



# UNiversal solutions in TElemedicine Deployment for European HEALTH care (Grant Agreement No 325215)

## Document D10.1 Liaison with other EU Initiatives Version 1.1

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### Abstract

This document contains information on liaison activities with other EU initiatives. Liaison activities at both project and partner level are presented.

### Key Word List

Liaison, EU, synergy, added value, knowledge exchange, Renewing Health, MOMENTUM, EIP on AHA

## Executive Summary

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### Background

This document reports on the liaison activities of the United4Health (U4H) project with other EU initiatives. It describes the liaison activities that have taken place at project level, as well as those that have been recorded by the individual project partners, i.e. organisational level.

EU initiatives are for this purpose defined as initiatives that are supported and promoted by the European Commission, even if executed at a regional or national level (e.g. Structural or Regional Funds) or limited to one part of Europe (e.g. Interreg Programme).

### Liaison Activities

United4Health as a project has had close liaison with two other European projects that were funded by the European Commission:

- The Renewing Health project.
- The MOMENTUM project.

Renewing Health preceded United4Health as a large scale telemedicine implementation project with a focus on measuring the efficacy of telemedicine interventions for COPD, diabetes and CHF patients through randomised controlled trials. From the Renewing Health validated services, three were selected for customisation and further deployment in United4Health regions: Life-long management of diabetes; Short-term follow-up after hospital discharge for COPD patients; and Remote monitoring of Congestive Heart Failure.

Liaison with the MOMENTUM project was primarily done through the use of one of the United4Health deployment sites (Kristiansand, Southern Norway) as a test case for the MOMENTUM-TREAT Toolkit for assessing organisational readiness for large scale deployment of telemedicine.

The U4H User Policy Advisory Board (UPAB) has created a network of user representatives from user-related associations, and has concentrated its efforts at the policy level by focusing on the development of policy-oriented messages. It has brought together organisational representatives to reinforce the learnings from the United4Health deployment initiatives.

The liaison activities of each partner were recorded through an online survey tool. 18 responses from 13 partners form the basis for an overview of partners' liaison activities:

- There is strong representation of United4Health partners in EIP on AHA initiative, and synergies between the work in the Action Groups and United4Health have been established.
- Partners have participated in a number of European events such as conferences, workshops etc. where liaison have taken place. Networking and sharing lessons learned are helping partners shape their current telehealth deployment or for future planning. The audience profile show that these events were mainly attended by politicians and government; decision makers; industry; and health professionals and care practitioners, however, patients

and informal carers; public; and others (e.g. support groups) were also well represented.

- Liaison with other EU projects and programmes has also taken place throughout the project lifetime. Overlapping topics are frequent, and thus there were good opportunities to learn across projects.
- There has also been a good representation of partners who have participated in other EU initiatives such as Working Groups, Green Papers etc. mHealth and standardisation are the two main topics these have addressed. Knowledge gained from United4Health has been used to feed the work of these initiatives and vice versa.

### **Conclusions**

United4Health has gained great value from liaison with Renewing Health. Most important for shaping United4Health, and clearly differentiating itself from Renewing Health, has been:

- changing the telehealth service models based on both learnings from Renewing Health and United4Health partners' own requirements;
- the change in study design; and
- the strong focus on organisational aspects in the evaluation.

Talking part in the MOMENTUM-TREAT test case provided valuable insight and understanding for the Southern Norway deployment site, which they were able to transfer directly into the planning and actions of telehealth deployment.

The User Policy Advisory Board has, through a series of meetings, permitted a wide range of user organisations to understand the learnings emerging from United4Health. This has predominantly been in relation to telemedicine use to support people with one or more of the three chronic conditions, cardiac disease, COPD and diabetes.

United4Health partners have been, and still are, highly active in European events, projects and other initiatives. This ensures a flow of information, knowledge and experiences, which are of added value to all parties in the liaison activities.

## Change History

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### Version History:

0.1	21 <sup>st</sup> September 2015
0.2	20 <sup>th</sup> October 2015
0.3	18 <sup>th</sup> November 2015
0.4	23 <sup>rd</sup> November 2015
0.5	24 <sup>th</sup> November 2015
0.6	25 <sup>th</sup> November 2015
1.0	30 <sup>th</sup> November 2015
1.1	8 <sup>th</sup> December 2015

### Version Changes

0.1	Initial version
0.2	First Draft
0.3	Second draft
0.4	Third draft
0.5	Final draft for QA
0.6	Revised final draft for QA
1.0	Final report for submission
1.1	EFN removed from Table 1

### Outstanding Issues

None

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# 1. Introduction

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## 1.1 Purpose of this document

This document reports on the liaison activities with other EU initiatives. The document describes the liaison activities that have taken place at project level, as well as those that have been recorded by the individual project partners, i.e. at organisational level.

## 1.2 Scope and Limitations

Liaison activities have been defined as activities where there is synergy between two or more parties' activities, and where there is added value for either side in exchanging information on the activities. To distinguish itself from dissemination reporting, liaison refers only to activities in which there is an interaction between two or more parties, and the exchange and processing of information.

In the case of the activities reported in this document, one party will always be either the United4Health project as a whole, or individual consortium members' organisations in relation to their United4Health activities and involvement.

Other EU initiatives are for this purpose defined as initiatives that are supported and promoted by the European Commission, even if executed at a regional or national level (e.g. Structural or Regional Funds) or limited to one part of Europe (e.g. Interreg Programme). It is, however, essential that the initiative (project, event, conference, Working Group etc.) is supported and promoted through a European Commission agency. Other liaison activities at local, regional and national level as well as international level are reported separately in D10.2 Liaison with non-EU initiatives.

## 1.3 Glossary

<b>AHA</b>	Active and Healthy Ageing
<b>CHF</b>	Congestive Heart Failure
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>DM</b>	Diabetes Mellitus
<b>EIP</b>	European Innovation Partnership
<b>ICT</b>	Information and Communication Technology
<b>mHealth</b>	Mobile Health – practise of medicine and public health through mobile devices
<b>Paritarian</b>	Jointly managed on an equal (parity) basis.
<b>Partner</b>	Refers to an individual organisation, which is member of the United4Health consortium
<b>RCT</b>	Randomised Controlled Trial
<b>U4H</b>	United4Health

## 2. Liaison at project level

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Project level refers to activities of liaison at the overall EU project level, i.e. United4Health in its entirety, and at regional or organisational level.

### 2.1 The Renewing Health project

#### 2.1.1 Purpose and outcomes of project

Renewing Health ([www.renewinghealth.eu](http://www.renewinghealth.eu)) aimed to revolutionise the management of chronic diseases by transferring parts of the care process from an acute care environment to a home care one in order to improve quality of life and use healthcare resources more efficiently, while maintaining or increasing quality of care. To validate this approach, the nine regions of Renewing Health designed and implemented different types of telemedicine services depending on the health conditions, the needs to be answered by the new service and, of course, the environment in which the service was being implemented. The services were aimed at managing one or more of three chronic diseases: Diabetes Mellitus Type 2, COPD and Congestive Heart Failure (CHF).

