



D7.8 BEYONDSILOS & D8.5 CAREWELL JOINT FINAL CONFERENCE

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Document information

Organisation responsible

HIM SA

Authors

John Oates (HIM SA)

Contributing partners

Christin Melle (Kinzigtal)
Dan Davies (Powys)
Stefano Gris (Veneto)
Guido Iaccarino (Campania)
Adriano Fernandez (Amadora)
Jordi Piera (BSA)
Lucas Donat (Valencia LAFé)
Malte von Tottleben (empirica)
Mayte Hurtado (HIM SA)

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Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise.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

Executive summary

This deliverable reports on the joint CareWell and BeyondSilos Final Conference held in Barcelona on 28th February 2017.

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1 Introduction

1.1 Purpose of this document

This deliverable reports on the joint BeyondSilos and CareWell Final Conference held in Barcelona on 28th February 2017.

1.2 Glossary

CR	Care Recipient
CRB	Committed Regions Board
DoW	Description of Work
IAB	Industry Advisory Board
EIP AHA	European Innovation Partnership on Active and Healthy Ageing
GP	General Practitioner
HCP	Health Care Professional
ICT	Information & Communication Technologies
IPR	Intellectual Property Rights
ISB	Internal Scientific Board
Mupi	Mobilier Urbain pour l'Information or Urban Furniture Information
NGO	Non-Governmental Organisation
PTHB	Powys Teaching Health Board
UAB	User Advisory Board

2 Conference details

2.1 Conference Venue and Programme

The final conference was held on 28th February 2017 at:

CosmoCaixa
Carrer d'Isaac Newton, 26
08022 Barcelona, Spain



The CareWell and BeyondSilos Joint Final Conference was hosted by "la Caixa" Banking Foundation at the CosmoCaixa Science Museum in Barcelona. The foundation's activities are focused on social programmes targeting populations at risk of social exclusion, investment in health research and support for excellence in education and culture.

The CosmoCaixa Barcelona has been open under its current name since 2004, hosting both temporary and permanent interactive exhibitions. Among its many spectacular attractions are a Planetarium and a flooded Amazonian rainforest that visitors can stroll through.

Acknowledgements: Both BeyondSilos and CareWell partners especially thank CosmoCaixa for providing free conference facilities for the event.



Figure 1: CosmoCaixa Congress Centre



Figure 2: Auditorium

2.2 Agenda

CVs of all the speakers can be found in Appendix B.1, and for the moderator and panellists in Appendix B.2.

Time	Title	Speaker
08.30-09.00	Registration and welcome coffee	
09.00-09.30	The relevance of technology enabled integrated care for the EU	Arnaud Senn (European Commission)
09.30-10.00	Introduction of the Projects by the Coordinators.	Esteban de Manuel / Penny Hobson
10.00-10.30	A political view point on integrated care system implementation	Rafael Bengoa
10.30-11:00	The point of view of the mobile communications industry	Janine Voss (GSMA)
11.00-11:30	Coffee Break	
11.30-13.00	Introduction	Ane Fullaondo & Penny Hobson
	Round table - SmartCare pathways: from theory to daily practice	Representatives of the deployment sites. Moderator: Marco d'Angelantonio
13:00-13:30	Outcome analysis of CareWell	Itziar Vergara / Nerea González
13.30-14:30	Lunch	
14.30-14.45	Outcome analysis of BeyondSilos	Signe Daugbjerg
14.45-15.00	Measuring integration: the Integration Matrix	Paolo Da Col
15.00-15.30	Making the business case for integrated eCare	Reinhard Hammerschmidt
15:30-16:00	The human factor when deploying technology enabled integrated care	Wouter Keijser
16:00-16.30	Predictive modelling at work	Javier Mar / Panos Stafylas
16.30-17.00	Lessons learned from CareWell and BeyondSilos	Francesca Avolio / Jordi Piera
17:00-17.15	Wrap-up	Esteban de Manuel / Penny Hobson
17:15-18:30	Farewell cocktail	

2.3 Registration Process

Registration to the Final Conference was possible on-line via the project website. A special form was developed for this purpose. Registration was free of charge and included:

- Conference participation.
- Poster stand (poster registration required).
- Coffee break and light snacks.



The screenshot shows a web browser displaying the registration page. At the top, there are navigation links for CAREWELL, ABOUT, NEWS, RESOURCES, and FINALCONFERENCE. Below the navigation is a header image of a diverse group of healthcare professionals. The main heading reads "Your Registration for the Carewell and BeyondSilos Joint Final Conference". The registration form is titled "Registration" and includes the following fields:

- Participant information:
 - First name*
 - Last name*
 - Entity/Organization*
 - Job position*
- Affiliation (Project)*: BeyondSilos Project (dropdown menu)
- Email*
- Country*: Austria (dropdown menu)
- Having coffee / lunch / cocktail (checkbox)
- Coffee break (checkbox)
- Lunch break (checkbox)
- Free food/catering (checkbox)
- Allergies*: A text area with the instruction "Please elaborate if this is important for the catering." and a "Submit" button at the bottom.

Figure 3: Online registration form

2.4 Attendees

Over 80 people attended the conference. A full list of attendees can be found in Appendix A, together with the details we have of over 20 people who viewed the live streaming.

We were able to gather some limited statistics of viewings of the live streaming, which indicated 247 viewings; see appendix A.3 for further (limited) details.

2.5 Presentations

Presentations from all sessions will be uploaded to project website (<http://carewell-project.eu/final-conference.html>) once any issues of copyright of the material contained in the presentations have been clarified.

2.5.1 Opening Addresses

Penny Hobson, Project Coordinator for BeyondSilos, and Esteban de Manuel, Project Coordinator for CareWell, opened the conference.



Figure 4: Opening the conference

The following speakers welcomed everyone to the conference, and set the scene:

- Arnaud Senn: The relevance of technology enabled integrated care for the EU.
- Esteban de Manuel: Introduction to CareWell.
- Penny Hobson: Introduction to BeyondSilos.
 - Q: Did healthcare funding model affect deployment plans? Would patients be expected to pay?
EdM: will be covered later.
PHo: Patients were asked if they would be prepared to pay, and how much, when it was relevant.
- Rafael Bengoa: A political view point on integrated care system implementation.
 - Q: How do we help bottom up to reach politicians?
RBe: If projects like BS & CW are not mandated by the top level, it will be difficult. Academia is too far away from policy makers, who do not read academic papers.
ASe: Remains hard to connect bottom levels to top levels. Need to involve Health Care Professionals more with evidence based results.
- Janine Voss (GSMA): The point of view of the mobile communications industry.



Figure 5: Rafael Bengoa and Janine Voss

2.5.2 Round table - SmartCare pathways: from theory to daily practice

Ane Fullaondo introduced the session, and Marco d'Angelantonio moderated it.

Panellists:

- CareWell sites
 - Basque Country (Spain): Marisa Merino
 - Lower Silesia (Poland): Antoni Zwiefka
 - Puglia (Italy): Francesca Avolio
 - Powys (Wales): Daniel Davies
 - Veneto (Italy): Stefano Gris
 - Croatia (Croatia): Mario Ravič was unable to attend on the day due to illness.
- BeyondSilos sites
 - Northern Ireland (UK): Penny Hobson
 - LaFe - Valencia (Spain): Lucas Donat & Dr. Bernardo Valdivieso
 - Sofia (Bulgaria): Yanko Kouzmanov
 - Campania (Italy): Dr. Guido Iaccarino
 - Amadora (Portugal): Adriano Fernandes
 - Kinzigtal (Germany): Christian Melle
 - Badalona Serveis Assistencials (BSA), Catalonia (Spain): Jordi Piera

As moderator, Marco d'Angelantonio asked a number of pre-prepared questions to the panellists. The questions and responses are summarised below. Note that there was insufficient time for some of the pre-prepared responses, which nevertheless are presented below.

2.5.2.1 Group 1



Figure 6: Round table: Group 1

Q1: I know that the term Technology Enabled Integrated Care lends itself to different interpretations. What does it mean for your organisation?

- BS Kinzigtal: Technology is able to support Integrated Care processes, but it is never the essential criteria for implementing integrated care. Good integrated care in our interpretation deals a lot with communication beyond silos. This may happen without ICT as well. Communication, people need to work together.

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- BS Amadora: The possibility to introduce the health component into the portfolio of the services provided at home; the possibility for some people to continue living at home; an increase in safety and comfort of the end users and relatives; increasing the skills of the carers; real change management in the organisation.
- BS Campania: The Italian legislation includes requirements for the deployment of integrated Social and Health care. Regional governments are delegated to make this happen. The resources needed are always scarce, in particular for the social care arm. BS helped Campania to identify an ICT enabled model to realise this government instruction.
- CW Veneto: The concept of “Technology enabled integrated care” means improving the delivery of Integrated Care through technology. Moreover we think that the technology simplifies the process of services delivered in a more integrated way. Technology allows the possibility of sharing data among professionals more or less in real time, creating a network of professionals belonging to different sectors.

Q2: Have the projects given the decision makers in your region/organisation all the evidence they needed to go to the next step and roll-out Technology Enabled Integrated Care to all the citizens in your area who could benefit from it? If they have not, what is still missing?

- BS Sofia: The project has helped, but budget is missing.
- BS Kinzigtal: The decision maker in our site is Gesundes Kinzigtal itself. Together with our stakeholders we decide about future strategies. These stakeholders are convinced that BeyondSilos service will be successful. But the ICT we used was not the appropriate one.
- BS Amadora: Yes, Municipality is now very committed to continue delivering the service, and also to transfer the model to other organisations in the same territory.
- CW LSV: LSV is an arm of the local government, so we were able to communicate well with them.
- CW Veneto: A clear answer is not available at this stage. While we had good results on patients' perception of the services, we were not able to gather sufficient evidence that the new pathway will lead to a reduction in hospitalisations. A 9-month follow-up period is not enough. We will deliver the services implemented within CareWell to all the citizens that required it.

Q3: Has the European dimension of the projects been an asset or a liability from your point of view?

- BS Kinzigtal: Both. Evaluation workload especially, and filling out organisational forms, meant a huge workload. Also, coordination and communication between all partners at European level took a lot of time to present tangible results. On the other hand, we appreciate the exchange of experiences and know-how between project partners. We learnt a lot about different healthcare systems and cultures, and enhanced our research network around Europe.
- BS Amadora: An asset, because it allows experimentation with new services and products, testing them, evaluating what went well or wrong; and also because it leverages a process of change management.
- BS Campania: European Projects always represent an asset, for Campania in particular. We felt responsible, living in a Region that uses European funds for less than 20% of its capabilities, to use BS as an example to spread in our Region. We promoted in Campania the relevance of participation to European Projects to validate competences, enhance knowledge, and increase the visibility of Campania among other European regions.
- CW Veneto: An asset for sure! The European dimension enhances the possibility of learning from the experiences of other sites that are facing the same issues. Organisations are able to look at solutions implemented elsewhere, and try to replay the same solution to avoid the same mistakes.

