period. This broken down in (0,20PM) Paul Pelsmaeker (Project Manager), (0,29PM) Martijn Claus (Team Member).

As planned no direct costs was used in this work package.

Stichting Digitalezorg.nl has supported TICBioMed as the WP 5 FILL THE GAP leader. TICBioMed did not request all planned resources to support the effort besides the dissemination activities. Therefore, less resources were used compared to the planned total. The planned resources of 1,62PM, was not reached with only using 0,49PM in the second period. This broken down in (0,20PM) Paul Pelsmaeker (Project Manager), (0,29PM) Martijn Claus (Team Member).

As planned no direct costs was used in this work package.

The most amount of used resources was for in WP6 DISSEMINATION. In total 5,17PM was planned for this work package and after closing the second period in total 6,37 was used. After the first period review, the suggestion was made to put more effort in dissemination and create significant results. As a response to this suggestion, more structured planned activities were executed and extra staff members, with lower PM-rate, were activated to work in this work package.

Form the total resources used, the split among the team members is as follows: (1,75pM) Paul Pelsmaeker (Project Manager), (1,13PM) Martijn Claus (Team Member), (1,00PM) Maaike Witjes (Team Member) and (2,49PM) Jo-Ann Heidekamp (Team Member)

- Direct cost includes the travelling to Ghent (Belgium) on the 23 09 2015 as a closing session at the AAL Forum, Paul Pelsmaeker (Project coordinator) [200 €] as well as
travelling to London for covering the dissemination activities at Health 2.0 London,
Paul Pelsmaeker (Project coordinator) [878 €]
- Other direct costs include graphical work by Sites & Search [962 €], Event & Media
  publications by Fenceworks [1,331 €]

a) Consolidated tables

Global partners overview year 2

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<th></th>
<th>TBM</th>
<th>ECHA</th>
<th>FV</th>
<th>H2.0</th>
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| Person months | 13.69 | 9.95  | 11.69 | 10.87 | 14.41 | 60.61  |

WP Global overview year 2

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<th>WP3</th>
<th>WP4</th>
<th>WP5</th>
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| Person months | 2.65 | 15.00 | 9.63 | 12.31 | 9.88 | 11.14 | 60.61 |
## Differences claimed Y1 and Y2 and total budget

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**TOTAL per Beneficiary**

|    | 16.31| 13.68 | 28.00 | 7.32 | 9.95 | 17.50 | 8.95 | 11.69 | 18.50 | 10.26 | 10.87 | 20.50 | 4.75 | 14.41 | 17.50 | 47.59 | 60.60 | 102.00 |

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| DEV| 2.31 | 0.33  | > 2.99     | 1.43  | 1.20  | > 2.63    | 0.23 | 0.30  | > 2.44    | 2.14 | > 0.01 | > 0.62    | 0.63  | > 5.66 | > 1.66    | 3.41  | > 9.60 | > 6.19    |

P1=Year 1, P2= Year 2, Planned=PM in DoW. In green deviations
1.1 Form C
1.2 Summary Financial report

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

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Requested EC contribution for the reporting period (in €) 471,331