During the course of the Project, the nine regions in Europe validated the services in 21 different pilots; a total of about 7000 patients participated in this study. The 21 pilots were divided into 10 clusters, according to disease and type of intervention. 20 of the pilots were carried out as pragmatic randomised controlled trials, with the final one an observational trial.

Overall, all the trials showed that the interventions used were at least as good as usual care from the clinical point of view, and were generally well received by participants, though the services were not regarded as a replacement for usual care. Assessment of the economic impact showed mixed results. The domain which may require further investigation is the organisational domain. Because of the nature of the trials, no site was able to fully explore in practice the impact that the services could have on the care delivery model<sup>1</sup>.

#### 2.1.2 Liaison between United4Health and Renewing Health

From the outset, United4Health (U4H) had a close link to the Renewing Health project. This was primarily because the telehealth services in U4H are strongly inspired by some of the Renewing Health studies, and because U4H uses MAST, like Renewing Health, and the experiences of the RCTs in Renewing Health.

##### 2.1.2.1 Telehealth Services

U4H has deployed three overall telehealth services for chronic patients:

- Life-long management of diabetes.
- Short-term follow-up after hospital discharge for COPD patients.
- Remote monitoring of CHF.

All three telehealth services are built upon services trialled in Renewing Health, but have been transformed based on the experiences and outcomes of Renewing

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<sup>1</sup> D1.12 v1.5 Renewing Health Final Project Report - Public

Health, and to fit the local context of the U4H deployment sites. In addition, where Renewing Health trials were conducted as RCTs, U4H is a deployment (observational) study.

**Life-long management of diabetes** is inspired by the services trialled in the Renewing Health sites: Berlin (DE), Thessaly (GR) and Veneto (IT). For U4H, these services have been enhanced with functionality of patient education and coaching trialled in Northern Norway in Renewing Health. In summary, the outcomes of these trials show that:

- A trend for improvement of HbA1c, the primary outcome, was demonstrated, but it was not statistically significant. The only exception was Central Greece (Thessaly), where the reduction was clinically and statistically significant.
- The results on quality of life (QoL), assessed with the SF36v2 questionnaire, were neutral or positive. No significant differences were found, but improvement of the quality of life in terms of the physical or the mental component of the SF-36v2 scale was found in a few cases.
- In some of the pilots, a lower, but statistically insignificant, number of outpatients visits to specialists or GPs was reported for the intervention group.

In U4H, a telehealth service for life-long management of diabetes is deployed in nine regions.

**Short-term follow-up after hospital discharge** for COPD patients in Renewing Health was trialled in Region of Southern Denmark (DK). In summary, the outcomes of these trials show that:

- The results show no clinical impact from the use of telemedicine, but report a high degree of satisfaction among the users, patients as well as healthcare professionals.
- The service is as effective as conventional treatment, but it does not significantly reduce readmissions or affect the mortality rate.

In U4H, a telehealth service for short-term follow-up of COPD after hospital discharge is deployed in six regions.

**Remote monitoring of Congestive Heart Failure** was in Renewing Health trialled in Thessaly (GR) and Veneto (IT). In summary, the outcomes of these trials show that:

- Despite limitations, remote monitoring of CHF demonstrated a significant reduction in hospitalisations for CHF, outpatient visits for CHF, and cardiologist visits, and a trend for reduction in the combined end-point of all-cause mortality and number of hospitalisations for heart failure.

In U4H, a telehealth service for remote monitoring of CHF is deployed in four regions.

### 2.1.2.2 Evaluation of Services

Like Renewing Health, U4H uses the MAST framework for assessment and reporting of outcomes. However, this is not unique, as other European projects are also using MAST, for example SmartCare and MasterMind. Nevertheless, some of the gaps identified in the evaluation of Renewing Health, such as organisational assessment, have been a priority in U4H exactly because of the Renewing Health

assessment results which lack knowledge and understanding of the organisational aspects.

U4H has used the observational study design<sup>2</sup> rather than RCT as with Renewing Health. This is because Renewing Health, through RCTs, demonstrated efficacy, whereas with an observational study design U4H can show real life effectiveness. However, by retaining some of the same indicators, data for the same intervention can be compared across the two pilots. This is covered in deliverable D3.7 “*Comparison of results between U4H and Renewing Health*”. U4H designed the study with a multicentre approach rather than clusters as in Renewing Health; this has allowed aggregation of data and thereby improving the comparability of results.

### 2.1.2.3 Other

U4H has collaborated with Renewing Health in other ways as well. The project shared the same central evaluation and database team which has extensive experience of how to approach this size of project and deployment in multiple sites. The team also possessed the required knowledge of how to evolve U4H independently from Renewing Health to contribute beyond what Renewing Health demonstrated.

Another important aspect has been access to the knowledge and exchange of experiences with Renewing Health on what has worked, what has not worked and why, and what not to do, etc. In hindsight, this aspect could have been implemented more systematically and consistently to maximise the learning from Renewing Health to U4H at both project level and for the deployment sites. For example, sharing of experiences on recruitment has proved useful where deployment sites were struggling with recruiting patients. Deployment sites experienced difficulties in accessing the appropriate patients and in obtaining their consent and willingness to participate. A key member from a Renewing Health pilot site, who had successfully recruited their patients and where the telehealth service trialed in Renewing Health is now a routine service at the hospital, participated in a Project Assembly to sharing experiences with the U4H deployment sites.

## 2.2 The MOMENTUM project

### 2.2.1 Purpose and outcomes of project

The MOMENTUM Thematic Network<sup>3</sup> is a platform through which the key players share their knowledge and experience in deploying telemedicine services into routine care to build a body of good practice. Between February 2012 and January 2015, MOMENTUM was a partially funded EU initiative that distilled this experience. Its outcome is a blueprint for telemedicine deployment that offers guidance for anybody who seeks to move telemedicine from an idea or a pilot into daily practice.

MOMENTUM’s outcome is an active and sustainable network of telemedicine stakeholders. The network maintains a European Telemedicine Deployment Blueprint that has three purposes:

- It assists telemedicine doers (e.g. leaders in health or care authorities, hospital managers, clinicians, or people involved in industry such as entrepreneurs or business executives) and all those people supporting them (e.g. public

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<sup>2</sup> D3.1 v1.5 United4Health scientific study protocols

<sup>3</sup> [www.telemedicine-momentum.eu](http://www.telemedicine-momentum.eu)

administrators or personnel in innovation agencies) in scaling up their telemedicine implementations.