Q4: For BS sites: We decided at the beginning of the projects to have separate short term and long term pathways. Was this a wise decision?

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- BS Sofia: In practice, we only implemented long term pathway, as short term pathway needed more (expensive) kit, and it was also difficult to recruit.
- BS Kinzigtal: We just needed long term perspective. So it was not necessary to differ between short and long. But I think for a closer look at pathway activities and effects, for some sites it was important.
- BS Amadora: Yes, I think so, but not so much for our site, given that we only had chronic situations and very dependent people, with a mean age of 83.7.

Q4: For CW sites: We decided to separate the care pathways into four stages according to patient's health status (stable out of hospital care, unstable out of hospital care, in hospital care and hospital discharge). Was this classification useful for new care pathway design?

- CW LSV: The platform created for CW has been dedicated to a geriatric hospital.
- CW Veneto: I think so. We split the whole process into four stages characterised by the effort required by the different professionals. For instance, when a patient is at the "stable out of hospital care" stage, he/she requires services from the home care nurse and social worker services. In the next stage "unstable out of hospital care" he/she requires more effort from the home care nurse services and from GPs, and so on. Each of these four stages requires specific action from specific professionals. So we were able to better analyse the specific context based on this useful separation.

Q5: When talking about Technology Enabled Integrated Care, people tend to believe that technology is the main issue; I understand on the contrary that the human factor seems to be the most difficult to crack. Tell us about you experience about professional engagement and medical leadership.

- BS Kinzigtal: The best way to involve stakeholders is to affect intrinsic motivation. But financial incentives were also necessary to accelerate the process of engagement. There was a lot of training, then staff left. The ICT was a problem, especially for social care staff. Professional engagement is based on trust and confidence between stakeholders. Only if there is respect and an equality of views will people work well together. Trust and confidence are the driver of integrated care, not technology.
- BS Amadora: It has been a great challenge, and at the same time a great adventure. At the beginning, it was more difficult to engage the Public Health Care Centre to be an important stakeholder because of all the bureaucratic processes, but once the decision was made, it was easy to cooperate with them. Regarding my organisation, at the beginning it was also a challenge, but then the health and social staff got motivated, and it became easier. Now there are a lot of new collaborative actions / projects emerging due to BeyondSilos.
- BS Campania: The major issue raised by doctors is that the final responsibility for clinical care rests with the doctor. There is therefore a need for further legislation in order to better define the roles and liabilities of the different actors for Integrated Care, in order to avoid legal issues and litigation.
- CW Veneto: Technology seemed to be the big issues for all the professionals, but as you said the main issue is for sure the human factor! For instance, we faced a lot of resistance from the GPs; they did not want use the Territorial Informative System just because it was different from their own electronic health record. So they use technology, but are reluctant in changing habits. We can say that the reluctance to use technology is not strictly related to the age of the professionals. We overcame the reluctance of using technology though the training sessions for the specific different professionals involved, and organising a help desk service available for all the professionals.

Q6: If you were given the possibility to start again the project from start what would you do differently?

- BS Kinzigtal: Spend more time on ICT development and/or market research for appropriate products.

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- BS Amadora: We had a very old cohort. We would not involve so many end users. A lot of things were needed to involve informal carers; it was difficult to involve the public more.
- BS Campania: We involved patients that require a very high level of intensity of care. These more seriously ill patients have a high risk of death and low possibility of survival. This is the reason why the clinical outcomes were not positive in our trial. Had we chosen to intervene in a cohort needing a lower level of intensity of care, probably the impact of integrate care would have been evident in clinical outcomes.
- CW LSV: At the start, there were no systems or devices; now it is different, there are more devices and systems. Would like support from consortium to prototype systems.
- CW Veneto: Actually, I think we have done a good job within CareWell, but if I had to change something I would involve the professionals more, with a longer follow up period. I mean all the professionals, and not only the supervisor, and keep them more informed on the project from the early stage.

Q from the floor: Can you give an idea of the learning curve for professionals

- Kinzigtal: high for social care staff, 6-8 months before they used it as a routine tool.
- Sofia: It took 3-4 months.
- Campania: The learning curve depends on the age of the operators. In our Region, the average age for the public sector health operators has increased in the last eight years, as the regional government could not replace retired professionals due to budgetary restriction from the National Government. For our pilot, we involved a private company that was commissioned by the Public Health Authority of Salerno home care. The younger mean age and the higher level of ICT awareness of these operators allowed a faster learning curve, 3-4 months.
- Panos Stafylas: SmartCare result: the learning curve had major impact on results; in the first year, results were not good, but in later years the results improved.
- Esteban de Manuel: learning curve has a lot to do with the usability of ICT systems.

2.5.2.2 Group 2



Figure 7: Round table: Group 2

Q1: I know that the term Technology Enabled Integrated Care lends itself to different interpretations. What does it mean for your organisation?

- BS BSA: For BSA it stands for how technology supports our care model, which because of the nature of the organisation must be granting the full continuity of care, from before you are born until you die.
- BS LaFE: Use of technology to increase level of care is something that La Fe has been working on for the last years. The organisation worked on integration at primary and specialised care level; platforms (ORION AND ABUCASIS) exchange information and combine professionals in the loop. With BS we move forward to empowering patients and giving social perspective; as we tested in BS, we are looking to integrate with other care providers in order to offer improved service to care recipients.
- CW Basque Country: We have vertical integration

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- CW Powys: Technology Enabled Integrated Care is the use of ICT to better enable the integration of care to its patients; it is using technology to provide patients and healthcare professionals with the “tools” and capabilities to provide a more seamless approach to the delivery of care to patients, regardless of the number of distinct providers / services. The cohort in this programme vary greatly in their knowledge and use of technology, but as their healthcare provider we need to keep pace with the most able, to serve the whole population as technological advances are adopted as standard in home devices.
- Q2:** Have the projects given the decision makers in you region/organisation all the evidence they needed to go to the next step and roll-out Technology Enabled Integrated Care to all the citizens in your area who could benefit from it? If they have not, what is still missing?
- BS BSA: The projects have now given a strong assessment of the benefits of Technology Enabled Integrated Care and its benefits for the citizens. Before that, we lacked such a strong assessment that can empirically demonstrate the benefits. What we are mostly missing now is to spread these results further in order to convince people that such a change is needed; this will mean a change in the overall Catalonian care model, within the financing system. The MAST model helped, plus the design of project, where decision makers were involved.
 - BS N. Ireland: integrated care has been part of our strategy for long time, but it still takes time. 2020 is the target for a single integrated care record.
 - BS LaFE: Because they are willing to go beyond the integrated care. It give to them reason to think that this could be a good way to do things. We still need to solve some other barriers to achieve the full integrations scenario, at political level (commitments, etc) with external providers, even at technology level. In a public institution this takes time, and could be affected by external factors.
 - CW Basque Country: Development of the ICT is now in region's strategic plans.
 - CW Puglia: We joined the project to collect evidence; the objective was to create the right direction; teamwork and empowerment were a key element. On top of an aging population, Puglia also has geographic problems. We have been working on integrated care since 2004; now we have most of the evidence, and will use structural funds.
 - CW Powys: There are a number of Technology Enabled Integrated Care projects running in Powys these are aligned to our IMTP and our Assistive technology strategy. Our decision makers have been aware of the evidence to support the use of Technology Enabled Care for a number of years, so I cannot categorically say that this project alone has influenced the decision makers. However what CareWell has provided is assurance that we are heading in the right direction; it has enabled us to share experiences and learning with partners across Europe with similar challenges and geographical issues. Part of the project was to educate and improve the health literacy of patients. Within Powys this aspect was picked up through the further development of the health education sections of the GP Practice websites.
However there is a much bigger issue that might better have been developed across CareWell. The proliferation of web based health education materials for this age group, and the range of conditions covered, is too rapid even for specialist to keep track of. Finding a way through what is evidence based v. poor and dangerous advice and information is difficult for most people and particularly for this cohort of patients. Patient.co.uk is a good model to follow for the website aspects of this, and was commissioned by some of the Powys practices as part of their website improvements. Applying the evidence is now the issue.
- Q3:** We know that implementing Technology Enabled Integrated Care is a difficult task because it represents a disruptive change. What have been the main challenges that you met in implementing it in your area?
- BS N. Ireland: It is very difficult to get staff involved, because of lack of time. Money is not really the issue. Hopefully, this will change in the future.
 - MdA, locum staff can help.

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- BS LaFE: Keeping HCPs motivated has been very important. But end users are also important, we found it difficult to make them become more proactive in their own care.
- CW Puglia: Resistance from both end users and HCPs is normal. Training them both together can help them understand each other. Use co-creation to develop platform.
- CW Powys: A flaw initially was not engaging with the right people early enough. Strategic alliances are not always the answer. Get staff to understand the benefits.

Q4: Are healthcare professionals and especially physicians in your region ready to relinquish their power in favour of patients?

- BS BSA: Workload means HCPs are happy to see patients become more empowered. But it is still a problem on patient side, as systems are currently paternalistic; patients are also afraid of losing face-to-face contacts. This will probably change over time as new generations come through.
- CW Basque Country: HCPs would like to empower patients; it would give them more time to do their job better.
- CW Puglia: Bringing people together helps them to trust each other.
- CW Powys: Certainly a fear factor, but getting everyone together helped. Especially, patients learning from each other.

Q5: We know that implementing Technology Enabled Integrated Care is a difficult task because it represents a disruptive change. What have been the main challenges that you met in implementing it in your area?

- BS BSA: The main challenges within the Badalona site have mainly been introducing the new service within the daily routine of our professionals, whose agenda is already quite packed, and finding enough end users who thought introducing ICT would mean losing face-to-face contact.
- BS LaFE: Regarding the professionals, to make them understand that the initial work overload will bring a step forward to increase level of care. Not all people are willing change from established routine. Regarding the end users, change their mindset from passive to proactive, and also overcome the technology culture barrier. Informal / formal carers play a key role.
- CW Powys: Stakeholder engagement proved to be one of our biggest challenges; this was a symptom of not setting out clearly the local product deliverables, outcomes or benefits expected. The nature and complexity of PTGB's contractual and commission arrangements with primary and secondary care providers (as a result of not having any District General Hospitals) also provided further challenges. A lesson learnt from Powys is to engage as early as possible, and better demonstrate (not just promote) the benefits to all stakeholders.

Q6: Are healthcare professionals and especially physicians in your region ready to relinquish their power in favour of patients?

