



Momentum

European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice

(Grant Agreement No 297320)

Deliverable 1.1

Governance and Operations Manual

Final Version

Work Package:	WP1
Version & Date:	Final version / 24 April 2013
Deliverable type:	Report
Distribution Status:	Public
Authors:	Diane Whitehouse, Michael Strübin, Marc Lange
Reviewed by:	Executive Committee
Approved by:	PSC
Filename:	D1.1_FINAL_Momentum_Governance&OperationsManual

Abstract

This Governance and Operational Manual outlines a set of principles, policies, and operational mechanisms that the Momentum thematic network and its beneficiaries will adopt and follow. The approach to the governance principles and policies is high-level, whereas the content of the operational mechanisms is more detailed. The Manual introduces the founding principles of Momentum, lays out some basic definitions and abbreviations, identifies the governance principles that underpin Momentum, and Momentum's policies. Particular focus is paid to Momentum's open involvement and participation. Details with regard to how Momentum operates are laid down. A set of appendices is provided to support the details of Momentum's operational mechanisms.

Key Word List

Blueprint, coherence, collaboration, communication, consensus-building, coordination, events, Executive Committee, financial management, financial policy, governance, internal organisation, knowledge gathering, online project management platform, openness, organisation, participation, policies, processes, principles, Project Steering Committee, quality assurance, quality management, reporting management, Secretariat, special interest groups, transparency.

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Change History

Version History:

01	01 January 2012
02	12 June 2012
03	12 June 2012
04	14 June 2012
05	7 August 2012
06	10 August 2012
07	16 August 2012
08	17 August 2012
09	21 August 2012
10	24 September 2012
11	23 April 2013
Final	24 April 2013

Version Changes

01	Initial draft
02	Revised draft, based on initial conference call and brainstorming
03	Includes updates resulting from a 12 June 2012 conference call.
04	Includes recommended changes via email on 13 June 2012 from ML and MS
05	Revisions made as a result of discussions in Luleå, Sweden and comments by MS
06	Restructuring of draft based on commentary on 8 August 2012
07	Inclusion of changes in section 1-3 as a result of commentary on 8 and 15 August 2012 by ML and MS
08	Inclusion of changes in abbreviations and sections 4-5 as a result of commentary on 8 and 15 August 2012 by ML and DW
09	Acceptance of most ML and MS changes and removal of track comments.
10	Last minutes in Executive summary and after QC before release to ExCo
11	Adapted comments from NST
Final	Changing version count, pdf

Outstanding Issues: Approval

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.

Momentum bears some similarities to the more general, and earlier, eHealth-related thematic network, CALLIOPE. It builds on some of the good practices developed in CALLIOPE. Where recognition is due to earlier principles, policies or operational processes developed and fine-tuned within CALLIOPE, due recognition is paid to this.

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Glossary: Definitions and Abbreviations

A provisional list follows of the kinds of concepts and principles defined by Momentum.

Concept	Provisional definition
Momentum Governance	Momentum Governance is designed by the consortium in combination with the Executive Committee and the Programme Steering Committee. It is anticipated that the high quality of Momentum Governance will create a very high degree of confidence in the guidelines for telemedicine deployment that it puts forward.
Momentum Consortium	The Momentum consortium is composed of a group of organisations united by its common interest in advancing telemedicine deployment in Europe. It assembles a group of organisations spanning the range of all stakeholders. Among these stakeholders are health authorities, eHealth competence centres, national stakeholder groups and organisations representing physicians, managers, community pharmacists, patients, industry, health insurers and payers. The initial partnership represents a significant number of countries and stakeholder groups that cover northern, western, southern and eastern Europe. This initial partnership will expand in numbers during the 30-month duration of the initiative.
Momentum Network	<p>The network includes all those who, as a result of an invitation, contribute actively to Momentum without actually being in the consortium. These organisations and associations are generally recognised for their efforts and accomplishments in the telemedicine deployment field. The initial members of the Momentum network will be organisations and associations that have been nominated by a member of the Momentum consortium.</p> <p>NB. The term “network” is distinguished from that of “thematic network” (see elsewhere in this glossary).</p>
Momentum Orbit	<p>The Momentum orbit involves all those people (“friends” or associates) who are interested in Momentum’s sphere of activity, area of interest or applications. The orbit includes all those people who have signed up to obtain information from Momentum (through a downloading process). Obtaining this information will take place either via the Momentum newsletter or through Momentum’s other dissemination mechanisms.</p> <p>The defining criterion for the people involved in the orbit is that Momentum can reach them directly when Momentum wants or needs to reach them (if they have requested this contact e.g., by providing Momentum with their email address).</p>

Momentum Policies

Momentum's policies are guidelines that enable Momentum to apply its principles in practice. The policies relate to: openness and collaboration, consensus building, participation, membership and commitments, communication, and finance.

Momentum Principles

Momentum is based on five principles that will facilitate the way in which Momentum can reach the highest possible level of impact and outreach. The implementation of these governance principles will create a very high degree of confidence in any of the guidelines for telemedicine deployment that Momentum puts forward, and will encourage commitment to the guidelines' eventual adoption at European, national or regional level. The principles are: **openness and transparency** in all areas of activity; **participation** of increasing numbers of stakeholders at different levels; **coherence** of objectives and activities with respect to the long-term goals of the thematic network; employment of the highest **quality** processes to produce the highest **quality** deliverables; and, **ethical** conduct and practice together with, where appropriate, the identification of **ethical** risk with regard to telemedicine deployment.

Momentum Special Interest Groups (SIGs)

Momentum is composed of four Special Interest Groups (SIGs). Each comprises a leader and volunteers from the Momentum consortium who share an interest and expertise in a specific area of telemedicine service deployment:

- Telemedicine strategy and management
- Organisational implementation and change management
- Legal and regulatory issues
- Technical infrastructure and market relations.

These four areas correspond to major sections of the Momentum Blueprint on Telemedicine Deployment. Thus, each SIG develops and criticises the best practices and guidelines relevant to its area of expertise that form part of the Blueprint.

A provisional list follows of any abbreviations used in this document.

Abbreviations	Full name of concept or organisation
AIM	Association Internationale de la Mutualité
CAHIAQ	Catalan Agency for Health Information, Assessment and Quality
COCIR	European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry
CPME	Comité Permanent des Médecins Européens
EHMA	European Health Management Association
EHTEL	European Health Telematics Association
EIP AHA	European Innovation Partnership on Active and Healthy Ageing
EPF	European Patients Forum
EPSCO	Employment, Social Policy, Health and Consumer Affairs
EXCO	Executive Committee
GSMA	GSM Association
HOPE	European Hospital and Healthcare Federation
IAPO	International Alliance of Patients Organisations
NHS	Health Information and Self Care Advice for Scotland
PSC	Project Steering Committee
RSD	Region of Southern Denmark
UEMS	European Union of Medical Specialists
UK	United Kingdom

Executive Summary

This Governance and Operational Manual outlines a set of principles, policies, and operational mechanisms that the Momentum thematic network and its beneficiaries will adopt and follow. The approach to the five governance principles and six policies is high-level, whereas the content of the operational mechanisms is more detailed.