- It lists and describes telemedicine's critical success factors in a structured way, whilst also identifying and documenting roadblocks to scaling up telemedicine services.
- By proposing a validated and tested method to support the telemedicine implementation process, it helps to create the enabling environments needed to accelerate overall telemedicine deployment in Europe.

## **2.2.2 Liaison between United4Health and MOMENTUM**

The ambition of U4H is to deploy scalable telehealth services across the participating regions in Europe, and to produce evidence and knowledge valuable for other regions planning scalable solutions. MOMENTUM is likewise focused on supporting the process towards scalable telehealth solutions across Europe, and does this by offering a blueprint that helps move telemedicine from pilot to routine service delivery.

### **2.2.2.1 Critical success factors for deployment of telemedicine**

MOMENTUM's Blueprint for Deployment of Telemedicine<sup>4</sup> builds on identified critical success factors, which are derived from a lengthy and comprehensive data collection, analysis and review process.

Data collection was conducted through a large online questionnaire covering a range of topics in relation to the four Strategic Interest Groups (SIGs):

1. Strategy and management.
2. Organisational implementation and change management.
3. Legal, regulatory and security issues.
4. Technical infrastructure and market relations.

The returned questionnaire responses were analysed to obtain a set of identified criteria, and refined until only those fulfilling the inclusion criteria were left. The selected cases were further investigated in detail and additional information obtained. On that basis, critical success factors were selected for each of the SIG domains, totalling 18 critical success factors for deployment of telemedicine services at large scale. These are all explained in detail in the MOMENTUM Consolidated Blueprint<sup>5</sup>. A review process then took place with users, which led to the MOMENTUM Validated Blueprint.

U4H has ensured a close link to MOMENTUM in order to exploit the synergies. This has been done primarily through EHTEL, both the MOMENTUM co-ordinator and a U4H consortium member and WP lead. The collaboration resulted in selecting one of the U4H deployment sites, Southern Norway, as a test case for the Blueprint and the 18 critical success factors.

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<sup>4</sup> Deliverable D3.4 Personalised Blueprint for telemedicine deployment: validated and tested version

<sup>5</sup> Deliverable D3.2 Towards a Personalised Blueprint - for doers, by doers: consolidated version

### 2.2.2.2 Southern Norway test case

#### Background

The Southern Norway (Kristiansand) U4H deployment site, which in U4H has deployed the COPD service, functioned as a test case for MOMENTUM's 18 critical success factors and the TREAT methodology (Telemedicine Readiness Assessment Tool), which complements the Blueprint to make it a ready-to-use process for the multi-stakeholder health check of a given project<sup>6</sup>.

As a test site, Kristiansand was especially suitable for MOMENTUM's purposes for the following reasons:

1. The Kristiansand U4H site had reached an optimal stage for testing. The pilot project had been carried out, but the decision whether to shift towards or against large-scale deployment had yet to be made. Furthermore, the site was complex, and included a wide range of stakeholders from primary care and hospitals to social care, municipality and regional authorities. It represented a typical site for a decision situation in a telemedicine initiative.
2. Independence was also important. The U4H project had played no part in the preparation of the MOMENTUM-TREAT toolkit. Therefore, its members were able to provide MOMENTUM with an outsider's view of the strengths and weaknesses of the toolkit. This was very helpful, especially when it came to the question of whether or not the MOMENTUM-TREAT toolkit can function as a standalone tool without any guidance being provided to people using it by members of the MOMENTUM consortium.

#### Results

Following a process that consisted of a survey, workshop and interviews, the following conclusions could be drawn:

- The participants were so pleased with the MOMENTUM-TREAT toolkit that some suggested it as a future standard for all Norwegian national telemedicine projects. Some participants suggested a wider use of the MOMENTUM-TREAT toolkit, which could be applied to telemedicine pilot initiatives in earlier phases as well as at the end of them.
- In the survey phase, some participants had struggled to see the relevance of a number of the indicators. In the workshop, however, they gained a broader understanding of them. The workshop permitted them to see the critical success factors and underlying indicators in their proper context.
- The participants achieved a shared understanding of the state of the U4H project in Kristiansand, the results so far, and the challenges ahead. From the survey results, they obtained an impression of their degree of readiness for large-scale deployment.
- The workshop results led to a thorough revision of the plan for future activities in the U4H Kristiansand site. As a result, the Kristiansand site made a new action plan based on the results of the survey and workshop.
- Overall, the participants found the MOMENTUM-TREAT toolkit very useful. All parts of the toolkit were important and worked well. The workshop led to a number of suggestions for changes and clarifications. Overall, however, satisfaction with the toolkit after the workshop was very high.

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<sup>6</sup> Deliverable D3.3 Report on WP3 "Test methodology": Towards an action plan for testing the MOMENTUM approach

Consequently, the liaison between MOMENTUM and U4H and its Southern Norway deployment site had a direct impact on both projects.

- For MOMENTUM changes were made to the structure of the Blueprint.
- For U4H, a deployment site was able to rethink and revise their activities for the deployment of the COPD service because they had gained new insight.

The time and financial constraints of both projects did not allow for a similar exercise in other U4H deployment sites. The results of the test case and the MOMENTUM blueprint were shared with the U4H consortium both electronically and at Project Assemblies.

## 2.3 User Policy Liaison Board

The User Policy Advisory Board (UPAB) in U4H comprises members of a range of organisations. They represent a diverse set of users / stakeholders, such as: health managers; health professionals in a number of occupations; health payers, including insurers; and older people and patients, including those with the three chronic conditions covered by the U4H project.

The UPAB has brought together representatives of the different categories of users of the services foreseen in the context of U4H to:

- Support the Project Team in raising awareness of telemedicine evidence at policy level.
- Facilitate interactions between the Project Team and European, regional or local user representatives.

The mission of the UPAB is defined as follows:

*“To develop telemedicine-related policy messages – by, with and for European civic society – for promotion at European, national and regional levels, so that people at large can understand the results and lessons learned from the two projects, Renewing Health and United4Health. The outcomes of the Board will include the publication of a consensus paper.”*

Particular efforts have been made by the UPAB to ensure that it works with user representatives from user-related associations, and that it operates at policy level by focusing on the development of policy-oriented messages. It has brought together organisations’ representatives to reinforce the learnings from the U4H deployment initiatives as well as those of the earlier Renewing Health pilot.

### Meetings and prospects for the final conference

A series of five meetings has taken place over a 15-month period. As the U4H project’s work has progressed, these have permitted a wide range of user organisations to understand the learnings emerging from U4H. This has particularly been in relation to telemedicine use to support people with the three chronic conditions, CHF, COPD and diabetes. Attendance on the part of disease-specific organisations, e.g. around cardiac and respiratory conditions, has been particularly strong. These meetings have also enabled the Board members to comment on and critique developments within the project.