- BS BSA: BSA has a long trajectory in community health interventions, which in the end aim to shift some of the responsibility that used to be exclusively held by HCPs. I think that our professionals are more than ready for it, because they have learnt that if we do not manage to do so, they will not be able to absorb the increasing demand for services.
- BS LaFE: Absolutely. Take into account that for the last 10-15 years there are many patients that do google searches on their diseases. Provide them tools to improve the exchange of information with patients. Go beyond prevention campaigns, and make a personalised care plan for each patient.
- CW Powys: I'm not sure "relinquish their power" is necessarily the case. Co-production of health is about redefining the relationship between carer and cared for; empowering patients should always be the goal of all health interventions. The care pathways in Powys can be complex, due the cross-border working.

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Q7: The recent trends in care focus on the empowerment of the patients to keep the care system sustainable in spite of the ageing of the European population. How realistic is it in your context to empower patients to take responsibility and control of their health? Is this possible for older people who have lived for most of their lives in a system where they were asked to be passive?

- BS BSA: It is true that the Catalonian healthcare system, as most of the Beveridge model ones, has been very paternalistic when taking care of the patients. I think that now we have a generation of old and really old people who are not ready for this; that is why we learnt to engage with their caregivers. Within the coming years there will be a change in the paradigm as we find more people used to ICT, and aware of the problem of the sustainability of the health and social care systems.
- BS LaFE: Yes, is complicated. Change their attitude from a passive to a proactive relationship with their healthcare providers. And probably in the next 10-15 years this trend will change, because people born in the 1940s have a more developed technology profile; they will be able to deal with this self-management. Until this happens, the role of formal and informal carers becomes more important.
- CW Powys: This assumes that they are passive. The work of the past two decades has seen great strides forward in clinical training and education about co-production, patient empowerment, etc. A 75 year old today would have been 45 in 1987 when the health education campaigns nationally in the UK and across Europe were at their highest point. Three specific programmes were prominent across Europe: HIV prevention, healthy eating, and stopping smoking. (Heartbeat Wales ran from 1985 to 1990, and was a major programme of behaviour change across Wales). They all had central themes of empowering people to take control of the determinants of their own health and to be ACTIVE not PASSIVE.

One of the most positive lessons learnt from CareWell was to hold patient workshops with our cohort; this not only provided an opportunity for the local project team to assess the capabilities of the patients to self empower themselves through the use of ICT but it also enabled the patients to “network” and recognise that there are many people of a similar age, with similar or the same conditions, frequently using some of the patient empowerment solutions that have been implemented. This helped to break down the barriers or myths that older people are less able to empower themselves through the use of technology and have to be passive.

Q8: The design of the two projects was based on the definition and the implementation of generic smart care pathways. How difficult has been to contextualise these pathways to your specific situation (organisation of the health and social care services, culture, IT infrastructure, etc.)?

- BS BSA: In our case it was quite easy, because the organisation is quite used to introducing new ways of working. The major problem again has been the organisational changes needed to introduce the new intervention within the daily routine of our professionals, while maintaining the services as they were.
- BS N. Ireland: We are already operating integrated care, so it was easy to adapt to long term pathway; the short term one was not so useful.
- BS LaFE: Is not so difficult at organisational level. Processes from healthcare and social care perspectives were similar, and based on telemedicine and tele-assistance, so it was relatively easy to engage and combine. The technological part was more difficult, because exchange of data has to be done under strongly restricted conditions, but we solved this also. The main challenge was transforming the behaviour of patients from passive to proactive.
- CW Puglia: For Puglia, the timing was great, as we wanted to do this anyway.
- CW Powys: NHS Wales has its own Informatics Service who (in partnership) with NHS organisations deliver national information and technology services for modern patient care. NWIS had and has already developed and established ICT solutions that support these pathways; the provision, maintenance and support of these solutions all form part of a wider NHS Wales arrangement, meaning that deployment, implementation, development and on-going support, including ICT

infrastructure, is supported by NWIS. It has not been difficult to contextualise and implement such solutions into the care pathways.

MdA: Remember that projects were working in a real life environment, which could have a significant impact; for example, N Ireland was affected by delayed implementation of a national project.

Q from the floor: integrated care: what is the split between human v ICT factors in terms of success factors?

- Jordi Piera: 75% human factor, 25 ICT.
- Dan Davies: I agree.
- Francesca Avolio: ICT is an enabler only, useless without the people.

Q from the floor: Should we start with these interventions earlier.

- Jordi Piera: Yes.
- Penny Hobson: Not all patients are ill, we need to be careful; there will be people who do not want the latest technology, e.g. iPad, but will be happy with home monitoring using older technology. We do not need to focus on the next bit of glizzy technology.

Mario Kovac: in Croatia we used TV, as very familiar technology.

2.5.3 Outcome analysis of CareWell

Itziar Vergara / Nerea González presented.

There were no questions.



Itziar Vergara



Nerea González

2.5.4 Outcome analysis of BeyondSilos

Signe Daugbjerg presented.

Q: How long was the evaluation period?

- Eight months for long-term pathway, eight weeks for short-term pathway.
- MdA: the aged population was targeted because a younger cohort would not have yielded any results in a one year trial.



Signe Daugbjerg

2.5.5 Measuring integration: the Integration Matrix

Paolo Da Col presented.

There were no questions.



Paolo Da Col

2.5.6 Making the business case for integrated eCare

Reinhard Hammerschmidt presented.

PHo: one of the NI problems is shifting workload from secondary to primary care but the funding does not necessarily follow this shift. Can this be shown using the ASSIST tool.

- RHa: Yes. The tool can demonstrate very clearly that there are systemic benefits to this shift, but also show that primary care can be losers.

Q: Hospitalisations appear to have increased, but did length of stay reduce.

- RHa: the example was not necessarily a general finding, but yes, shorter hospitalisations can offset the increased number.



**Reinhard
Hammerschmidt**

2.5.7 The human factor when deploying technology enabled integrated care

Wouter Keijser presented.

There were no questions.



Wouter Keijser

2.5.8 Predictive modelling at work

Javier Mar / Panos Stafylas presented.

There were no questions.



Javier Mar



Panos Stafylas

2.5.9 Lessons learned from CareWell and BeyondSilos

Francesca Avolio / Jordi Pera presented.

There were no questions.



Jordi Pera Francesca Avolio

2.5.10 Wrap up

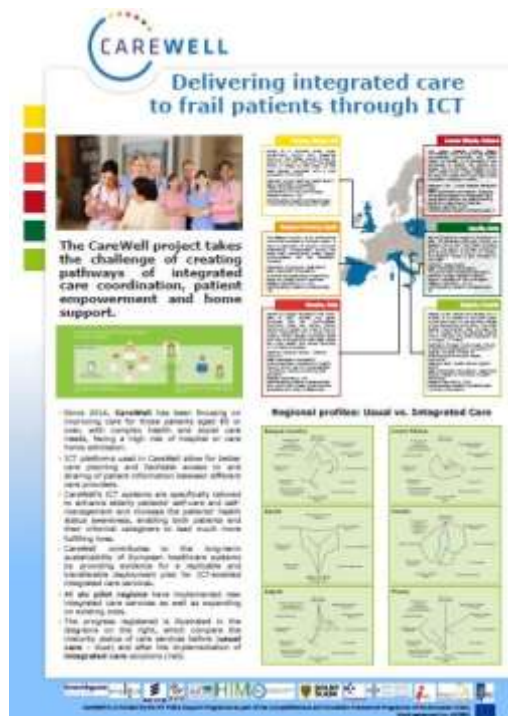
EdM: BS & CW have a lot in common, and there is still more work that can be done to extract the most from the results. Interesting conclusions; the frail population will increase, which will cost more, so we need to do everything we can to restrict this increase. Some positive results, users are satisfied; but we have not seen statistically significant clinical improvements. Modelling has been useful, and can demonstrate a smaller increase in costs. Benefits will not be the same for all stakeholders. Learned a lot about implementation.

2.6 Poster Sessions

The conference participants had the opportunity to present their work through posters that were displayed at the conference room entrance area.

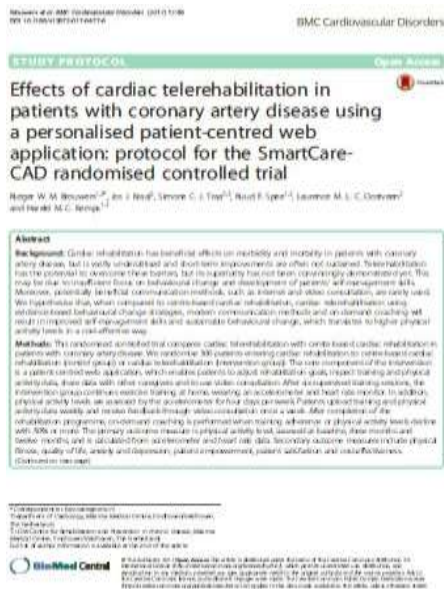
The following posters were submitted:

- **BeyondSilos Project**
Ms. Sonja Müller from empirica representing BeyondSilos.
- **CareWell: Delivering Integrated Care to frail patients through ICT**
Mr. Malte von Tottleben from empirica representing CareWell.



- **SmartCare:** Telerehabilitation in coronary artery disease: SmartCare-CAD study protocol

Dr. Rutger Brouwers from Máxima Medisch Centrum, Nord Brabant



- **ACTIVAGE:** Evaluation framework of the IoT Integrated health and care services of Central Greece

Ms. Christina Karaberi from Central Greece



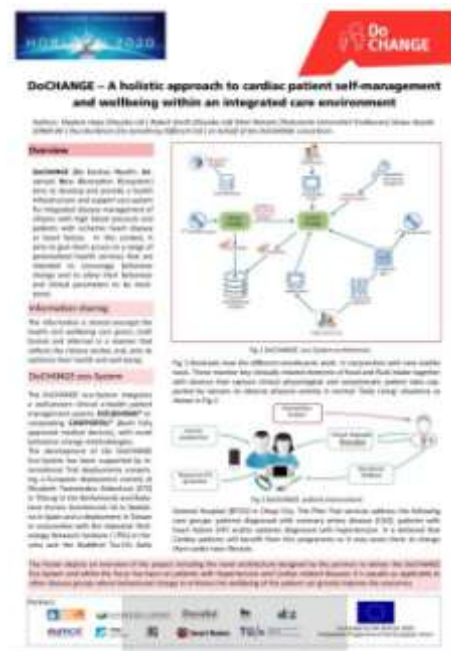
- **DoCHANGE:** Do Cardiac Health: Advanced New Generation Ecosystem

Mr. Jordi Pera from Badalona Serveis Assistencials, Catalunya



- **DoCHANGE:** A holistic approach to cardiac patient self-management and wellbeing within an integrated care environment

Mr. Stephen Hope from Docobo Ltd, representing DoCHANGE.



Joint Final Conference

- Economic evaluation and budget impact analysis of integrated care services for heart failure patients in Friuli-Venezia Giulia
Dr. Panos Styfalis from HIMsl representing SmartCare.