The Manual introduces the founding ideas of Momentum, lays out some basic definitions and abbreviations, identifies the governance principles that underpin Momentum, and Momentum's policies. Particular focus is paid to Momentum's open involvement and participation (see section 3.4 and the concepts of Momentum Network and Orbit).

Details with regard to how Momentum operates are laid down. Particular focus is paid to the work processes leading to the development of the blueprint and the contributions expected from each consortium members (see section 4.1 and related sub-sections) as well as the applicable reporting processes and financial policies are described (see sections 4.4 and 4.5).

1. Introduction

1.1 The project

Momentum is a thematic network that resulted from the evaluation of submissions to the Competitive and Innovation Programme Information and Communication Technology Policy Support Programme (CIP ICT PSP), work programme 2011 with specific reference to ICT for Health, Ageing Well and Inclusion particularly with regard to “supporting widespread deployment of telemedicine services” (European Commission, 2011, p26)¹.

The Call aimed at producing a thematic network that:

“facilitate[s] exchange of good practices, to build wide consensus among stakeholders in telemedicine and to prepare commitments on specific actions to alleviate the main roadblocks preventing a widespread deployment of telemedicine services. The network is expected to build on the issues outlined in the Commission Communication on ‘Telemedicine for the benefit of patients, healthcare systems and society’ and develop specific guidelines to accelerate telemedicine deployment and meet the target set by the Digital Agenda for Europe in eHealth.... In particular, the network will provide a platform for stakeholders and Member States and Associated Countries representatives to address legal issues linked to this deployment. Organisational, technical and market related issues will be also addressed.” (Op Cit., p26/27).

To ensure a solid grounding of Momentum and its activities in reaching these goals, this deliverable lays out a set of principles, policies, and operational mechanisms that the thematic network and its beneficiaries will adopt and follow throughout the duration of the project. The initial approach to the governance principles and their related policies is high-level. The layout of the operational mechanisms is more detailed, and provides the way in which Momentum’s beneficiaries can function and operate.

1.2 Structure of the document

This Governance and Operational Manual is structured in the following way. An executive summary highlights the core elements of this manual. The founding principles of Momentum are laid out in the Introduction. The governance principles that underpin Momentum are identified in a section on Momentum governance. They are accompanied in a later section by a set of Momentum policies. In a final section of the manual, the various Momentum operations are laid down. To facilitate an understanding of the operational mechanisms of Momentum, a set of appendices is provided. The document also contains a glossary with a set of definitions and abbreviations.

¹ http://ec.europa.eu/cip/files/docs/ict-wp2011_en.pdf Accessed 7 August 2012

2. Momentum Governance

This chapter identifies Momentum's governance principles and outlines their impact on the project's policies. The appropriate relationship with Momentum's operational issues ('Operations') is then pursued in section 4 of this deliverable.²

2.1 Momentum Governance Principles - Overview

This section highlights the positive relationship that exists among the various principles on which Momentum is based. They facilitate the way in which Momentum can reach the highest possible level of impact and outreach.

As a result of the implementation of these governance principles, it is anticipated that Momentum will create a very high degree of confidence in any of the guidelines for telemedicine deployment that it puts forward. By implication, it will create commitment to the guidelines' eventual adoption at European, national or regional levels of implementation.

The principles that lie at the heart of Momentum are five in number. They are its openness and transparency, participation, coherence, quality, and ethics.

All Momentum beneficiaries are expected to assume responsibility in their engagement in Momentum's overall objective and principles.

2.1.1 Openness and transparency

Momentum is committed to **openness** and **transparency** in its four areas of activity. Momentum is intended to:

- Collect, document and disseminate examples of existing deployment good practice.
- Build a sustainable network which will grow during the lifetime of the network, and afterwards.
- Develop a range of collaboration mechanisms to build a European Telemedicine Deployment Blueprint with the input of its network members.
- Place a considerable proportion of its focus on the legal certainty and organisational solutions needed for mainstream telemedicine deployment.

Transparency is a key watchword of Momentum. The Network works in a **transparent** manner. The initiative will be fully transparent with regard to its intentions and operations. It organises consultations with stakeholder groups and the wider public. It publishes its deliverables in order to foster analysis, and to document, disseminate and multiply lessons learned on telemedicine deployment.

2.1.2 Participation

Momentum will expand and grow as a result of the networks created by its beneficiaries. Momentum will offer four different levels of involvement to participants in the project, illustrated by the **Momentum circle**. These four levels are composed of the:

- Momentum consortium
- Momentum network

² A limited number of the elements identified as necessary for the proper functioning of Momentum (such as coherence and ethics) bear similarities or parallels with commitments originally specified in the CALLIOPE thematic network <http://www.calliope-network.eu> Accessed 7 August 2012

- Momentum “orbit”
- Public at large.

A visual illustration of these four circles is offered in Figure 1 on page 8. Each of the individual layers or levels of the Momentum circle is defined briefly in subsection 3.4.

2.1.3 Coherence

Momentum’s objectives and actions will be coherent with the thematic network (“project”) as a whole and should be easily understood.

As far as possible, Momentum will work to maintain this high degree of internal and external coherence. The need for coherence is expected to increase as the range of Momentum’s active tasks grows. Internally, coherence will be maintained between the four Momentum special interest groups (SIGs) through a solid consistency of cross-SIG working relationships and by the beneficiaries of Momentum aiming to collaborate with the members of the Network and of the orbit.

This coherence requires leadership and a strong responsibility on the part of those who lead specific activities in Momentum (such as the SIGs) to ensure a consistent approach occurring even in Momentum’s complex environment.

External coherence will be created by the way in which the Blueprint³ (and its intended guidelines) draws on the range of good practice identified in the telemedicine field.

2.1.4 Quality

The quality principles adopted by Momentum follow generic principles and best practice developed within the project management field. They are applied to the thematic network in general. An example is the quality review process and a document release process (involving consistent naming, titling, and use of templates). This quality assurance has two aspects. On the one hand, it is a combined function of decision-making and behaviour of the EXCO, PSC and the Secretariat. On the other hand, it is the result of the engagement of all the beneficiaries and members of Momentum (who will work to analyse and measure their own achievements). It is also intended that this awareness of quality assurance will have an effect on telemedicine deployment in practice. By developing the Momentum Blueprint, Momentum is working on more than capacity-building: it is also proposing a checklist that can be used for quality assurance purposes.