Attendance at the UPAB meetings by members of the U4H lessons learned / evaluation team has also garnered a greater understanding on their part of the linkages between site visits and the opinions on policy messages expressed by user

organisations. Last but not least, attendance at the last UPAB meeting, held on 5<sup>th</sup> November 2015, by members of the U4H Policy Messages Task Force enabled solid collaboration and understanding of the adequacy of the policy messages, and which policy areas might need to be emphasised / reinforced.

The policy messages, which have been the primary focus of the UPAB, can – through this collaboration – reach a large and influential audience. Substantial attendance by UPAB member associations is expected at the project's final conference on 19<sup>th</sup>-20<sup>th</sup> January 2016. Commentary on the 5<sup>th</sup> November 2015 version of the U4H policy messages by UPAB members is to be included in Deliverable D4.3 of the project.

It is planned that validating and promoting the U4H policy messages will continue after the official project end.

### **Board membership and attendance at meetings**

The 25 organisations provisionally approached to participate in the UPAB are listed here in alphabetic order:

**Table 1: organisations approached to participate in the UPAB**

<b>Name of organisations invited</b>	<b>Meeting attendance</b>
AEIP - European Association of Paritarian Organisations	X
AER - Assembly of European Regions	X
AGE Platform Europe	X
AIM - International Association of Mutual Benefit Societies	X
CPME - Standing Committee of European Doctors	X
EBC - European Brain Council	-
ECC - European COPD Coalition	X
EFA - European Federation of Allergy and Airways Diseases Patients' Association	X
EHMA - European Health Management Association	-
EHN - European Heart Network	-
EHTEL - European Health Telematics Association	X
EPF - European Patients' Network	X
EPHA - European Public Health Alliance	X
ERS - European Respiratory Society	X
ESC - European Society of Cardiology	-
ESIP - European Social Insurance Partners	X
ESR - European Society of Radiology	X
Eurocarers	-
EUREGHA - European Regional and Local Health Authorities	X
EWMA - European Wound Management Association	X

Name of organisations invited	Meeting attendance
GenCat (Catalonia)	-
HOPE - European Hospital and Healthcare Federation	X
IDF Europe - International Diabetes Federation	-
RSD - Region of Southern Denmark	-
UEMS - Union Européenne des Médecins Spécialistes	X

Special invitees to meetings as observers, based on their knowledge of specific subject matter, included representatives of the Rathenau Institute (Netherlands), St Jude Medical EMEA (Belgium), Sheffield University (United Kingdom), and Insurance Europe. Presenters of paritarian case studies on cardiac, COPD and respiratory disease-related case studies often presented from a distance, using e.g. GoToMeeting facilities. The meetings themselves were hosted in facilities based at EHTEL, the European Public Health Alliance, and the European Respiratory Society Brussels offices.

The UPAB has thus managed through meetings and site visits to establish synergistic links between paritarian as a whole, and key European user stakeholder organisations, as well as with example deployment sites (such as Scotland and Norway), through local site visits.

#### **Spin-off activities generated by the interest of Board members**

A number of the user organisations have invited talks related to the work of the paritarian and the UPAB, as a result of their interest in the Board's work. For example, the Assembly of European Regions (AER) organised a special session at its annual meeting of its economic, social and cultural committees, held in November 2015, to discuss and learn about the paritarian findings and policy messages. At the launch meeting of its eHealth committee, in November 2015, Insurance Europe asked for a similar introduction. The European Association for Paritarian Organisations (AEIP) is set to do similar.

### 3. Liaison at organisational level

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#### 3.1 Background and methodology

Recognising that liaison activities with other EU initiatives are not just taking place at project level, all project consortium members were asked to report on their own liaison activities. The information was collected through an online survey tool (Survey-Xact), which was distributed to all partners in the project to be completed at organisational level. An overview of the questions contained in the survey can be seen in Appendix A.

18 completed responses were received in total, but originating from 13 different partner organisations (one partner provided information from six members involved in the project). One response was a joint response on behalf of two organisations (Kronikgune & Osakidetza), just as NHS 24 Scotland responded on behalf of all the local partners in Scotland.

**Table 2: Partners responding on liaison activities**

<b>Partner / Organisation</b>	<b>Number of responses</b>
Continua Health Alliance	1
EHTEL	1
EWMA	1
e-trikala SA	1
Hywel Dda University Health Board	6
John Paul II Hospital, Kraków	1
Kronikgune/Osakidetza	1
NHS 24 Scotland	1
Pflegewerk Managementgesellschaft mbH	1
SB-SG	1
South Karelia Social and Health care district	1
UPOL	1
UNN	1
<b>TOTAL</b>	<b>18</b>

17 incomplete responses were registered, but these contained no information or details, and were assumed to be cases where recipients had browsed through the questionnaire without completing it. As the survey was built on a universal link, the system would not recognise a recipient if he/she returned to finish it, and would instead register it as a new response. This could indicate that the solution of a universal link is not appropriate, as many then did not complete a new survey once they had left their dry run. Secondly, that a detailed guidance of the questions should have been provided beforehand, allowing people to gain an overview of the questions and collect information before completing it online..

### 3.2 European Innovation Partnership on Active & Healthy Ageing

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)<sup>7</sup> is an initiative launched by the European Commission in 2012. The initiative aims to increase the average healthy lifespan by two years by 2020, and pursues a triple win for Europe:

- enabling EU citizens to lead healthy, active and independent lives while ageing;
- improving the sustainability and efficiency of social and health care systems;
- boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

This is realised through six Action Groups in the three areas of prevention and health promotion, care and cure, and active and independent living of older people:

- A1 Prescription and adherence.
- A2 Falls Prevention.
- A3 Prevention of functional decline and frailty.
- B3 Integrated Care.
- C2 Independent Living.
- D4 Age-friendly Environments.