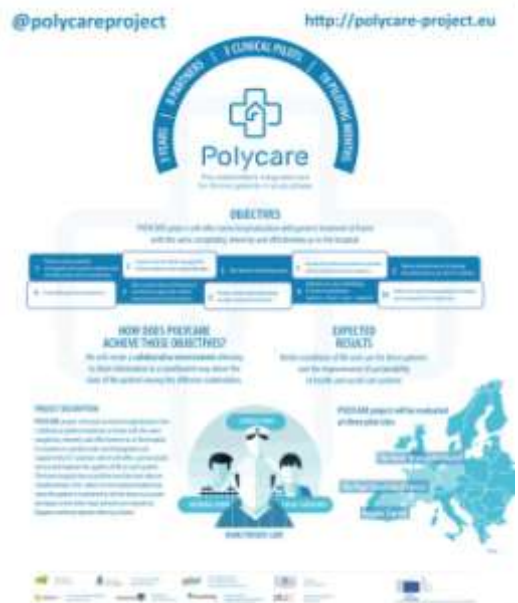
- Cost-effectiveness and budget impact analyses of CareWell services for frail elderly patients in the Basque country
Dr. Panos Styfalis from HIMsl representing CareWell.



- The Health Profile
Ms. Anne Dalhoff representing The Health Profile from Zealand Denmark



- Poly-stakeholders integrated-care for chronic patients is acute phases”
Ms. Rosana Angles from Hospital Barbastro, Aragón, representing POLYCARE.



Joint Final Conference

- EMpowering PATients for a BETTER Information and improvement of the Communication Systems

Dr. Juan Coll from Hospital Barbastro, Aragón, representing EMPATTICS.



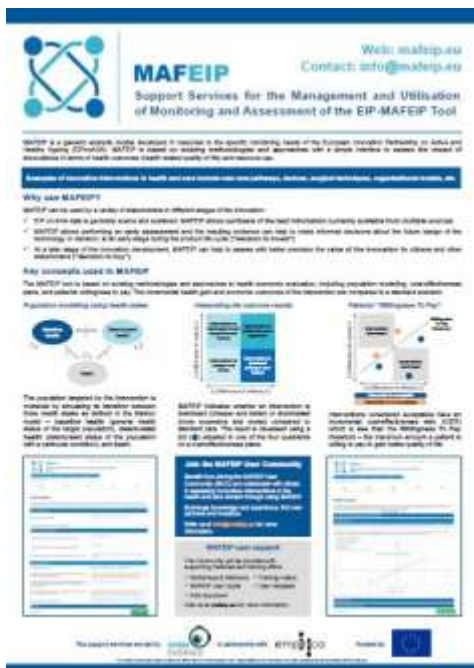
- C3Cloud project poster

Ms. Ane Fullaondo from Kronikgune representing C3Cloud.



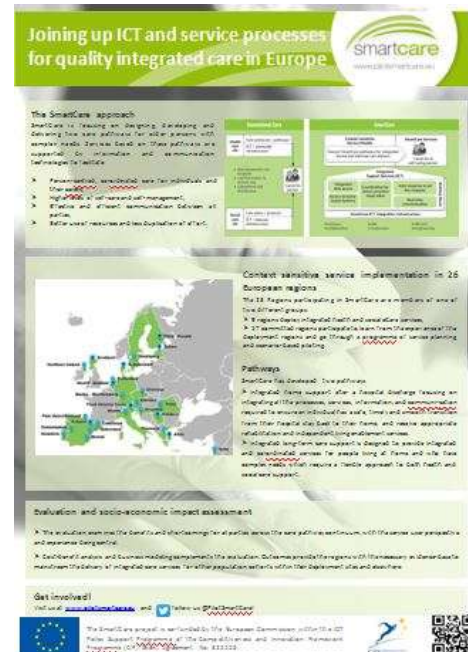
- Support Services for the Management and Utilisation of Monitoring and Assessment of the EIP-MAFEIP Tool

Mr. Strahil Birov / Ms. Veli Stroetmann from empirica representing MAFEIP.



- Joining up ICT and service processes for quality integrated care in Europe

Mr. Reinhard Hammerschmidt representing empirica representing SmartCare.



2.7 Feedback from conference participants

The feedback form (see Appendix C) was completed by 20 participants, i.e. about 20% of all conference participants. No more forms were collected due to time constraints. Nevertheless, most people expressed that, in general, the conference was very interesting and any outstanding issues were discussed during the breaks where there was a lot of networking.

2.7.1 General comments stated in feedback forms

1. Please tell us what you found most useful about today's event?

- The variety and diversity of the different points of view in relation to telehealth and telecare implementation.
- The importance of scaling up.
- The presentations of the final conclusions and evaluation results of both projects, which allowed an overall vision of the developed work.
- The two keynote speakers from GSMA and SI Health.
- Sharing information among partners of the two projects face-to-face.
- I find it very interesting to see people and organisations from different countries working together with similar models to improve the quality and sustainability of the healthcare systems of their countries.

2. Is there any "message" that you found particularly useful, or is there any message that you missed?

- "Useful message": decrease the gap between academics and health policy makers.
- To establish the effectiveness of a tele service is one thing, but to convince the policy makers about this is another.
- New challenges on eHealth and integrated care were mentioned, but could have been discussed in more details. E.g. how to transfer models and solutions, how to prove clinical efficacy of tele-monitoring devices.
- It is possible to use new models to delivery healthcare services, but the human factor is the most important thing to keep in mind.
- ICT helps the implementation of these models, but previous training is important for users (doctors, nurses,... and patients).

3. Please tell us what you found least useful about today's event?

- Concrete results from pilots – poorly detailed.

4. Is there anything else you would like to bring to our attention?

- Everything was interesting.
- What would be the next steps to really implement integrated care?

2.7.2 Overall ratings

In general, the rating of the conference was overwhelmingly positive. Figure 8 below shows the ratings for the more general questions in the feedback form.

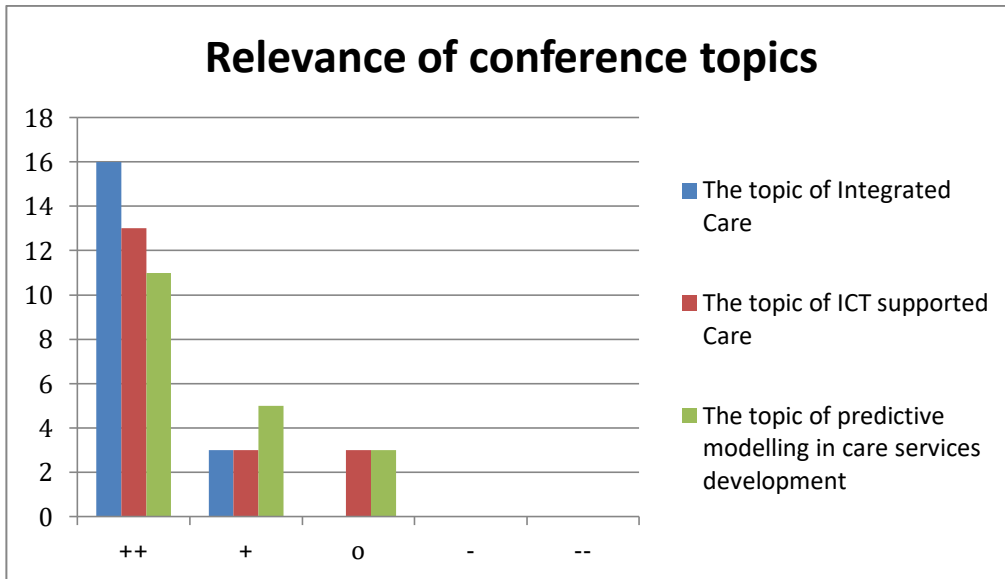


Figure 8: Rating the conference

3 Dissemination activities

The conference was supported with a range of dissemination activities to:

- Promote the conference to a wide public in order to attract participants.
- Design conference materials and give-aways in a professional manner.
- Disseminate conference results to relevant target groups and the wider public.

Dissemination means used to serve these aims were:

- Announcement of the conference on the project website, via a 'save-the-date' announcement, and on Twitter.
- Development of conference package including programme, relevant project materials as well as information material from FVG.
- Call for posters on the project website and via Twitter.
- Production and distribution of give-aways: pens and bags.
- Production of a CareWell and BeyondSilos USB-card with the Guidelines for Deployment on them.
- Development and display of conference pull-ups.
- Invitation of press and media to the conference.
- Presentation of conference results on the project website.
- Production of a conference video on YouTube and the project website: <http://carewell-project.eu/final-conference.html>. (This will be available once the video has been produced.)
- Development and display of project posters.
- Reporting of conference in local press.
- Use of street advertising in Barcelona.

3.1 Promotion of the conference to a wide public in order to attract participants

3.1.1 Conference website

To support the promotion of the conference, a dedicated conference page was set up referenced from both the BeyondSilos and CareWell project website. It contained all relevant information for people interested to register as well as registered participants. It made the conference programme available for download, presented all relevant practical information such as directions and entrance to the conference and included guidelines for poster submission.



CareWell and BeyondSilos Joint Final Conference

Livestream from the conference



When: Tuesday, 28 February 2017, 09:00 - 17:15 followed by a cocktail

Where: CosmoCaixa at Carrer d'Isaac Newton, 26, 08022 Barcelona (Spain)

Both CareWell and BeyondSilos projects will come to an end in January 2017 after three years of successful implementation of technology enabled integrated eCare services in 13 European regions. In this respect, we look forward to presenting the final results of our fruitful work during our final conference in Barcelona (Spain), held back-to-back with the World Mobile Congress.

"Information and communication technologies (ICT) are promising for the long-term care of older and frequently also frail people. These innovations can improve health outcomes, quality of life and efficiency of care processes, while supporting independent living. However, they may be disruptive innovations. As all European member states are facing an increasing complexity of health and social care, good practices in eCare should be identified and evaluated. Two projects funded by DG CNECT are related to Active and Healthy Ageing (AHA) and frailty: (i) BeyondSilos, dealing with independent living and integrated services, and (ii) CareWell, providing integrated care coordination, patient empowerment and home support."

Figure 9: Conference information on project website (first page)

3.1.2 Promotion on Twitter and other channels

Apart from promotion of the conference on the website, the project used Twitter to attract potential conference attendees. Announcements on Twitter were made on a regular basis, at least two times a week, and included save-the-date announcement, promotion of the programme and the call for posters.

TWEETS 178 FOLLOWING 172 FOLLOWERS 273 LIKES 194 LISTS 2 MOMENTS 0

Carewell-project @Carewellproject · Feb 8

Thank you @IFICInfo, for advertising our @BeyondSilos & @Carewellproject #finalconference. FEB 28th. Register here: bit.ly/2k7z00G

Carewell-project @Carewellproject · Jan 25

Register now for our joint final conference, together with @BeyondSilos on FEB 28th in Barcelona! carewell-project.eu/final-conferen...