2.1.5 Ethics

Responsible innovation in diverse fields and its underpinning ethics is increasingly an issue coming to the fore in the European Union⁴, and at an international level. Codes of practice and guidelines, based on various ethical frameworks, are at the foundation of a number of

³ The Momentum Blueprint is to be the result of the collaborative work of the Momentum thematic network. It will provide a holistic European reference telemedicine service framework that will explore those legal, organisational, technical and market-related issues that will ensure that telemedicine moves into mainstream use.

⁴ http://ec.europa.eu/research/science-society/document_library/pdf_06/mep-rapport-2011_en.pdf Accessed 7 August 2012

initiatives in Europe⁵ and internationally⁶, some of which relate to technologies used in the healthcare field, eHealth more generally, or telemedicine and telehealth more specifically⁷.

Momentum maintains impartiality with regard to specific technical solutions and national and/or international approaches to telemedicine deployment.

The European Commission's Competitiveness and Innovation Information and Communication Technology Policy Support Programme (CIP ICT PSP) supports Momentum financially. In addition to the financial contribution made by the European Commission, the project mobilises its own resources from those organisations that participate in the activities of the consortium and the SIGs.

Momentum's ethical principles apply to any new initiative that may be undertaken by Momentum in the form of collaboration with other projects or studies or any expansion of its work plan as part of its intended sustainability.

The good practices identified by the Momentum Blueprint, and the guidelines that they ultimately propose, are expected to be in line with common and classical ethical principles such as: do no harm, respect dignity and privacy, and avoid discrimination.

Any ethical risks that are specifically identified in the telemedicine deployment field, as information is gathered and captured by Momentum, will be flagged up and highlighted. It is possible that examples might fall into fields such as identity, privacy, security, surveillance and monitoring. These might emerge, for example, from those telemedicine deployment initiatives and projects identified that have failed or have not been successful. They might also relate to longer-term, ethical aspects of telehealth deployment, e.g., the implications of close-to-body devices and implants.

⁵ <http://www.telehealthcode.eu> Accessed 7 August 2012

⁶ <http://www.ethical-fp7.eu> Accessed 7 August 2012

⁷ <http://www.telehealthcode.eu> Accessed 7 August 2012

3. Momentum Policies

Momentum's policies should be regarded as guidelines that enable the Momentum thematic network to apply its principles in practice. They are generic mechanisms that facilitate the application of the five higher-level principles that were described in chapter 2 of this document.

3.1 Momentum Policies - Overview

A set of policies have been developed that focus on six separate but linked issues. These six issues are openness and collaboration; consensus building; participation; membership and commitments; communication; and finance.

It is proposed to monitor and evaluate the performance of these policies in a generic manner through the Momentum performance criteria (see sub-section 4.2.4 and laid out in more detail in [Appendix B](#)). These criteria will, as far as possible, match the performance criteria that Momentum has set out for its own purposes to monitor in order to maintain good practice. Focus will be kept on e.g., the overall Momentum Blueprint publication and the annual attendance of conferences. Since the entire purpose of Momentum is to be proactive and encouraging, these performance criteria will be based on a set of motivations and incentives, and will not operate in a punitive manner.

The extensive peer reviewing, cross-reviewing, and external review of deliverables will also form part of this capacity-building and development process.

This first section details the work of the various SIGs, their interaction, and the way in which they draw on input from the Momentum network and orbit, and the public at large. The second section lays out the related work processes.

3.2 Openness and collaboration

Momentum is envisaged as an **open** network. Momentum intends to become steadily more **open** in terms of its networking, gathering more people into its circle. Momentum seeks actively to attract new participant organisations.

Open involvement is key to enabling cooperation on telemedicine deployment among people who come from different Member States, which have different health systems and social insurance systems, and who belong to a variety of stakeholder groups. Consensus building in Momentum will be based on this notion of open involvement.

Initially, Momentum began with 21 partners (one coordinator, 19 participants, and one observer). After its launch, Momentum started to expand and extend its original composition. Momentum envisages adding several organisations from Member States' applicable telemedicine competence centres and/or associations and stakeholder groups. The identification, selection, and involvement of appropriate experts in Momentum's work will be the responsibility of Momentum's SIG leaders.

Momentum is openly involved with Member States and with other initiatives and projects, such as the eHealth Governance Initiative and Renewing Health, and with stakeholders in general. These different relationships are outlined here:

Member States: Momentum is conscious of its mandate to facilitate exchange, build consensus and prepare commitment on telemedicine services. The mechanisms that Momentum uses to facilitate open involvement will include:

- Identification of suitable associations and appropriate individuals;
- Dissemination and appeal to Member States and countries which were not initially involved in the network through arrangements such as the eHealth governance initiative;
- Attendance and promotion at suitable conferences/workshops.

Momentum will reach out to organisations from a number of countries with a view to them joining in the activities of the overall Momentum network. This process is due to start as from autumn 2012. Several countries, including European Union Member States⁸, are understood to have existing and/or growing interests in the use of telemedicine even though they were not part of Momentum at the time of its launch. These countries will all be approached, through the mechanism of the eHealth Governance Initiative, to encourage them to become part of the “extendible” Momentum Network.

eHealth Governance Initiative: Momentum maintains an on-going communications mechanism with the Secretariat of the eHealth Governance Initiative. Momentum is promptly informed about the prospective dates and times of meetings and key timelines of the initiative (e.g., eHealth Network⁹ or EPSCO¹⁰ Council meetings). It will, in due time, integrate its work into the governance initiative’s calendar and set of priorities. It will negotiate space on meeting agendas to report on progress and highlight Momentum’s key developments. Momentum will request input, feedback or support from the governance initiative on its developments.

Renewing Health: The relationship of Momentum with Renewing Health is expected to be regular although informal (since many of the two projects’ participant organisations are the same). This may involve shared work and active collaboration. This closeness will permit a thorough understanding of the implications of Renewing Health’s work for Momentum.

European Innovation Partnership (EIP) on Active and Healthy Ageing (AHA) (EIP AHA): Momentum will have an on-going relationship with two of the action groups involved in the AHA. The first is Action Group B3 “Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level”¹¹. (Some of the Momentum beneficiaries (i.e. NHS24, Region of Southern Denmark (RSD) and EHTEL) are committed to contribute to the activities of this Action Group. Both initiatives have in common the objective of building capacities when deploying remote monitoring services.) The second action group is C2 “Development of interoperable independent living solutions, including guidelines for business models” in which the Continua Health Alliance and others are involved, and the outcomes of which may be of relevance to Momentum’s work package 7 (WP7).

Stakeholders: Other stakeholder networks that match the Momentum profile will be invited to participate in it. Examples of such networks are the International Alliance of Patients Organisations (IAPO) and the European Patients Forum (EPF) which both indicated

⁸ These were Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Hungary, Ireland, Latvia, Malta, Portugal, Romania, Slovakia and Slovenia. European Economic Area countries, such as Iceland and Liechtenstein, and in addition Croatia, Turkey or the Balkan states, will also be considered for involvement.

⁹ The working group created in application of Article 14 of the Directive 2011-24.