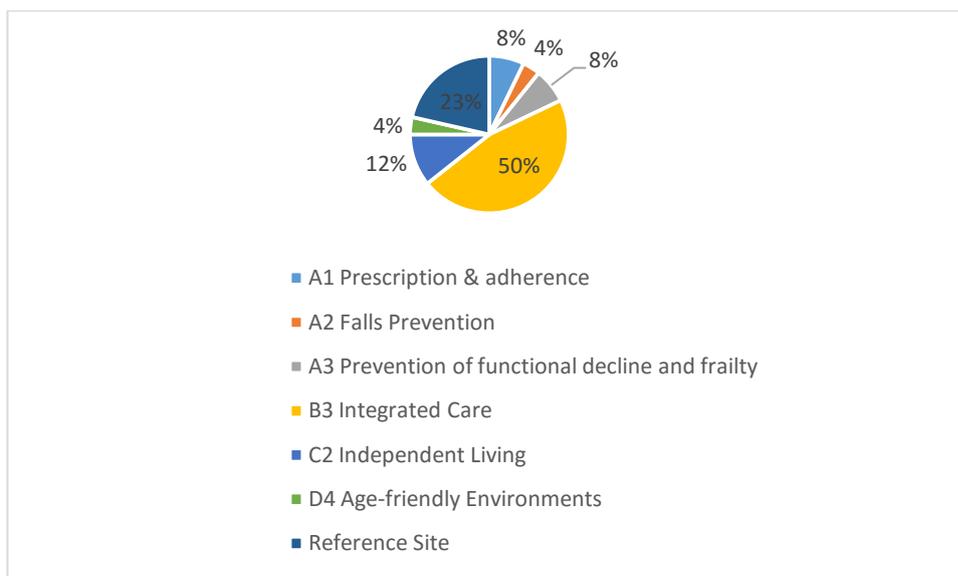
In addition to the six Action Groups, EIP on AHA has also awarded Reference Site status to regions and organisations who can demonstrate examples of comprehensive and innovation-based approaches to active and healthy ageing.

Many U4H partners are involved in the EIP on AHA through one or more Action Groups, and also as Reference Sites.

Without question, most partners are part of Action Group B3 on Integrated Care (50%) but also nearly 25% of the partners are a Reference Site (a status which only 32 regions or coalitions of organisations have been awarded). See Figure 1 below.

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<sup>7</sup> [http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing&pg=about](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=about)



**Figure 1: U4H partner participation in EIP on AHA**

For complete overview of the partners commitments to EIP on AHA, please see Appendix B.

### 3.2.1 Synergy

Synergies between the partners' EIP on AHA and U4H activities are summarised in the following examples from partners.

- Among the objectives of U4H and EIP on AHA is the "scaling up" of telehealth services promoting integrated care. The EIP on AHA provides a great opportunity to network with eHealth stakeholders including deployment sites, authorities and industry, showcase good examples of innovative practices which have demonstrated with concrete evidence their health, social and economic impact, and which have real potential for replication and scaling up.
- The experience gained through U4H has enabled EHTEL to:
  - engage in conversations with Reference Sites on the challenges to deploy innovative services such as telehealth in real life to support the transformation of healthcare systems;
  - support the development of the B3 Maturity Model aiming to enable regions to self-assess in a multi-dimensional way their readiness to launch integrated care initiatives.
- Continua contributed to the Antilope refinement of the European eHealth interoperability framework. The contribution was adopted by Action Group C2.
- ICT used in healthcare and social care enables achieving targets associated with a reduction of the impact of ageing population in EU.

#### **United4Health in the B3 Toolkit**

The Action Group on Integrated Care (B3) will make U4H deliverables part of the B3 Toolkit for Integrated Care. The outcomes of EU funded projects can be included in the B3 Toolkit if they are relevant for the group members, and if the members directly contributed to the development of the material. The B3 group encompasses 141 commitments (organisations or coalitions of organisations) represented by a network of 450 people. The Toolkit will initially be available in EIP on AHA

MarketPlace. At the Conference of Partners (9<sup>th</sup>-10<sup>th</sup> December 2015), the first iteration of the new EIP on AHA portal will be launched; this will host in the first iteration the B3 Good practices, and in the second iteration (due in 2016), the B3 Toolkit.

### 3.3 Conferences, Workshops and Events

U4H's partners have frequently participated in EU supported or promoted events (conferences, workshops, etc.) with a topic similar and/or complementary to that of U4H, and where they have collected information and knowledge that has been valuable to them in relation to U4H.

#### 3.3.1 List of liaison events

Name of event	Type of event	Audience
Antilope Handover Workshop (January 2015)	Workshop	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Industry</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
eHealth Forum (May 2014)	Sessions + meetings in Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Health professionals and Care practitioners</li> <li>○ Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> <li>○ Others (e.g. support groups)</li> </ul>
AAL Forum (September 2014)	Conference + Workshop	<ul style="list-style-type: none"> <li>○ Health professionals and Care practitioners</li> <li>○ Industry</li> </ul>
SemanticHealthNet Industry Forum on Semantic Interoperability (January 2015)	Forum	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
Horizon 2020 (February 2015)	Workshop	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Health professionals and Care practitioners</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
EIP on AHA (2012-2015)	Network meetings	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners</li> <li>○ Industry</li> <li>○ Public</li> </ul>
European Health Forum Gastein (October 2014)	Forum	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>

<b>Name of event</b>	<b>Type of event</b>	<b>Audience</b>
EWMA Conference (May 2015)	Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
International Symposium on Primary Care - Lesson Learned from Large Scale deployment (September 2015)	Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
Arctic Light eHealth Conference (February 2014)	Workshop	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Health professionals and Care practitioners</li> <li>○ Industry</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
EIP on AHA Annual Conference of Partners (2012, 2013, 2014)	Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners</li> <li>○ Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> <li>○ Others (e.g. support groups)</li> </ul>
Growing the Silver Economy in Europe (September 2014)	Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>
Open Days (2013, 2014)	Workshops + sessions	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> <li>○ Others (e.g. support groups)</li> </ul>
EU Marketplace for Health and EIP on AHA (September 2014)	Conference	<ul style="list-style-type: none"> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> <li>○ Others (e.g. support groups)</li> </ul>

<b>Name of event</b>	<b>Type of event</b>	<b>Audience</b>
European Summit on Innovation for Active and Healthy Ageing (March 2015)	Conference	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Public</li> <li>○ Others (e.g. support groups)</li> </ul>
Connected for Health	Meetings	<ul style="list-style-type: none"> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Politicians and Government (incl. civil servants)</li> <li>○ Others (e.g. support groups)</li> </ul>
ICT2015 (October 2015)	Conference and Exhibition	<ul style="list-style-type: none"> <li>○ Decision makers</li> <li>○ Patients and informal carers</li> <li>○ Health professionals and Care practitioners Industry</li> <li>○ Public</li> <li>○ Politicians and Government (incl. civil servants)</li> </ul>

These events have enabled liaison across a variety of topics and situations that have all added value for the partners' U4H activities whether as a healthcare delivery organisation, stakeholder association, industry etc.:

- Breaking down barriers and developing incentives for scaling up Europe-wide interoperability for health data.
- Debating that some evidence, e.g. on clinical effectiveness and quality of life improvement, can be provided through an approach that uses RCTs, but to better assess the economic and organisational impacts of an intervention, a real-life based approach was needed.
- Improving the framework conditions for uptake of innovation, leveraging financing and investments in innovation, to support improved active and healthy ageing.
- Liaising the U4H services with the EU co-funded (structural funds) National Telemedicine Network for the Aegean islands.
- Networking with eHealth stakeholders including deployment sites, authorities and industry.
- Showcasing good examples of innovative practices which have demonstrated with concrete evidence their health, social and economic impact, and which have real potential for replication and scaling.
- Turning the demographic changes which regions are facing into opportunities and grow a "silver economy".