Figure 10: Promotion of the final conference on Twitter



#finalconference
#finalCWBSconference
@BeyondSilos
@Carewellproject



Live streaming on conference website



Further to this, the conference was promoted during other conferences and events attended by project partners, including:

- European Health Forum Gastein, 2016
- International Conference on Integrated Care, 2016
- SmartCare project final conference, 2016
- National GP congress, Lower Silesia, 2016

The project also worked closely with organisations and initiatives such as the International Foundation on Integrated Care, CORAL and EIP AHA to promote the conference. The announcement of the conference with a link to the conference website was for example included in the monthly Newsletter of the European Innovation Partnership on Active and Healthy Ageing and promoted to all CORAL regions in their meetings and on Yammer.

3.1.3 Street advertising

In the week before the final conference, street advertising (Mupis - Mobilier Urbain pour l'Information or Urban Furniture Information) was placed around Barcelona, and in particular close to the venues for the GSMA conference, to remind potential attendees. The advertising was both on electronic display boards, and street posters.

Details of the locations and display material is provided in Appendix D.

3.2 Conference materials and give-aways

A conference pack was handed out to all attendees including:

- USB with CareWell & BeyondSilos logos containing PDF Guidelines for deployment from the three projects (CareWell, BeyondSilos & SmartCare).
- Bags with BeyondSilos logos.
- The conference programme.
- SmartCare flyer
- Feedback form.
- BSA folder that included all printed material and flyers
- Badge.
- CareWell flyer.
- BeyondSilos flyer and "ID card".



Figure 11: Conference pack and give-aways

Three pull-banners were also developed and presented at the conference, one for each of the projects SmartCare, BeyondSilos and CareWell.



Figure 12: Conference pull-up banners

3.3 Dissemination of conference results

Results and impressions of the conference have been disseminated through a range of channels:

- Project website.
- Twitter.
- Print and online newspapers / letters.
- Conference video.

Results and impressions of the conference will be published on a dedicated **page of the project website**, including direct links to the YouTube video of each presentation and the presentation slides for download. (Some slides cannot be published yet as the content will be published in a journal which requests data originality.)

Further to this, **Twitter** was and will be used to feature presentation of results on the website and any news related to the conference, e.g. the availability of the presentations, or the publication of the conference video.

In addition, a conference video will be produced and published on YouTube and the project website, and featured through Twitter campaigns. The video is expected to be available in late spring 2017.

Appendix A: List of Attendees

A.1 Attendees in person

	First name	Last name	Entity/Organisation	Job profile	Country	Notes
1	Rosana	Angles	Servicio Aragones Salud	Innovation Tecnician	Spain	
2	Marta	Argiles Grau	Badalona Serveis Assistencials, SA	CAP Planificació Estratègica	Spain	
3	Francesca	Avolio	Agenzia Regionale Sanitaria della Puglia	Regional Manager	Italy	
4	Rafael	Bengoa	Institute for Health & Strategy	Director	Spain	
5	Vanessa	Benkovic	HDFEZ	Senior researcher	Croatia	
6	Strahil	Birov	empirica GmbH	Research Consultant	Germany	
7	Rutger	Brouwers	Máxima Medisch Centrum	Researcher	Netherlands	
8	Laura	Buguñá	Mutua Terrassa	Innovation Coordinator	Spain	
9	Marina	Buqueras Rovira	BSA	Data mining	Spain	
10	Nieves	Campillo Andrés	Aragonesa de Servicios Telemáticos - Gobierno de Aragón	Adjunto a Dirección	Spain	
11	Josep M.	Catot Riera	TEcsol24h	Consultant	Spain	
12	Carmen	Ceinos	Ecomit Consulting S.L.	CEO	Spain	
13	Juan	Coll Clavero	Servicio Aragones Salud	Innovation Manager	Spain	
14	Beatriz	Cortiles	Smart Health	Editor in chef	Spain	Press
15	Paolo	Da Col	Health Information Management	Medical Coordinator	Italy	
16	Anne	Dalhoff Pedersen	Region Zealnd	Programme manager	Austria	
17	Marco	d'Angelantonio	Health Information Management	Managing Director	Belgium	
18	Signe	Daugbjerg	Region of Southern Denmark	Innovation Consultant	Denmark	
19	Daniel	Davies	Powys	Programme Manager	UK	
20	Derrick	de Kerckhove	Interdisciplinary Internet Institute (IN3) at Universidad Abierta de Cataluña Barcelona	Director	Spain	
21	Lucas	Donat	Instituto de Investigacion Sanitaria La Fe	Project Manager	Spain	
22	Angel	Faria	Werfen	-	Spain	
23	Adriano	Fernandes	Santa Casa da Misericórdia da Amadora	Projects Manager&Consultant	Portugal	

Joint Final Conference

	First name	Last name	Entity/Organisation	Job profile	Country	Notes
24	Janire	Flores	Asociación Kronikgune	Head Secretary	Spain	
25	Antonella	Forestiero	Arsenàl.IT	Project Engineer	Italy	
26	Ane	Fullaondo	Asociación Kronikgune	Project Coordinator	Spain	
27	Josep	Fusté Sugrañes	Unió Catalana d'Hospitals	Director d'anàlisi econòmica, estudis i prospectiva	Spain	
28	Alexander	Galobart Seva	BSA	Data Manager	Spain	
29	Rute	Gonçalves	Câmara Municipal Amadora	Project Manager	Portugal	
30	Célia	Gonçalves	PT/MEO	Pre-sales product manager	Portugal	
31	Nerea	Gonzalez Hernandez	Kronikgune	Researcher	Spain	
32	Stefano	Gris	Azienda ULSS n.1 Dolomiti	Project Manager	Italy	
33	Javier	Grueso	CSI	CIO	Spain	
34	Cristina	Guimarães	INESC TEC	Industry Liaison Officer	Portugal	Industry
35	Reinhard	Hammerschmidt	empirica TeKom GmbH	Senior Researcher	Germany	
36	Eunice	Heelham	Business Services Organisation	Senior eHealth Project Manager	UK	
37	Soraya	Hidalgo Garcia	Badalona Serveis Assistencials, SA	Infermera Innovació	Spain	
38	Penny	Hobson	HSCNI	Programme Manager	UK	
39	Stephen	Hope	Docobo Ltd	Project and Business Development Manager	UK	
40	jaume	Horrach Torrenes	Ipsilon Consulting SL	Director	Spain	
41	Mayte	Hurtado	HIMsa	Operations Manager	Spain	
42	Marlena	Kaczmarek	Hospital A. Falkiewicz in Wroclaw	Social worker	Poland	
43	Christina	Karaberi	e-Trikala S.A	Psychologist- Msc Health Management	Greece	e-Trikala - Committed region in SmartCare
44	Wouter	Keisjer	HIM SL	Healthcare Transformation Coaching Expert	Netherlands	
45	Mario	Kovac	FER UNIZG	Professor	Croatia	
46	Katarzyna	Krajewska	The Specialist Hospital A. Falkiewicz in Wroclaw	Physiotherapist / call centre	Poland	
47	Yanko	Kuzmanov	CPRH	Operations Manager	Bulgaria	
48	Leo	Lewis	International Foundation for Integrated Care	Senior Fellow	UK	
49	Esteban	Manuel Keenoy	Asociación Kronikgune	Director	Spain	
50	Javier	Mar Medina	Servicio Vasco de Salud - Osakidetza	Researcher	Spain	

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	First name	Last name	Entity/Organisation	Job profile	Country	Notes
51	Maria	Massafrets	Boehringer	Market Access Manager-Diabetes	Spain	
52	Enric	Mayolas	Reitia Consulting SL	Health services consultant	Spain	
53	Christian	Melle	Gesundes Kinzigtal	Teamleader HealthCare Management	Germany	
54	Marisa	Merino Hernandez	Servicio Vasco de Salud - Osakidetza	Director of Healthcare Organisation	Spain	
55	Joana	Mora	Deusto Business School Health	Responsable de proyectos y coordinación	Spain	
56	Jordi	Morell	Badalona Serveis Assistencials S.A.	Innovation	Spain	
57	Juan Carlos	Naranjo	TSB, S.A.	Business development	Spain	
58	Jodie	North	Powys	Project Office manager	UK	
59	Tomasz	Nowak	Specialist Hospital named A. Falkiewicz	IT manager	Poland	
60	John	Oates	HIMsa	Quality Manager	UK	
61	Jordi	Piera Jimenez	BSA	CIO	Spain	
62	David	Quesada	ENIDE	Technical Director	Spain	
63	Estefania	Quevedo	BSA	Support Administratiu d'Innovació,	Spain	
64	Javier	Quiles del Rio	SERGAS	Manager of Health Innovation Programmes Hospital 2050 & Servizo Galego de Saúde	Spain	
65	Mario	Ravic	Ericsson Nikola Tesla	Head of mHealth	Croatia	
66	Vitor	Ribeiro	Altice Labs, S. A.	Head of AVS-eHealth	Portugal	
67	Giancarlo	Ruscitti	agenzia regionale sanitaria della Puglia	Director of Health Department - Puglia Region	Italy	
68	Claudio	Saccavini	Arsenà.IT	Technical Manager	Italy	
69	Pilar	Saura Agel	Badalona Serveis Assistencials, SA	Manager	Spain	
70	Arnauad	Senn	European Commission	Policy Officer in DG Connect, Unit H.3 - "E-Health, Well-being, and Ageing"	Belgium	
71	Modesto	Sierra	Servicio Aragones Salud	Innovation Technician	Spain	
72	Myriam	Soto Ruiz de Gordo	Asociación Kronikune	Researcher	Spain	
73	Panos	Stafylas	HIM SA	Cardiologist/HTA Expert	Greece	
74	Veli	Stroetmann	empirica	eHealth Research	Germany	
75	Paloma	Tort Puig	BSA		Spain	
76	Bernardo	Valdivieso	Hospital Universitario y Politécnico La Fe	Director Planificación en Departamento de Salud Valencia LA FE	Spain	

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	First name	Last name	Entity/Organisation	Job profile	Country	Notes
77	Lola	Verdoy	Asociación Kronikgune	Researcher	Spain	
78	Itziar	Vergara Mitxeltoarena	Servicio Vasco de Salud - Osakidetza	Researcher	Spain	
79	Malte	von Tottleben	Empirica	Research Consultant	Germany	
80	Jeanine	Vos	GSMA	Executive Director, Connected Living		
81	Janusz	Wróbel	The Specialist Hospital A. Falkiewicz in Wroclaw	Director of the Specialist Hospital A. Falkiewicz in Wroclaw	Poland	
82	Joseba Igor	Zabala	SIAC (Osakidetza)		Spain	
83	Antoni	Zwiefka	LSV Marshal Office	Local coordinator	Poland	

A.2 Attendees via Live streaming

This list may be incomplete, as attendance via live steaming could not be determined automatically; these attendees reported their attendance.