¹⁰ Employment, Social Policy, Health and Consumer Affairs.

¹¹ <https://webgate.ec.europa.eu/eipaha/actiongroup/index/b3> Accessed 7 August 2012

interest in supporting Momentum's activities in its pre-launch period. Momentum will also invite relevant industry groups to participate in its work. Examples include the European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry (COCIR), Eucomed and the GSM Association (GSMA). All three of these have shown their interest in telemedicine through their participation in the Renewing Health Industry Advisory Board that is managed by the Continua Health Alliance.

3.3 Consensus building policy

Momentum's purpose is to create a considerable degree of consensus and interactivity among all the Momentum partners. Ultimately, this consensus building will be extended to a much wider level. This consensus building will "get all the Momentum partners into movement" in the project and, ultimately, in the deployment of telemedicine. Indeed, all of Momentum's partners will move forward on telemedicine deployment in Europe in a much more pro-active way.

All proposals that are initially put forward *inside* Momentum are intended to act as triggers for discussion and dialogue and, eventually, for action and activity even *outside* the Momentum project.

Momentum is based on a set of governance principles that help to create consensus on good practices and a set of robust guidelines for telemedicine deployment. Its approach to information-gathering and consensus building on the main causes of successes and failures in the telemedicine field will enable Momentum to show that the Blueprint it creates is the result of a common consensus. For this reason, the Blueprint will contain a consensus statement that lists all the experts who and their organisations that contributed to the writing and editing of the document. It will also list all the organisations that have validated the Momentum Blueprint, either as a member of the Programme Steering Committee (PSC) or as a "guest" (e.g., if they are members of either the Momentum network or the Momentum orbit).

3.4 Participation

Each beneficiary's network draws on work conducted by the Momentum consortium as part of the Momentum thematic network. Each network also enriches the information gathered within Momentum. They are all part of the Momentum Circle (see Figure 1).

A beneficiary's network can include members of the Momentum consortium, network, orbit, and the public at large. Ultimately, this is the notion of a "network of networks".

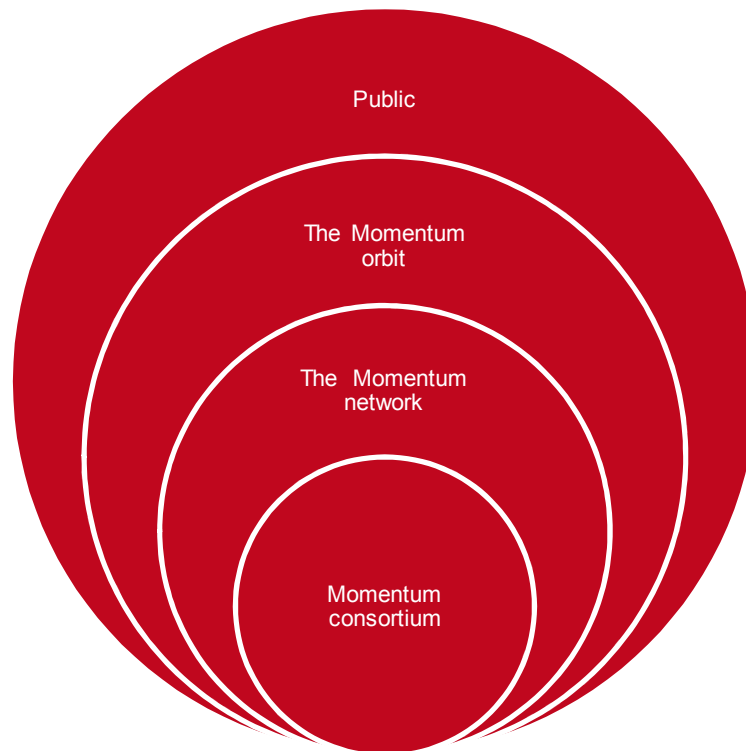


Figure 1: The Momentum circle

3.4.1 Momentum consortium and beneficiaries

The consortium is a group of organisations united by its common interest in advancing telemedicine deployment in Europe. It assembles a group of organisations spanning the range of all stakeholders. Among these stakeholders are health authorities, eHealth competence centres, national stakeholder groups and organisations representing physicians, managers, community pharmacists, patients, industry, health insurers and payers. The initial partnership represents a significant number of countries and stakeholder groups that cover northern, western, southern and eastern Europe. Both large and small countries are represented. The large countries initially include France, Germany, and the United Kingdom (UK). Medium-sized countries include Poland and Spain. The small countries include Denmark, Estonia, Sweden, and Switzerland. This geographic grouping of telemedicine-related authorities is complemented by seven pan-European/international organisations: EHTEL, Continua Health Alliance as well as AIM, CPME, EHMA, HOPE, and UEMS. These organisations have a focus on health professionals, health managers and market-related interests.

Figure 1 illustrates the relationship between the inner core of the Momentum consortium (composed of Momentum’s beneficiaries), and the three other related circles of the Momentum network, orbit, and public at large.

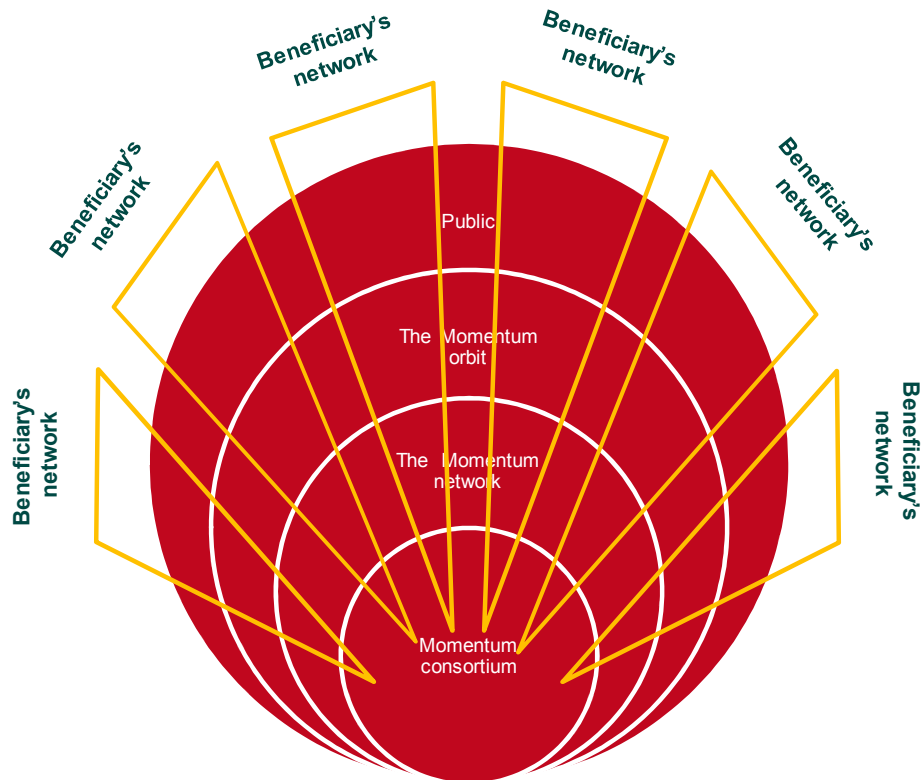


Figure 2: How beneficiaries' networks feed into Momentum

3.4.2 Momentum network

The network includes all those who, as a result of an invitation, contribute actively to the project without actually being in the consortium. These organisations and associations are generally recognised for their efforts and accomplishments in the telemedicine deployment field. The initial members of the Momentum network will be organisations and associations that have been nominated by a member of the Momentum consortium. Members of the Momentum network may be members of the consortium's own members' membership organisations (however, this is not a pre-condition). The Momentum consortium will invite other organisations to be part of the network.