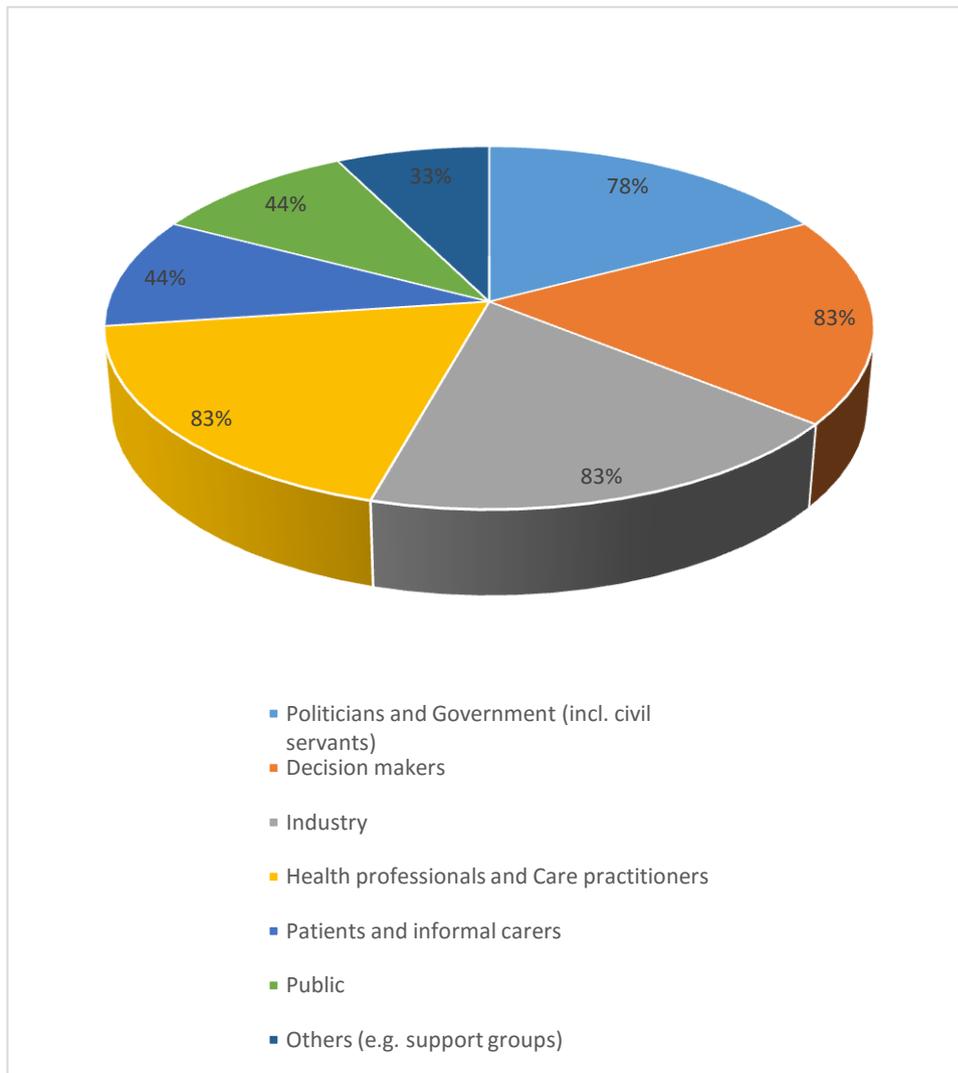
### **3.3.2 Audience profile**

The distribution of audience at the listed events show a strong bias towards:

- Politicians and Government (incl. civil servants);
- Decision makers;
- Industry; and

- Health professionals and care practitioners.

Patients and informal carers, public, and others (e.g. support groups) are, not surprisingly, represented to a lesser degree; nevertheless they still represent between 33-44% of the cases, which is considered as strong representation.



**Figure 2: Analysis of audiences at events attended by U4H partners**

### 3.4 Projects and Programmes

U4H in general addresses topics that are very similar to other projects and programmes in Europe, many of which are also funded by the European Commission through any of the many funding instruments of the European Union.

Below is a list of EU projects with which Partners in U4H have collaborated with that have been of added value to U4H.

**Table 3: EU projects with which Partners in U4H have collaborated**

<b>Project or Programme Title</b>	<b>Added value for United4Health</b>
Antilope	Interoperability framework.
Better Breathing	Telehealth for COPD patients.
eMedic - Developing New Practices for Teleconsultation and Diabetes	Knowledge sharing with previous regional eHealth project, including deployment discussions about services tested within the eMedic project.
Liaison of the U4H services with the EU co-funded (structural funds) National Telemedicine Network for the Aegean islands	Showcase good examples of innovative practices of large scale telehealth deployment.
USECARE	ICT based interaction between COPD patients, informal carer and health professional with the aim to prevent deterioration of disease.
Renewing Health	Experiences from the Renewing Health trials and service models.
Momentum - Advancing Telemedicine Adoption in Europe	Helping self-assess regions and organisations readiness to deploy telehealth in routine care and at scale, and thus helping plan future U4H services deployment.
ADAPT2DC	Telemedical care of patients with cardiovascular disabilities, located in remote areas from main cities.
Connected for Health	Telehealth using broadband access networks (FTTH), similar intervention in some CfH pilots, common evaluation methodology MAST.
HAIVISIO	To interact – be part of a community of interest – with other Health, Active Ageing and Independent Living related projects and contribute to projects' uptake. One of the ideas was to identify other projects which are at a comparable level in terms of technology readiness (TRL) as included in the Horizon 2020 programme terminology, and identify opportunities for synergies in raising awareness about addressing challenge in deploying innovative services.
Dreaming	Management of chronic conditions in a home setting.
SmartCare	Technology learnings and ICT tools for integrating health and social care.
CORAL - Community of Regions for Assisted Living	Innovations using ICT in AHA solutions.

The partners have also identified other EU projects with a topic similar or complimentary to U4H but where no liaison activities have taken place.