	First name	Last name	Entity/Organisation	Job profile	Country	Notes
1	Juan Antonio	Abascal	Centre for Studies and Development of Health	Chief assistant to the CEO	Spain	
2	Angeles	Barrios	Philips Ibérica	Corporate Affairs Director	Spain	Industry
3	Jordi	Buisan Marina	COSTAISA, S.A.	Business Development Director	Spain	Industry
4	Gemma	Deler	Applus	CISO	Spain	Industry
5	Filipa	Fixe	Glintt	HealthCare Director	Portugal	
6	Javier	Ganzarain	Innjoy Agencia de Innovación y Desarrollo	R&D Director & Co-Founder	Spain	
7	Elisabetta	Graps	Agenzia Regionale Sanitaria della Puglia	Director of HTA Department -AReS Puglia - MD	Italy	
8	Seungyoun	Lee	HIDEA solutions	CEO	Korea	Industry
9	Rafael	Llarena	Victrix Socsan	International Director	Spain	Industry
10	Francesc	Lopez	Ticsalut	Project Manager	Spain	
11	Francesco	Marchet	FCC	Project Manager	UK	
12	Bridget	Moorman	President	BMoorman Consulting, LLC	USA	Continua Health Alliance - partner in SmartCare
13	Sonja	Müller	empirica	Researcher	Germany	
14	Cristina	Muñoz	Boehringer Ingelheim	TAM	Spain	

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	First name	Last name	Entity/Organisation	Job profile	Country	Notes
15	Germán	Ortuño Zurbano	SEPAD	European Project Advisor	Spain	Extremadura - Committed region in SmartCare
16	Pilar	Otermin	BSA Badalona Serveis Assistencials	Medical Director	Spain	
17	Pere	Pascal Riera	Fundacio Unio	Business Transformation	Spain	
18	Eddie	Ritson	HSCNI	Programme Director	UK	
19	Kira	Stellato	Consultant - Università degli Studi di Trieste	Psychologist	Italy	FVG site in SmartCare
20	Vicente	Traver	ITACA, Universitat Politècnica de València	R&D Manager at Technologies for Health and Wellbeing	Spain	Valencia - Committed region in SmartCare
21	Maria	Vila	BSA Badalona Serveis Assistencials	MF	Spain	
22	Maria	Zouka	AHEPA University Hospital	Consultant Anaesthesiologist	Greece	

A.3 Live streaming statistics

Country	BE	DE	ES	FR	GB	GR	HR	IT	KR	NL	PT	RS	SE	US	Total
Total number of views	4	49	62	5	27	10	2	51	1	27	3	2	1	3	247
Max number of concurrent views	1	4	7	1	3	6	1	3	1	3	1	1	0	0	17
Total time on the live-stream (minutes)	3.4	5.6	27.9	0.03	5.2	13	0.1	6.2	0.01	2.6	0.02	0.1	0	0	64.13
Average duration (Minute)	50.5	6.9	27	0.3	11.5	78.2	3	7.3	0.5	5.8	0.3	3	0	0	15.8

Appendix B: CVs of speakers, moderators and panellists

B.1 Speakers

CVs are listed in the same order as the agenda.

Arnaud Senn

Policy Officer in DG Connect, Unit H.3 - "E-Health, Well-being, and Ageing"



Arnaud Senn, MD, is Policy Officer in DG Connect, Unit H.3 - "E-Health, Well-being, and Ageing".

The unit leads in close interplay with other DGs on e-health and 'silver economy and society' strategy to improve health and well-being, quality of life and work in general, and with specific attention for ageing, and economic opportunities by combining digital policy, Research and Innovation, and deployment support in health, wellbeing and demographic change. It also coordinates the cooperation with stakeholders such as through the European Innovation Partnership and formal presence in the e-Health Network related to the Cross-border Patients Directive, and board membership of the Member States-led AAL Innovation Programme. With health and ageing being global challenges, the unit also supports important international cooperation on the digital dimension.

Arnaud Senn joined the EU Commission (DG Employment) in 2010, and was in charge of the implementation of the EC Health Inequalities Communication of October 2009, in close connection with DG SANCO. He more generally managed the EU reflection at policy level (Perm. Sec. of the Social Protection Committee – Working Group on Age) on Long-Term Care, and was more specifically in charge of the drafting of the EU 2014 Report on Long-Term Care.

Arnaud is a graduate of the Political Sciences Institute of Paris, has a Private Law MD (France) and followed the Seminar of the College of Europe on EU Policies (Bruges). He was involved from 1998 to 2008 in a wide range of public health actions in France (national cancer screening programme) and in the UK (Kent Cancer network - best practices in cancer care organisation). He worked from 2008 to 2010 as a legal expert in the Belgian Health Care Knowledge Centre (KCE-Brussels) in the field of Health Technology Assessment and Good Clinical Practices. He has published various articles on public health topics and EU health dossiers and has given lectures in different universities.

Esteban de Manuel

Director of Kronikgune



Esteban de Manuel MD University of Navarra, holds a Master degree in Community Health, University of London (LSHTM) and a Specialist degree in Family Medicine, Autonomous University of Madrid. Has a career in management in health and scientific institutions. From 1983 to 2002, he was in Andalucía, first as Regional Director of Primary Health Care and Health Promotion and later, as Academic Director of the Andalusian School of Public Health. From 2003 to 2011 he was CEO of the Institute of Health Sciences of Aragón, responsible for Health R&D and knowledge management in the Region of Aragón, in Northeast Spain. Since July 2011, he has been in charge of Kronikgune, the Basque Centre for Health Services Research and

Chronicity set up by the Basque Government within the R&D strategy to confront ageing, chronic diseases and healthy living. He has been involved in national and international projects advising public health and health systems development. His main expertise is on strategic management, human resources development, and knowledge management in health services and research.

Penny Hobson

Programme Manager, Centre for Connected Health & Social Care, Project Coordinator and Northern Ireland site manager



Penny Hobson joined CCHSC in January 2009, and has been involved in connected health initiatives within the Centre aimed at providing for better quality and more effective care within the NI health and social care system through the use of technology. She played a key role in the design, procurement and implementation of a remote telemonitoring ‘end-to-end’ managed service which is providing telemonitoring services across Northern Ireland. Penny leads the Northern Ireland site for the BeyondSilos project, and has played a co-ordinating role for the project overall. Penny has over 20 years’ experience of working in the NI health and social care system, in both finance and project and programme management.

Rafael Bengoa

Director of the Institute for Health & Strategy



Rafael Bengoa (PhD). Former Director for Health Systems in WHO. Former Regional Minister for Health for the Basque Government. Senior Fellow Harvard. Currently, he is Director of the Institute for Health & Strategy. Bilbao, Spain, and international advisor on healthcare reforms.

Jeanine Vos

Executive Director within the Connected Living Programme at the GSMA



Jeanine Vos leads initiatives that help unlock the consumer and business benefits of the Internet of Things (IoT). The GSMA represents the interests of 1000+ companies in the mobile communications industry worldwide. Jeanine’s aim is to stimulate growth and innovation in connected IoT services, with a particular focus on the areas of health and education, as well as policy and regulation. Jeanine is responsible for defining the strategic direction of these projects, working closely with member companies and ecosystem stakeholders to identify, prioritise and execute activities and communicate findings. Prior to this, Jeanine managed key policy and regulatory

programmes and communications at the GSMA as Director of Regulatory Affairs. Before joining the GSMA in 2005, Jeanine worked in the mobile industry for five years in the areas of Public Policy and Strategy. She holds an MSc from the Delft University of Technology and an MSc from the London School of Economics.

Itziar Vergara

Head of Research Unit of AP-OSIS de Gipuzkoa



Itziar Vergara MD, MPH, PhD. She is currently in charge of the Primary Care Research Unit of Gipuzkoa, at Osakidetza, the Basque Health System. She also leads the frailty research line at Biodonostia Research Institute from the Health Services Research Group in Ageing. She is member of the Spanish network of Health Services Research REDISSEC, and coordinates the group of Healthy Ageing Research at Kronikune. She is the principal investigator of several public funded research projects, and has published papers on aging and health services research domains.

Nerea González

Project Manager of REDISSEC



Nerea González, PhD in Psychology from the University of the Basque Country, is the Project Manager of REDISSEC (Health Services Research on Chronic Patients Network), where she gives support to the Networks' coordinator managing the 14 groups, the main research areas, the activities around them, and the documentation that is produced. Her main research lines focus on: health services research; patient reported outcomes; psychometrics, developing, adapting and validating questionnaires; and qualitative methodology, employing different techniques (focus groups, interviews ...)

and analysing the resulting information. Also, she collaborates with national and international journals in reviewing scientific manuscripts.

Signe Bennedbæk Daugbjerg, PhD

Research and Evaluation consultant at Region of Southern Denmark



Signe Daugbjerg is Research and Evaluation Consultant at the Department for Clinical Innovation at Odense University Hospital, a part of Region of Southern Denmark (RSD). She holds a PhD degree in Health and Medical Sciences from the University of Copenhagen with clinical epidemiology and social inequality in health as her focus of research. Since joining RSD in 2014, her main fields of work have been in the area of ICT enabled integrated care with expertise in planning and leading the evaluation task of European projects in the fields of eHealth.

Signe is also an expert evaluator for the European Commission for H2020 and an experienced lecturer and workshop leader within the field of evaluation and monitoring of health data. She is a skilled epidemiologist with 6+ years of expertise in all stages of observational research, including planning study design, collection of data, pooling large dataset from administrative registers and databases, as well as analysis, interpretation and publication of results. With a background in public health and clinical epidemiology, Signe combines her knowledge on population health and healthcare systems with theoretical evaluation models and epidemiological research techniques when undertaking evaluation and research tasks.

Paolo da Col, MD

Senior Consultant at HIMsa



Paolo Da Col joined HIM SA after leading the successful implementation of the flagship initiative DREAMING in Trieste (Italy). He is now Medical Coordinator of Smartcare Project and BeyondSilos Project. His entire career has been in the Italian public health system, as researcher, clinician and as Director of a Diabetic Clinic. He also acted as Director of a Health Care District, as well as Chief Health Officer of the Local Health Authority. He acquired the specialisations in Geriatric Medicine and Gerontology, Cardiology, Internal Medicine, Preventive Medicine and Public Health.