Momentum network members provide content (through an uploading process: see sub-section 3.4.5). They provide content either by answering a version of the Momentum questionnaire or by feeding their stakeholder views into the project. In return, their contribution will receive visibility: their work will be credited in a public way as part of Momentum's dissemination activities or when they are invited to attend a Momentum workshop or workshops.

Further detail on Momentum network membership and its commitments is laid out in section 3.5 of this document. It also describes the decision processes involved in inviting organisations and associations to become part of the network.

3.4.3 Momentum orbit

The Momentum orbit is "an open space". Momentum's "orbit" involves all those people ("friends" or associates) who are interested in Momentum's sphere of activity, area of interest or applications. The orbit includes all those people who have signed up to obtain information from Momentum through a downloading process (see sub-section 3.4.5). Obtaining this information will take place either via the Momentum newscast or through

Momentum's other dissemination mechanisms. Momentum's orbit is open to all those people who wish to be included in it.¹² Equally, they have the right or opportunity to leave the orbit if they so wish. The defining criteria for the people involved in the orbit is that Momentum can reach them directly when Momentum wants or needs to reach them if they have requested it e.g., by providing Momentum with their email address.

3.4.4 The public at large

For the duration of the Momentum thematic network, the public is considered to be all those persons (and groups which represent them) who show an interest in telemedicine and who would be prepared to use it. It covers people who are at all phases or stages of the healthy lifecycle: from full health to various chronic care conditions or emergency care, from nursery to care home, or from cradle to home or hospice.

3.4.5 Benefitting from Momentum: uploading and downloading

Momentum will involve a two-way knowledge enhancement process that consists of both uploading and downloading. The uploading role is a more active role, and the downloading role is more passive.

- *Uploading:* Members of the Momentum network are expected to upload their knowledge into Momentum.
- *Downloading:* Anyone interested in learning from Momentum about telemedicine deployment has the opportunity to do so. Friends and associates of the orbit are expected to download Momentum's knowledge as a result of the Momentum capacity-building approach

It is anticipated that, over time, through capacity building, even those stakeholders with a more passive role may be transformed into more active participants in the Momentum process if they are willing and invited to do so.

These uploading and downloading processes are being trialled in Work Package 3 (WP3) of Momentum, the network's knowledge gathering and consolidation exercise.

3.5 Membership and commitments

The initial members of the Momentum network are organisations and associations that have been nominated by a member of the Momentum consortium. These organisations and associations are those that are generally recognised for their efforts and accomplishments in the telemedicine deployment field. The Momentum network is therefore likely to include organisations that work closely with the Momentum consortium.

Purely as examples, Arsenal IT (from the Veneto region in Italy) and the Catalan Agency for Health Information, Assessment and Quality (CAHIAQ) (from Catalonia in Spain) are the first organisations to be invited to join the Momentum network in spring 2012. They both presented their telemedicine experiences at the Momentum dissemination event at the ALEC Arctic Lights June 2012 conference in Luleå, Sweden.

As a result of a formal invitation, nominees are invited to attend Momentum conferences and workshops, share their experiences, and learn from the experience of other telemedicine practitioners across Europe. For example, they will receive invitations to the first three Momentum workshops. Their contribution to Momentum's work will be duly acknowledged e.g., in deliverables and public documentation. This involvement will offer

¹² <http://www.ehtel.org/join-ehetel/a-community-to-join/join-ehetel/member-profiles>

the network members opportunities to raise their organisational and reputational profiles across Europe.

While the relationship will be triggered by a formal invitation (and its acceptance), a list of commitments and responsibilities will be laid down in a Terms of Reference (ToR) document. The ToR will contain more explicit details such as those conditions outlined below: a discussion of eligibility criteria and a mechanism to indicate interest in joining; the nature of the invitation and its acceptance; operationalisation of acceptance; naming of correspondent(s); public acknowledgement of network members; network members' participation in Momentum reporting mechanisms; and reimbursement conditions.

It is the Momentum Executive Committee (EXCO) that will make this invitation on the basis of proposals put forward by Momentum beneficiaries. It is possible that this agreement will contain certain reservations with regard to confidentiality and non-disclosure, and may codify responsibilities to assist with Momentum's reporting and communications. This accession document will be validated by the signatories and co-signed by them.

Operationally, an organisation will become a network member when its profile is posted on the Momentum website under "partners". This profile and logo should feature on the Momentum deliverables. The new members will feature the Momentum logo and link on their own website, and name a correspondent for news and communications.

Acknowledgement of Momentum network members will take place through the Momentum website by adding their profile and logo to the list of Momentum Partners. Access to the Momentum Huddle mechanism *may* also be provided to those network members who collaborate actively in the development of a section of the Momentum Blueprint or who otherwise require access to the Huddle as part of their participation. The request should be made to the respective work package (WP) leader who will endorse and refer the request to the Secretariat.

Whereas the beneficiaries of the Momentum consortium receive reimbursement of their travel and accommodation costs when attending Momentum events and activities, this is, in principle, not the case for members of the Momentum network.

The benefits of joining the Momentum network incorporate:

- Liaison with the Momentum consortium members (its "beneficiaries").
- Attendance via invitation at Momentum events and activities.
- Access to Momentum deliverables, at an early stage of their development when they are under preparation.
- Raising of institutional profiles.

Momentum Network members:

- Respond to the WP3 questionnaire.
- Upload their response.
- Have their responses reviewed and published.
- Are acknowledged for their contributions.
- Are invited to showcase their deployment experience in Momentum events.
- Name a correspondent to join the project's dissemination efforts

Momentum orbit members:

- Benefit from the work done by Momentum.
- Benefit from the capacity building process.
- Receive the Momentum newscast.
- May graduate eventually from being members of the orbit to becoming members of the network.

3.6 Communication policy

Momentum's communication policy covers its own internal communication and its internal organisation and financial policies and processes. Initial indications are laid out in Chapter 4.1.7 as the basis for various proposals in terms of Momentum's relationship with various correspondents, and how Momentum activities and outcomes will be publicised in the press. More precise details of how these preliminary concepts are carried forward practically are laid out in Momentum's Deliverable D2.1, the Dissemination Plan.