**Table 4: Other similar EU projects with no liaison activities**

<b>Project or Programme Title</b>	<b>Added value</b>
CareWell	Implement services that are based on two pathways supported by ICT: <ul style="list-style-type: none"> <li>○ integrated care coordination;</li> <li>○ patient empowerment &amp; home support.</li> </ul>
CommonWell & Independent	CIP ICT-PSP projects such CommonWell ( <a href="http://www.commonwell.eu">www.commonwell.eu</a> ) and Independent ( <a href="http://www.independent-project.eu">www.independent-project.eu</a> ) (both closed) have gained lessons from deployment of telehealth and telecare services in routine care that are complementary to U4H. Their exploitation jointly with the lessons learned by U4H could potentially influence the field of telehealth and telemedicine and other innovative services in health care.
Connected for Health	Pilots with broadband telehealth applications, evaluation by MAST, study on telehealth.
EMPATTICS	Broadening of type of services delivered by the U4H partners in Slovenia.
Telescope	EU Code of practice for Telehealth Services.
Palante & SUSTAINS	Lessons learned on deployment of online services and data access in routine care by Palante ( <a href="http://www.palante-project.eu">www.palante-project.eu</a> ) and SUSTAINS ( <a href="http://www.sustainsproject.eu">www.sustainsproject.eu</a> ) (both closed) will also be relevant for cross-feeding with U4H findings. The article “Empowering patients through eHealth: a case report of a pan-European project” recently published by Letteri et al in BMC Health Service Research is particularly relevant in this respect <sup>8</sup> .
Telehealth Quality Group	International standard for telehealth services.

Due to the thematic synergies identified, U4H will take both lists of projects and programmes into consideration for distribution of final reports, lessons learned and guidelines.

### 3.5 Other Initiatives

European initiatives and activities that are not considered as either conference events, EIP on AHA or projects / programmes are described under Other Initiatives. Specifically, partners were asked to list their involvement in EU initiatives and activities that have or are seeking to influence the field of telehealth and telemedicine, such as Green Papers, Recommendations, Policies, Working Groups etc.

<sup>8</sup> <https://ec.europa.eu/digital-agenda/en/news/empowering-patients-through-ehealth-case-report-pan-european-project>

**Table 5: Other Initiatives**

<b>Title</b>	<b>Type of initiative</b>	<b>Thematic link to U4H</b>	<b>Added value of liaison</b>
Green Paper on mobile health	Green Paper	mHealth	<ul style="list-style-type: none"> <li>○ mHealth services are part of the telehealth services. Since U4H aims to support large scale telehealth deployment, the barriers and issues related to the use and adoption of mHealth, needs to be addressed</li> <li>○ Specifically used the U4H experience to feed the work of EC on the subject</li> </ul>
PREVE	White paper	mHealth	<ul style="list-style-type: none"> <li>○ U4H operationalises this type of action plan</li> </ul>
eHealth Stakeholder Group	Working Group	Telemedicine deployment	<ul style="list-style-type: none"> <li>○ Used the experience gained through U4H to take the lead in preparing the eHealth Stakeholder group report “Widespread deployment of telemedicine in Europe”, adopted by the WG and released in March 2014</li> </ul>
Medical device regulation and in vitro device regulation	Policy	Regulation of medical devices	<ul style="list-style-type: none"> <li>○ Use of personal consumer devices for telemedicine</li> </ul>
mHealth Assessment Model	Recommendation from Working Group	mHealth	<ul style="list-style-type: none"> <li>○ An initiative by the mHealth Competence Centre/ Mobile World Capital Barcelona to gather stakeholders and produce a paper with recommendations for how to assess mHealth applications for appropriate use for health professionals and citizens. This Model should also help vendors in development of applications.</li> </ul>
mHealth privacy code of conduct	Working Group	mHealth	<ul style="list-style-type: none"> <li>○ Adoption of mHealth</li> </ul>
EC Consultation on Standards for the Digital Single Market	Consultation	Standardisation	<ul style="list-style-type: none"> <li>○ EU support for standards and interoperability</li> </ul>
SDO platform - as part of the Joint Action to support the eHealth Network (JAseHN)	Working Group	eHealth standardisation	<ul style="list-style-type: none"> <li>○ Promotion of interoperability</li> </ul>

The involvement in other initiatives takes place mostly in relation to specific topics with European-wide, even global, and contemporary high relevance such as mHealth, regulation and standardisation. Therefore, it is also mainly the transnational organisations such as Continua Health Alliance and EHTEL that have been directly involved in this work, but not exclusively; some deployment sites have also participated.

## 4. Conclusions

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United4Health, as a project, has had close liaison with two other European projects that were funded by the European Commission.

Renewing Health preceded U4H as a large scale telemedicine implementation project with a focus on measuring the efficacy of telemedicine interventions for COPD, DM and CHF patients through randomised controlled trials (RCTs).

From the Renewing Health validated services, three were selected for customisation and further deployment in U4H regions: Life-long management of diabetes; Short-term follow-up after hospital discharge for COPD patients; and Remote monitoring of Congestive Heart Failure.

U4H uses MAST as its evaluation framework, which was also the case in Renewing Health. However, U4H has not used RCT design, but rather an Observational Study design, which will allow for measuring effectiveness in real-life environments. Another example of fundamental difference is that organisational aspects have also been given high priority in U4H, whereas that domain was identified as a significant gap in Renewing Health.

U4H has gained great value from liaison with Renewing Health, both in terms of transferring service knowledge, and in evaluation of results. Most significant for shaping U4H and clearly differentiating itself from Renewing Health has been: the change of the telehealth service models based on both learnings from Renewing Health and U4H partners' own requirements; the change in study design; and last but not least, the strong focus on organisational aspects in the evaluation.

Liaison with the MOMENTUM project was primarily done through the use of one of the U4H deployment sites as a test case (Kristiansand, Southern Norway) for the MOMENTUM-TREAT Toolkit for assessing organisational readiness for large scale deployment of telemedicine. This exercise provided valuable insight and understanding for the Southern Norway deployment site, which they were able to transfer directly into the planning and actions of telehealth deployment. The test case demonstrated the usefulness of such a Toolkit and process, but resources did not allow for a repeat in the other U4H deployment sites.

The User Policy Advisory Board (UPAB) has created a network of user representatives from user-related associations, and has concentrated its efforts at the policy level by focusing on the development of policy-oriented messages. It has brought together organisational representatives to reinforce the learnings from the U4H deployment initiatives.

A series of five UPAB meetings has taken place over a 15-month period. These have permitted, as U4H project's work has progressed, a wide range of user organisations to understand the learnings emerging from U4H. This has predominantly been in relation to telemedicine use to support people with the three chronic conditions, CHF, COPD and diabetes. Attendance on the part of disease-specific organisations, e.g., around cardiac and respiratory conditions, has been strong. The policy messages will, through this collaboration, reach a large and influential audience.