Reinhard Hammerschmidt

Senior researcher at empirica



Reinhard Hammerschmidt M.A. is senior research consultant at empirica specialising in business planning, evaluation and impact assessment of ICT-related healthcare services. He obtained a master's degree in Geography and Sociology from the University of Bonn (Dipl.Geogr.) and is a trained paramedic. He joined empirica in 2002, and has since then been responsible for numerous RTD and policy projects dealing with health and social care. Reinhard developed the ASSIST approach for the European Space Agency supporting telemedicine projects to become sustained services. He was work package lead on evaluation for the PALANTE (PATients Leading and mANaging their healthCare through EHealth)

Joint Final Conference

CiP project, aiming to empower patients through eHealth solutions in eight countries. Presently, he is leading the work package on exploitation in the CareWell project dealing with the integration of healthcare in six countries. In the recently started C3-Cloud project, he leads the evaluation of a solution addressing poly pharmacy management.

Wouter Keijser

Expert in healthcare transformation coaching, University of Twente



Wouter A. Keijser MD is an expert in healthcare transformation coaching. After medical school (Free University of Amsterdam), he established 15+ years of experience in coaching healthcare organisations, teams and individual physicians in quality improvement and innovations across Europe. As a researcher (University of Twente), Dr Keijser focuses on medical leadership and interdisciplinary teamwork, and has coordinated the Dutch medical leadership competency framework development. Keijser is (Europe's first) TeamSTEPPS™ master trainer, a certified coach at Human Synergistics™ and the NHS Leadership Programme. As

independent reviewer and advisor, he is active for governmental entities, European Commission and several health and social care organisations across Europe. Since 1999, Wouter Keijser has been involved in numerous public as well as private eHealth initiatives, including the management of EC co-funded pan-European eHealth projects. Wouter is a frequent author and presenter on healthcare quality and innovation topics.

Javier Mar

Head of Clinical Management Unit. Research Coordinator of Research Unit AP-OSIs Gipuzkoa. Integrated Healthcare Organisation (OSI) Alto Deba



Javier Mar's background is in epidemiology, and his research line is the economic evaluation of clinical decisions both diagnostic and therapeutic. His latest publications deal with the epidemiology and economic evaluation in neurological and chronic diseases. He is specialised in developing and applying population models built with discrete event simulation (DES) and Markov models to calculate cost-effectiveness analysis and budget impact analysis of health programmes. One of his new research lines is the application DES modelling to epidemiological studies to simulate clinical or epidemiological processes that cannot be observed, such as early stages of Alzheimer's

disease. He has applied this approach to thrombolysis for stroke, use of hyaluronic acid in knee osteoarthritis, Alzheimer's disease, breast cancer screening, hepatitis C, obesity and bariatric surgery. During the last three years, his group has developed a new research line addressing the evaluation of health care integrated programmes by applying statistical analysis and modelling.

Panos Stafylas

HTA Expert/Medical Coordinator of eHealth projects, HIM Spain SL



Panos Stafylas is a Cardiologist/Medical Coordinator of eHealth projects. He holds PhD in cardiovascular risk factors and MSc in Health Care Management. He has been actively involved in more than 30 research projects. From 2007 he has been a Clinical / HTA Consultant in eHealth research projects and services, designing clinical protocols, managing telemonitoring services, undertaking HTA etc. For the last six years, he has worked for HIM SA (Belgium) as the Medical and Scientific Coordinator of three European eHealth projects, namely Renewing Health, United4health and CareWell, and recently as Evaluation Leader of SmartCare and as leader of the data analysis of BeyondSilos project.

He has recently cofounded the Medical Research & Innovation LP (Thessaloniki, Greece), a micro enterprise focused in Research and Development (R&D) in Medical Sciences, including clinical trials and epidemiological studies, pharmacoconomics / HTA, advanced statistical analysis, predictive modelling and simulation. He holds a post as Affiliated Academic Staff in the Postgraduate Programme of Health

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Management in the University of Macedonia (Greece) teaching HTA & Economic Evaluation of Healthcare Programmes. Currently, he participates in the Health Information Management Spain S.L. team of experts, a SME founded in 2014 to support European regions and organisations to implement sustainable eHealth enabled integrated care, using data and modelling to maximise outcomes, managing multidisciplinary change, and creating future-proof culture of continuous improvement.

Francesca Avolio

Agenzia Regionale Sanitaria della Puglia. Servizio Internazionalizzazione Settore Salute e Rapporti con la Comunità Europea



Francesca Avolio comes from a legal background with specific competence in management and organisation in the healthcare service. She is responsible for the Service for Health Internationalisation and relations with EU. She is a member of the Executive Bureau of the Interregional Group on Health in the Committee of the Regions in Brussels. She is committed to Action B3 in the EC initiative “EIP on AHA”, and following the governance approach the action Group has adopted to date, a member of the Coordination Group. After the adoption by the European Commission of the Action Plan on the 6th November 2012, she was appointed as leader of the Action Area 6 Patient / user empowerment, health education and health promotion. She is involved in five EU projects submitted under FP7 framework, CIP and Health programme, namely, Credits4health, CareWell, ASSEHS, SCIROCCO and a “Joint Action on Health Inequalities”. Those projects all tackle relevant issues in the EU strategies and priorities in the field of health and wellbeing such as health promotion, management of chronic patients, ICT and sustainability of healthcare systems, risk stratification and validation of tools to support assessment processes, and evaluation of impact, and health inequalities.

Jordi Piera

Chief Information and Innovation Officer (CIIO) at Badalona Serveis Assistencials



Jordi Piera is dually trained in Computing Science Engineering at the Autonomous University of Barcelona (UAB) and in Enterprise Management and Direction also at the UAB. He also holds a MSc Programme in Telemedicine and eHealth delivered by the Open University of Catalonia (UOC). At the moment, he is on a PhD programme in Information Society also delivered by UOC. He started working at BSA in 2000, first as an analyst and software developer inside the ICT Department, where he actively participated in the deployment and implementation of the Electronic Medical Record and in a number of research and innovation projects. Currently he shares his responsibilities, leading both the ICT Department and the Research & Innovation Department. His experience in EU funded projects dates back to 2009, when he participated in the AAL JP funded Aladdin project. After that project, he has taken part in many other projects with different roles inside the consortiums under other funding programmes (including FP6, FP7, DG SANCO Health Programme and lately in H2020) with projects such as Aladdin, Home Sweet Home, ReAAL, Mastermind, Momentum, Insup-C, ACT, Do CHANGE, ACT@Scale and Usercare.

B.2 Moderators and Panellists

Ane Fullaondo: introduced round table discussion

R+D Coordination Manager at Kronikgune



Ane Fullaondo obtained MD in Biology at the Autonomous University of Madrid (2005) and PhD in Genetics and Molecular Biology at the University of the Basque Country (2009). Currently, she obtained a Masters in research methods and evaluation of health services health economics at the National Distance Education University (UNED). In 2015 she obtained the LEAD – the certificate of Specialisation in Leadership and Transformation in Organisations and Health

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Systems from Deusto Business School. Since the end of 2012, she has been a researcher in Kronikgune and from November 2015 until now, she has been coordinator of research projects in Kronikgune.

Marco d’Angelantonio: Moderator

CEO HIM S.A.



Marco d’Angelantonio holds a degree in Physics but has dedicated most of his professional life to ICT in fields as disparate as banking, public services, transport and social and health care. After 21 years in the Italian Group Olivetti in 1997, he founded HIM S.A. of which he is major shareholder, Chairman and Managing Director. He has master-minded and managed several EU projects, mostly in the fields of eHealth and eInclusion with a special focus on elderly care and management of chronic diseases in home setting. Among these are the largest multidimensional studies of ICT-enabled care ever carried out in Europe: RENEWING HEALTH (RCT with 7.000 chronic patients), United4Health (controlled trial with 13.000 chronic patients), SmartCare (controlled trial with 8.500 elderly people), CareWell (controlled trial with over 10.000 complex chronic patients) and BeyondSilos (controlled trial over 10.000 elderly people). All together, these projects are creating the largest base of evidence existing in Europe in support of the deployment of ICT-enabled care. He is generally recognised as a leading expert in ICT enabled integrated care, and has been often invited as a guest speaker to major conferences and seminars. He has proven ability to lead multi-language and multi-cultural teams because of his deep understanding of cultural differences in Europe, and his language skills (he is fluent in Italian, English, French and Spanish).

Panellists: listed alphabetically

Daniel Davies

Programme Manager Powys Teaching Health Board



Daniel Davies is a qualified practitioner of MSP (Managing Successful Programmes), PRINCE2 and ITIL (IT Service Management). He has worked in the NHS in Wales for 12 years, and has vast experience of implementing change, specifically in relation to ICT and ERP systems including Oracle e-Business to many aspects of the health care system (Finance, Procurement, HR, and Inventory). He studied Business Information Technology at the University of Wales Newport attaining a HND, and is currently responsible for overseeing European Projects in Powys Teaching Health Board having successfully managed EU funded projects in a previous role. He is also responsible for the programme management of a significant change programme in Powys THB – Commissioning.

Lucas Donat

BeyondSilos project manager in Health Research Institute La Fe – Valencia pilot site



Lucas Donat (MPharm) has a Bachelor Degree in Pharmacy (MSc) from University of Valencia and a Master Degree in Public Health and Epidemiology from University Miguel Hernández (Alicante). Master in Clinical Trial Management in Universidad de Sevilla, he also has International Project Management Certificate from INEDE-Universidad Católica de Valencia and Project Management Skills certificate from Universidad Politécnica de Valencia. He has been involved in development and management of several national and international projects. He was project manager for Valencia health regional government and was study coordinator of epidemiological studies in infectious disease area in Hospital Ramon y Cajal in Madrid. He has several publications in the field of public health, and has participated in international and national conferences. Currently BeyondSilos project manager in Health Research Institute La Fe.

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Adriano Fernandes

Project Manager & Consultor in SCMA and Amadora site manager



Adriano Fernandes earned his degree on Sociology in 1999. Since then he has also been upgrading his academic and scientific knowledge through participation in different Training and Forums on Social Intervention, namely in the Vulnerable people area, both as trainee and trainer.

Adriano Fernandes employment record includes Case Management and Teams Coordination in organisations of the Third Sector, in the area of childhood and vulnerable people. Since 2007, he has been working in Santa Casa da Misericórdia da Amadora (SCMA), an organisation with core business on Communitarian Intervention. From 2007-2014, he led teams working with vulnerable people and managed national & transnational projects; since 2015 has been developing a consultancy & project management cabinet, in order to enhance both quality and sustainability in SCMA and in other organisations (increasing the visibility of SCMA). Adriano Fernandes has 13 years of social intervention experience, team management and project management, based on the development of innovative methodologies and tools to faster increase vulnerable people empowerment.

Stefano Gris

Administrative & Project manager, ULSS Feltre



Stefano Gris is the project and administrative manager of the site for the CareWell European project in Veneto. He holds a degree in political science from Florence University; his main fields of interest are EU funding and EU policy in healthcare matters. He wrote a thesis on the cost and sustainability of the Regional Healthcare System in the mid period, and holds also a master degree in European Project Management. He worked as consultant for the department of cohesion and economic development of the Italian Presidency of the Council of the Ministries, in 2014.