3.7 Financial policy

This sub-section outlines the financial policies that were discussed and agreed on at the kick-off meeting of the Momentum project. They are as follows:

- The internal financial management of the project will be based on the accountability principle, i.e., the project's financial resources will be used to reimburse actual expenses (labour costs, travel and subsistence costs, and other costs) undertaken by the beneficiaries up to the limits set by the European Commission (EC) funds. Indeed, as outlined in Momentum's technical annex, *"resources [...] will be allocated to the project on a voluntary basis, i.e. beyond the resources covered by the EC funding."*
- All beneficiaries have agreed to pool the EC grant in a shared mechanism called the **"Common Reserve Fund"**. This Common Reserve Fund will be under the responsibility of the Coordinator and will be used on the basis of an agreed internal budget and a set of agreed financial rules. The Coordinator will report to the EXCO on the use of this "Common Reserve Fund".

More operational details on financial management are contained in section 4.5.

In short, one can describe the processes as follows:

- WP3 will initially conduct a knowledge gathering exercise and develop, based on the acquired intelligence, an outline or “synopsis” of the Blueprint before it hands over to the Special Interest Groups (SIGs);
- The SIGs will first draft the Blueprint and then validate it with stakeholders, convening at the end of each phase for workshops to share, compare and discuss results.
- Eventually they hand over again to WP3 to consolidate and test the Blueprint in a real life telemedicine implementation, before the final Blueprint will be published and shared with the telemedicine community.

4.1.1 Knowledge gathering

The knowledge gathering process will collect information, experiences and lessons from existing telemedicine services in Europe, and provide the empirical foundation of the Momentum blueprint.

As a starting point, Momentum seeks to gather information only from those telemedicine services that have been made part of routine healthcare provision, funded or reimbursed as part of the normal healthcare reimbursement system in a given country or region. Momentum explicitly seeks to collect information also from failed attempts to move a telemedicine service into routine operations so as to learn about what factors impeded the deployment. In this way Momentum seeks to avoid information from telemedicine services that depend on special forms of funding from either a public or private entity. However, the eligibility criteria may be adapted at a later stage, based on the acquired experience.

To identify these services, Momentum relies on its consortium members and their membership of associations and expertise centres, and their own networks. These organisations may also assist various telemedicine services in responding to the questionnaire (including language assistance), and serve as first points of contact for questions or clarifications. As per the agreed financial policies (integrated in section 4.5.2 below), this support will be provided *Pro Bono*, in contrast to the writing and editorial work described under section 4.1.3.1 below.

The Region of Southern Denmark (RSD), leader of WP3, developed the questionnaire and will host the online version on its servers. An initial version was tested in May/June 2012 with a small set of invited organisations. A revised and final version will be launched in late August 2012 or early September 2012. It will remain open for completion for a period of four to six weeks before it is closed temporarily. RSD will make the results available to the four WP leaders who will then analyse the results in coordination with their SIGs before drafting the respective sections of the Blueprint.

The questionnaire is not open to the public. Rather, the Momentum Secretariat collects and screens expressions of interest before the RSD server invites respondents to complete the questionnaire with an automatically generated email and a personalised link. This ensures that abuse, spam or nonsensical input is limited, and that respondents can re-access their questionnaire content any time before the date of closure.

At periodic intervals over the duration of the Momentum thematic network, the questionnaire will be reopened to allow additional respondents to insert information and existing respondents to update their information. These periodic intervals will be

determined by the EXCO, in coordination with the SIG leaders, to ensure that the SIGs have the opportunity and capacity to absorb new information. Each time the questionnaire is reopened, it will remain open for no longer than six weeks.

As part of this knowledge gathering process, emphasis is placed in the early stages of the Momentum project on the development of the Blueprint and the roles played by the four SIGs.

4.1.2 Blueprint development: The initial synopsis

During the summer and autumn of 2012, WP3 with the Secretariat’s support will develop the synopsis of the Blueprint. The synopsis will consist of an annotated table of contents with a short summary paragraph proposing content for each section. The design of the synopsis will be a collaborative exercise that takes place among telemedicine experts. Its content will be informed by the initial set of responses to the questionnaire. It will be sent to the EXCO for review and criticism in September 2012. Once the synopsis is finalised, it will serve as the basic skeleton for the Blueprint.

Any subsequent changes to the synopsis should be discussed with, and approved by, the EXCO, which convenes both the Momentum project management and all SIG leaders in order to reach agreement on these matters.

4.1.3 Blueprint development: Special Interest Groups

The Blueprint’s four sections will then be driven separately by each Special Interest Group (SIG). Each section corresponds to different, though related and sometimes overlapping, dimensions of telemedicine service deployment. A SIG will develop, and critique, the content of each respective section. The work of each SIG corresponds to the work of a separate work package (WP). These are enumerated work packages (WPs), 4 to 7.

Table 1: List of Special Interest Groups (SIGs)

SIG	Leader
SIG on telemedicine strategy and management	Scottish Centre for Telehealth and Telecare SCTT (NHS24)
SIG on organisational implementation and change management	Estonian E-Health Foundation
SIG on legal and regulatory issues	Norwegian Centre for Integrated Care and Telemedicine NST
SIG on technical infrastructure and market relations	Fundació TicSalut

The SIGs will consist of the SIG leaders and interested volunteers from the Momentum consortium and Network who share an interest and expertise in the respective subject matter. An initial call for volunteers was launched at the kick-off meeting. There will also be additional opportunities offered for consortium members to nominate themselves to the various SIGs.

After the summer of 2012, and specifically after an EXCO call in early September 2012, the SIG leaders will convene their SIGs. They will draw on the list of self-identified volunteers and may also approach additional individuals personally. Should there be a shortage of members, the SIG (in cooperation with the Momentum secretariat) may craft additional messages of invitation or devise other means to recruit new members.

In special circumstances (and where there are gaps in expertise or capacity), a SIG leader may also invite individuals from outside the consortium to join a SIG. SIG leaders should do so only after discussing this with the EXCO.

4.1.3.1 Roles in the SIGs

SIG leaders are the leaders of the corresponding work package (the designation “SIG leader” and “WP leader” will be used interchangeably). When convening their SIGs to start preparing their work package deliverable, SIG leaders will allocate and clarify roles and tasks. Suggested roles may include:

- **SIG leader:** Convenes SIG meetings (mostly by telephone or Skype), drives the deliverable development forward, and is the ultimate owner of the deliverable document. Liaises between the SIG and the EXCO.
- **Writer (at least one person):** Drafts the content of the deliverable or some sections, and commits to certain timelines and deadlines. This role requires solid English writing skills and a specific time commitment. Time spent on preparing and revising the deliverable/section draft may be eligible for reimbursement from project funds. If the task is allocated to more than one individual, they must coordinate closely among themselves.
- **Editorial team (at least three people):** Members review and comment on drafts provided by the writers and offer their input, either in writing or in telephone conferences. These members of the editorial team should commit to attending telephone conferences. SIG leaders are by default members of the editorial team. Time spent on the editorial activity is eligible for compensation from project funds, unless otherwise agreed.
- **All other SIG members** join in telephone conferences as their time permits, assume various advisory functions, and may perform tasks that are required on an *ad hoc* basis. Time spent is *pro bono* and is not eligible for compensation from project funds.