The liaison activities of each partner showed that:

- There is strong representation of U4H partners in EIP on AHA initiative, and synergies between the work in the Action Groups and U4H have been established.
- Partners have participated in a number of European events such as conferences, workshops, etc. where liaison has taken place. Networking and sharing / hearing lessons learned are helping partners shape their current telehealth deployment or future planning. The audience profile shows that these events were mainly attended by politicians and government (incl. civil servants); decision makers; industry; and health professionals and care practitioners. However, patients and informal carers; public; and others (e.g. support groups) were also well represented at these events.
- Liaison with other EU projects and programmes has also taken place throughout the project lifetime. Overlapping topics are frequent, and thus there were good opportunities to learn across projects.
- There has also been a good representation of partners who have participated in other EU initiatives such as Working Groups, Green Papers, etc. mHealth and standardisation are the two main topics these have addressed. Knowledge gained from U4H has been used to feed the work of these initiatives, and vice versa.

It is evident that U4H partners have been, and are, highly active in European events, projects and other initiatives. This ensures a flow of information, knowledge and experiences, which are of added value to all parties and has contributed significantly to the learning outcomes of the U4H project.

## Appendix A: Overview of questionnaire for organisational liaison activities

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### Section 0 – respondent information

Please name the organisation you are representing:

Please state your name:

Please state your title:

Please state your email:

### Section 1 - EU initiatives

*EU initiatives* refers only to initiatives that are supported and promoted by the European Commission, even if executed at a regional or national level (e.g. Structural or Regional Funds) or limited to one part of Europe (e.g. Interreg Programme). It is however, essential that the initiative (project, event, conference, Working Group etc.) is supported and promoted through a European Commission agency.

- **Participation in EU supported or promoted events (Conferences, Workshops etc) with a topic similar and/or complementary to that of United4Health and collected information / experiences / knowledge that would be valuable to the project (U4H)**
  - If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
  - You can list as many as needed
- **European Innovation Partnership on Active and Healthy Ageing (EIPonAHA)**
  - You can then mark which Action Groups and if Reference Site
  - Describe synergies between EIPonAHA and United4Health
- **Collaboration with any projects and programmes funded by the European Commission with a similar topic**
  - If yes, you are asked to list: Type; Name; Added value to U4H; Evidence/link to material
  - You can list as many as needed
- **Active participation in any of the following or similar EU initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc)**
  - If yes, you are asked to list: Type; Name; Thematic link to U4H; Relevance for U4H; Evidence/link to material
  - You can list as many as needed
- **Knowledge of any other ongoing EU funded projects, programmes or initiatives that have similar and/or complementary objectives as United4Health that could benefit from liaison with U4H, but which there has been no liaison with to date**
  - If yes, you are asked to list: Type; Name; Relevance for U4H; Evidence/link to material
  - You can list as many as needed

## Section 2 - Non EU initiatives (regional and national)

*Regional and national non-EU initiatives* refers to initiatives which take place within a local, regional or national context but which are not linked to any EU funded or international initiative. (International initiatives are covered in Section 3 of the questionnaire.)

- **Participation in local, regional, national events (Conferences, Workshops etc) with a topic similar and/or complementary to that of United4Health and collected information / experiences / knowledge that would be valuable to the project (U4H)**
  - If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
  - You can list as many as needed
- **Collaboration with any local, regional, national projects and programmes with a similar topic**
  - If yes, you are asked to list: Type; Name; Added value to U4H; Evidence/link to material
  - You can list as many as needed
- **Active participation in any of the following or similar local, regional, national initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc)**
  - If yes, you are asked to list: Type; Name; Thematic link to U4H; Relevance for U4H; Evidence/link to material
  - You can list as many as needed
- **Influence of United4Health on any local, regional or national political decisions and strategies, recommendations, etc**
  - If yes, you are asked to list: Type; Level, Name; Status; Influence of U4H
  - You can list as many as needed
- **Knowledge of any other local, regional or national projects, programmes or initiatives that have similar and/or complementary objectives as United4Health that could benefit from liaison with U4H, but which there has been no liaison with to date**
  - If yes, you are asked to list: Type; Name; Relevance for U4H; Evidence/link to material
  - You can list as many as needed

## Section 3 – Non-EU Initiatives (International)

*International non-EU initiatives* describes initiatives that have international coverage and involvement, hence extending beyond the European Union.

- **Participation in international events (Conferences, Workshops etc) with a topic similar and/or complementary to that of United4Health and collected information / experiences / knowledge that would be valuable to the project (U4H)**

- If yes, you are asked to list: Type of event; Name; date; audience; purpose; evidence/link to material
- You can list as many as needed
  
- **Collaboration with any international projects and programmes with a similar topic**
  - If yes, you are asked to list: Type; Name; Added value to U4H; Evidence/link to material
  - You can list as many as needed
  
- **Active participation in any of the following or similar international initiatives and activities that could potentially influence the field of telehealth and telemedicine (Green Papers, Recommendations, Policies, Working Groups etc)**
  - If yes, you are asked to list: Type; Name; Thematic link to U4H; Relevance for U4H; Evidence/link to material
  - You can list as many as needed
  
- **Knowledge of any other international projects, programmes or initiatives that have similar and/or complementary objectives as United4Health that could benefit from liaison with U4H, but which there has been no liaison with to date**
  - If yes, you are asked to list: Type; Name; Relevance for U4H; Evidence/link to material
  - You can list as many as needed

#### Section 4 – Closing remarks

If there is information you feel is relevant but which you did not find the appropriate place to enter above, please enter it here. *If relevant, please include links to more information.*

**Thank you for your time and participation!**

## Appendix B: EIP on AHA Involvement Matrix

Partner organisation \ Action Group	A1 Prescription & adherence	A2 Falls Prevention	A3 Prevention of functional decline and frailty	B3 Integrated Care	C2 Independent Living	D4 Age-friendly Environments	Reference Site
NHS 24/Scotland	X	X	X	X	X	X	X
CONTINUA							
South Karelia Social & Health Care District							
Hywel Dda University Health Board*							
EWMA				X			
Kronikgune/Osakidetza	X		X	X	X		X
e-trikala SA				X			
UNN							
Pflegewerk Managementgesellschaft mbH							
EHTEL				X			-
UPOL				X			X
John Paul II Hospital							
Sørlandet hospital HF				X			
University of Agder				X			
Region of Southern Denmark				X			X

Action Group Partner organisation	A1 Prescription & adherence	A2 Falls Prevention	A3 Prevention of functional decline and frailty	B3 Integrated Care	C2 Independent Living	D4 Age-friendly Environments	Reference Site
General Hospital Slovenj Gradec				-			
ARSAN, Campania				X			X
ASP Consenza, Calabria							
Veneto - Arsenal IT				X			
Galicia/SERGAS				X			X
Vigisanté							
HIMSA							
AIM**							
GSMA							
AQuAS***							
COCIR				X			

\* NHS Wales is a Reference Site

\*\* AIM members are individually involved, e.g. Maccabi in B3

\*\*\* Catalonia is a Reference site and AG member