Guido Iaccarino, MD, PhD

Associate Professor of Internal Medicine and Campania Site manager



Guido Iaccarino (MD, PhD) is Associate Professor of Internal Medicine at the Department of Medicine, Surgery and Odontoiatrics "Scuola Medica Salernitana", University of Salerno. He holds a Medical Degree from the "Federico II" University, Napoli, (Summa cum Laude). He undertook his Residency in Cardiology at the Department of Cardiology and Cardiovascular Surgery, Federico II University of Naples. This was followed by a position as Assistant Researcher, Laboratory of Robert J. Lefkowitz, Dept. of Medicine, at Duke University Medical Centre in collaboration with

Walter J. Koch, Dept. of Surgery, Duke University Medical Centre where he studied the regulation of the cardiac β AR signalling in models of cardiac dysfunction. The focus of this major research was on the role of G protein coupled receptor kinases in the determinism of cardiac contractility, being his second major on mechanisms of G protein coupled receptor regulation of vascular smooth muscle cells proliferation in vitro and in vivo. Further professional experiences are Telethon Fellow at the Dipartimento di Medicina Clinica e Scienze Cardiovascolari ed Immunologiche, Università; PhD in Cardiovascular Physiology and Pathology, Tor Vergata University of Rome, Italy; Ricercatore Universitario (Assistant Professor) of Internal Medicine, Department of Medicina Clinica Scienze Cardiovascolari ed Immunologiche, Federico II University of Naples, until his current position. In 2007 he was awarded tenure by the Italian Ministry of University.

Christian Melle

Team Leader Health Care Management and Research at Kinzigal site



Christian Melle, MBA, MHMM is currently working for Gesundes Kinzigal as team leader in the department of health care management and research, and is the Kinzigal site manager in BeyondSilos. Since then Christian has valuable knowledge in development and management of health care programmes such as back pain or rheuma at local level. He also contributes to calls for proposals by the Ministry of Health and EU Commission with issues such as ambient assisted living, integrated care, and e-health. With a master degree in business administration (MBA) with focus on health care management from Nuremberg university since 2007, and master degree in health and medical management (MHMM) since 2014, Christian also has years of experience in implementing telemedicine structures in the inpatient, outpatient and home care sector by working for a telehomecare provider company in Nuremberg.

Yanko Kuzmanov

Project manager at Centre for protection of the rights in the healthcare & Sofia site manager



Yanko Kuzmanov holds a degree in Business Studies from Lincoln University in the UK. Previously Yanko received training in Business Administration at Sofia University and microprocessor technology at Pravets Technical School. Yanko has been the project manager of the Center for Protection of the Rights in the Healthcare (CPRH) since 2010. Prior to that, he worked in the private sector in the field of administration and finance. Since 2014, Yanko has been the operations manager for the BeyondSilos Sofia site. Yanko has gained experience in coordination of multi-professional teams and the preparation and implementation of many projects at national and international level.

Mario Ravic

Manager Engagement Practise m2m & mHealth at Ericsson Nikola Tesla



Mario Ravic received his Dipl. Ing. degree from the University of Zagreb, Croatia in 1999 and MSc in 2011. While working for Ericsson from 2000, in 2009 he became responsible for mobile health segment globally as Product Owner with business and organisational responsibility for all functional areas. From 2014, he became responsible for data management in IoT segment. Experience includes remote patient monitoring e2e product design, placement in market and deployment, organisational ISO 13485 certification, sales and partnership activities. Participated in all key mHealth projects from Ericsson from business, organisational and service design perspective. His main interests include business models and digital service design. In 2016, he enrolled in the international master's programme "Leadership and management of health services" at the University of Zagreb, School of Medicine.

Antoni Zwiefka

Local Project Coordinator LSV



Antoni Zwiefka (Ph.D). Graduated from Wroclaw University of Technology, employed by LSV Marshal Office in Health and Voivodship Promotion Department. As a Project Coordinator, he is concerned with the application of Internet technologies for many subjects in health and elderly people care. He is also the author of numerous articles and presentations in the field of eHealth and Telehealth. On a daily basis, he is implementing ideas of innovation transfer, developed together with medical workers. This is due to a scientific passion for knowledge and change management in innovation transfer.

Appendix C: Feedback form

Relevance of Information presented and messages conveyed

How relevant do you find...	++	+	o	-	--
... the topic of integrated eCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the topic of ICT-supported care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the topic of predictive modelling in care service development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of the conference programme

How satisfied were you with ...	++	+	o	-	--
... the event format (agenda, balance of time for presentations and discussion)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the substance of information presented, all in all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the relevance of information presented, all in all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the presentations , all in all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the moderation and chairpersons , all in all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of Keynote One: "The relevance of technology enabled integrated care for the EU" (Arnaud Senn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of Keynote Two: "A political view point on integrated care system implementation" (Rafael Bengoa)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of Keynote Three: "The point of view of the mobile communications industry" (Jeanine Vos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the presentation: "Round table with deployment sites representatives – Smart care pathways: from theory to daily practice" (Ane Fullaondo & Penny Hobson / Marco d'Angelantonio)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the presentations , all in all:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the Wrap-up (Esteban de Manuel / Eddie Ritson)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the quality of the discussions among participants and with the audience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the event attendance (was it the community you had expected / wanted to meet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of the services

How satisfied were you with ...	++	+	o	-	--
... the quality of the practical information and support received prior to the event? (was the information clear and sent in time?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the event website and the information provided there prior to the conference? (was the information clear and easily accessible?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the event venue (convenience of the room, food etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the event materials received at the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Worthiness of attending the event

How far did the event fulfil your expectations ...	++	+	o	-	--
Please rate the event in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you consider the event worth attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall satisfaction

	++	+	o	-	--
All in all: how satisfied were you with the event in general ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Further comments

Please tell us what you found most useful about today's event?

Please tell us what you found least useful about today's event?

Is there any "message" that you found particularly useful, or is there any message that you missed?

Is there anything else you would like to bring to our attention?

Thank you very much for your feedback!

Name (optional):

Email address (optional):

Telephone number (optional):

Appendix D: Street advertising (Mupis)

Mupi: Mobilier Urbain pour l'Information or Urban Furniture Information

D.1 Advertising - Street posters

D.1.1 Poster display



Conference on
ICT enabled Integrated Care delivery

February 28th 2017
CosmoCaixa, Carrer d'Isaac Newton, 26 Barcelona

Register and join for free on
www.carewell-project.eu www.beyondsilos.eu

CAREWELL **BeyondSilos**

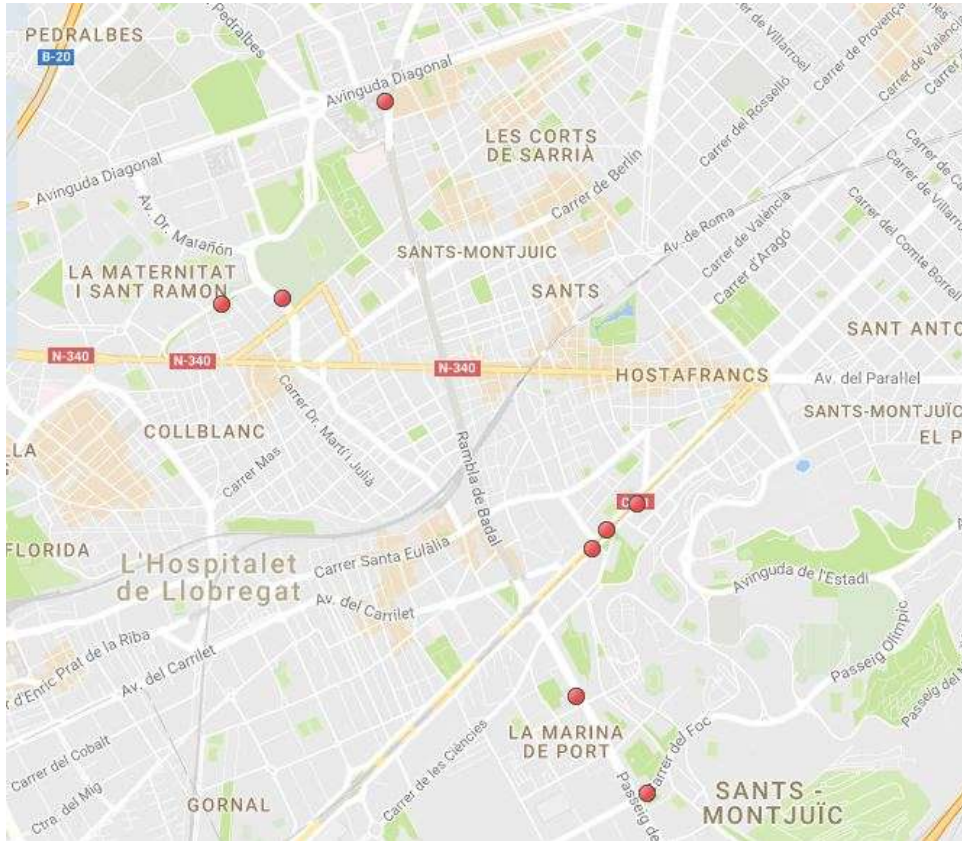
Both projects are co-funded by the ICT Policy Support Programme as part of the Competitiveness and Innovation Framework Programme of the European Union. Grant agreement no. 620903 and no. 621063. The final conference is hosted by "la Caixa" Banking Foundation

D.1.2 Locations

Side	Location	Notes
B	Aristides Maillol,6 Dp. Travesera de Les Corts	Near Camp Nou and hospital - many WMC delegates go to visit this
A	FOC,88 Dp. Satuña	Near Fira
B	FOC,88 Dp. Satuña	Near Fira
A	Zona Franca PS,FTE.186-198 Ant. Foneria	Near Fira
B	Zona Franca PS,FTE.186-198 Ant. Foneria	Near Fira
A	Gran Via Corts Catalanes,218	Near Fira
B	Gran Via Corts Catalanes,218	Near Fira
A	Gran Via Corts Catalanes,186	Near Fira
B	Gran Via Corts Catalanes,186	Near Fira

B	Gran Via Corts Catalanes,181	Near Fira
B	Cardenal Reig,36 Sant Ramon Nonat- Pintor Tapiró	lots of traffic
B	Carles III Gran Via,107 Diagonal-Sabino Arana	Near Dexeus Hospital, Corte Inglés, lots of pedestrians, traffic, Near Av. Diagonal

Note: Side A seen by pedestrians
Side B seen by cars



D.2 Advertising - Digital display

D.2.1 Electronic display

**Conference on ICT enabled
Integrated Care delivery**

February 28th 2017 @ CosmoCaixa, Barcelona
Register and join for free on:

www.carewell-project.eu





www.beyondsilos.eu





D.2.1 Location





Imágenes de 8"

450 08 101 036221 A

Id cara: 67641

Formato: 240 x 480