SIGs may designate additional roles if they deem fit in response to their specific circumstances.

4.1.3.2 Blueprint draft validated by stakeholders

The third Momentum workshop (for a discussion of the function of workshops go to section 4.1.6.1 below) will be held in project month 23, which corresponds to December 2013. Between the second and the third workshop, the SIGs will engage and consult with stakeholder groups at both national and European levels to arrive at a refined and validated version of the Blueprint. The following activities are envisaged:

- **Momentum website:** The Momentum website will make the various Blueprint sections available to the public and invite structured feedback by posting an electronic form for submission to the project. The project will also consider using the same system as for the questionnaire, if feasible. All further consultations described below may utilise this web-based consultation tool (by driving their audiences to this website) or may collect and consolidate feedback in another way.
- **Stakeholder groups consultations:** The Momentum secretariat will invite European groups both inside and outside the Momentum network that represent professions with an interest in telemedicine deployment to share the SIG Blueprint sections or the merged Blueprint version with their members and gather their members’ views. These professions include physicians, nurses, health managers and administrators,

hospitals and other healthcare providers, health insurers, insurance mutualities and sick funds, and others. By contributing, these organisations will de facto become part of the Momentum network.

- **SIG-driven consultations:** Individual SIGs have already convened professionals and volunteers with an interest in their subject matters to develop their Blueprint section. Using their professional networks they may reach out to additional organisations and individuals for their comments.
- **Outreach and presentations:** Momentum will seek opportunities to make presentations on the Blueprint at dedicated specialist conferences to reach specific audiences and gather their feedback. Such conferences may include:
 - World of Health IT/eHealth week, 13-15 May 2013
 - HOPE Agora, Amsterdam, 10-12 June 2013
 - EHMA Annual Conference, Milan, 26-28 June 2013
 - European Health Forum Gastein, October 2013

Events organised in the context of the European innovation partnership on Active and Healthy Ageing will also be considered.

The Blueprint sections validated by stakeholders are deliverables due in months 21 and 22 (i.e. October and November 2013), and the secretariat will again propose a detailed timeline for SIG leaders. Upon completion the individual SIG sections of the Blueprint will be submitted to the European Commission and published on the Momentum website. They will also be presented at the workshop. This workshop will be a one/two day activity that invites all Network participants to comment on and give their structured feedback.

4.1.4 Blueprint development: Consolidation and testing

The third Momentum workshop will conclude the work of the SIGs. The workshop may yield additional feedback and insights that may lead to revisions of the Blueprint. At the same time, now will also be the time to resolve internal inconsistencies and duplications in the Blueprint, i.e. the “consolidation” of the document. WP3 will take the lead in making these edits in consultation with the EXCO. An edited, merged and consolidated version of the entire Blueprint will be published on the website, and will be sent to the Commission as deliverable D3.3, by PM 25.

The consolidated Blueprint will be tested in at least one practical context, led and coached by WP3 and the EXCO. It is proposed that the test site will deploy a real-life telemedicine solution using the checklists, suggestions and recommendations of the Blueprint, and tests them for their applicability and relevance. The Estonian eHealth Foundation (EeHF) has already committed to engaging in this work, and Momentum will seek to identify other telemedicine deployment initiatives willing to do so. If no implementations are available, a simulation in a real healthcare setting will be considered. The test sites’ experiences and issues will be documented and shared with Momentum.

During this testing, the Momentum Network members, and in particular the SIG leaders, will be available to provide coaching, specialised feedback or other support to the test site. SIG leaders may also nominate specific SIG members to act as coaches. The opportunity to receive advice and support from Momentum’s Network members may be a major incentive for deployment initiatives to become part of this testing process.

Based on the experiences and feedback from test sites, WP3 with the support of all work packages will revise and prepare the final Blueprint, which will be submitted to the European Commission in PM 30. It will be published on the Momentum website and

distributed at the final Momentum workshop. If resources are available (from the project or external funders), the Blueprint may be professionally produced and printed.

4.1.5 Online project management platform

The Secretariat has contracted with the Internet project management platform Huddle to support the project. Huddle provides secure, password protected access and will serve as a document repository as well as a review and approval mechanism for reports, minutes and deliverables. An initial folder structure was developed (see Appendix B: Huddle folder structure) though it may be adapted as the project proceeds.

A well-known limitation of online platforms is the burden it places on individuals to register, sign up, log in periodically and engage in activities that require a minimum level of computer literacy and self-organisation. Huddle was selected because it integrates well with email, allowing automatic alerts even for individuals who are not members of the Huddle. The Secretariat will monitor the level of acceptance of this Huddle mechanism and will provide individual assistance where needed, up to and including sharing documents with those that are unable or unwilling to sign on to Huddle.

4.1.6 Organisation of events

There are several types of events that will take place in the Momentum thematic network: plenary workshops, internal meetings, and dissemination events. For each there will be specific procedures involved in their organisation.

4.1.6.1 Plenary workshops

Momentum will organise four workshops at which consortium members will convene. The first three of these workshops will involve the invitation of outside guests, while the fourth and final workshop will be an open event. It is intended to hold each workshop as a side event to an existing regional or international eHealth or telemedicine event so as to facilitate logistical planning and to minimise travel costs.

The Secretariat (WP1 and WP2) will lead the organisation of the workshops. It will consult with the PSC with regard to each host event, and will decide with the EXCO the topics and objectives of the event, date and place as well as format. Should outside guests be invited the Secretariat may consult with the EXCO to identify and invite appropriate individuals.

WP1 will develop travel reimbursement policies. These decisions will be taken and announced no later than six (6) months before the event to allow appropriate planning.

WP2 will handle logistics such as meeting rooms, reserved hotel blocks with negotiated rates, travel and local transportation. Momentum will seek as far as possible to use the infrastructure of the host event for these purposes. Where this is not possible or practical, WP2 will handle all logistics. WP2 will also maintain an overview of participants and travel arrangements, and will keep track of attendance.

The final event planned before the summer 2014 will be an open workshop that will present the final Momentum Blueprint, engage the stakeholders, and alert the public to the Blueprint contents. A separate marketing and communication campaign will be executed to maximise visibility and turnout. Depending on the financial situation at the project end, Momentum may charge a registration fee to cover the costs of workshop attendance. The event may even be held as a stand-alone event. The nature, format and length of the

workshop will be subject to consultations with the PSC and with the European Commission. The division of labour will be consistent with the other events.

4.1.6.2 Internal meetings

Internal meetings include PSC meetings, the meetings of the Executive Committee, meetings of the SIGs, and other informal meetings. With the exception of PSC meetings, all meetings will be held as telephone/VOIP conferences via Skype or through a commercial telephone conferencing service, at the discretion of the meeting chair.

Regular face-to-face PSC meetings are foreseen at least five times during the duration of the project. With the exception of the initial kick-off meeting, all face-to-face PSC meetings will be held in conjunction with the Momentum workshops. The timing and logistics of face-to-face meetings will be announced by the project Secretariat at the same time as the workshops are announced. Extraordinary PSC meetings may be called under special circumstances (see section 4.2.1 Project Steering Committee (PSC)). They will be held as telephone conferences, unless there are exceptional circumstances.

All telephone meetings will be initiated by the chair or leader of the respective group. They will determine the optimum availability for particular times of meetings via an online scheduling service (i.e. www.doodle.com) or other means, develop and circulate an agenda at least 48 hours before the call, and announce call in information including telephone numbers and passcodes. Telephone conferences will be limited to one hour in length wherever possible.

4.1.6.3 Dissemination events (Consortium level)

Among the dissemination activities to raise awareness about Momentum activities and documents will be event presentations, conference sessions, and exhibitions at appropriate conferences and meetings, especially but not exclusively in the stakeholder validation phase (see section 4.1.3.2 Blueprint draft validated by stakeholders). All Momentum Network members are invited to identify and propose appropriate events or seek invitations from conferences and events at which Momentum can present or organise sessions.

The Secretariat (with the advice of PSC and EXCO) will take decisions based on available budget and capacity. While normal project travel policies apply, Momentum will seek to avoid paying conference registrations or other fees. As often as possible and sensible, presenters and exhibitors will be identified from within the consortium to minimise costs and to maximise local credibility and awareness about the breadth and scope of the Momentum network.

All dissemination events will be carefully documented to build the library of Momentum presentations in various contexts and languages on the website "Resources" section.

4.1.6.4 Dissemination events (local/regional level)

All consortium partners and, indeed, Momentum network members are invited to raise awareness about Momentum activities and documents among their members and networks. The Secretariat provides a standard updated Momentum project presentation and relevant documentation in Huddle. Additional materials such as a kakemono/rollup or flyers will be available starting in 2013. Momentum Network members may ask the Secretariat for additional assistance, and are expected to provide a brief summary of the event or exhibition (name and date of the event, length of the presentation/session, and

any special information i.e., audience reactions, special questions, etc.) to the Secretariat for reporting and documentation purposes. Depending on circumstances, travel funding may be available and will be discussed and/or agreed beforehand.

4.1.7 Communication

This section outlines internal and external communication approaches.

4.1.7.1 Internal communication

Momentum expects a regular, solid and professional form of internal communication among the consortium beneficiaries.

Solid rules and regulations outline the communication mechanisms that take place in Momentum and the timing of these mechanisms:

- Between the EXCO and the consortium;
- Between the Secretariat and the consortium;
- Among partners.

As a result:

- all PSC members have access to Huddle;
- All EXCO and PSC minutes are available on Huddle;
- Network communications are undertaken periodically as needs arise;
- All consortium members are signed up for the Momentum newscast, and are encouraged to follow Momentum on the relevant social networks.

Those people who are involved in organisations that are beneficiaries of Momentum can opt in to being part of as many SIGs (or WPs) as they wish within reason. A distinction is, however, drawn between those people who produce ('write') documents and those who review (or 'edit' them i.e., are members of an 'editorial team').

Communication *within* each SIG or working group is a matter for development and fine-tuning among the actual SIG members. Each SIG should have as much autonomy and independence as possible, on the basis of self-organisation. However, good practices will be encouraged. It is particularly anticipated that these good communication practices will be shared collaboratively between SIGs. For example, if one SIG has a proposal for how a particular activity might be best accomplished, it could share the proposal with other groups. A particular SIG might volunteer in the early phasing of the Network set-up, to act as a "pilot" or "guinea pig" for this kind of development.

These approaches to internal communication incorporate such activities as the sharing of EXCO minutes with the PSC, and the coordination and updating of the consortium on the planning taking place for major Momentum events. They also involve the operationalisation and sharing of documents between the entire Momentum consortium and Network, and within SIGs.

4.1.7.2 External communication - Correspondents

With regard to 'correspondents', there is a two-way relationship that operates. Each partner organisation in Momentum will nominate a correspondent for the purposes of

communication and dissemination. She or he is requested to be in regular contact with the WP2 in terms of providing regular updates on the organisations' telemedicine-related work and "news" that is likely to be of mutual interest both to Momentum partners but also the wider circle of stakeholders. The regularity of communication will be every three months. WP2 will operationalise the mechanism for this provision of news.

WP2 will also provide the correspondents' network with regular "news". Correspondents could use this, and similar, materials for their own syndicated publications. As an introductory example of Momentum news, Momentum's first public event was held in the context of the ALEC 2012 Article Light e-He@lth conference <http://www.nll.se/alec>. This correspondents' mechanism acts therefore as a form of syndication service.¹³

It is not anticipated that this procedure will operate from the start of the Momentum network, but that it will be developed over time, and even ultimately emerge as a proposed outcome of the network.

4.1.7.3 External communication - Publication in the press

As a matter of policy, communication on behalf of the Momentum consortium is the responsibility of the Momentum coordinator.

Every Momentum beneficiary can, however, communicate about the involvement of his/her organisation in Momentum to the media of his or her choice. Copies of this publicity material should be provided to WP2 for information sharing among other Momentum beneficiaries and for information that will also be forwarded to the Momentum Network members and orbit.

The kinds of media identified as appropriate for publication of Momentum activities and outcomes will be determined by Momentum's communication policy. This communication policy is laid out in deliverable D2.1 Dissemination plan. The content of this deliverable will be available from August 2012. While the forms of media should be as appropriate as possible to the field of telemedicine, the entire purpose of Momentum also means that the publication sources should also be much wider and have implications for a more general public.

For example, in terms of outlets that are most familiar to health professionals and care professionals working in this field, the kinds of journals targeted may include e.g., the International Journal on Telemedicine and Telecare, the Journal of Telemedicine and Applications, and Telemedicine and e-Health. For a more general public, WP2 will engage with a wide variety of types of newspapers and magazines, and other forms of dissemination such as broadcasting, television, radio and blogs. Other suitable channels will include social media such as Facebook, Twitter and LinkedIn.

4.2 Project management

The project coordinator, EHTEL, will be responsible for overall strategic direction and performance of Momentum as well as project management and administration matters. EHTEL will work in close coordination with the Continua Health Alliance for dissemination and network development.

¹³ See Syndication <http://en.wikipedia.org/wiki/Syndication> Accessed 7 August 2012

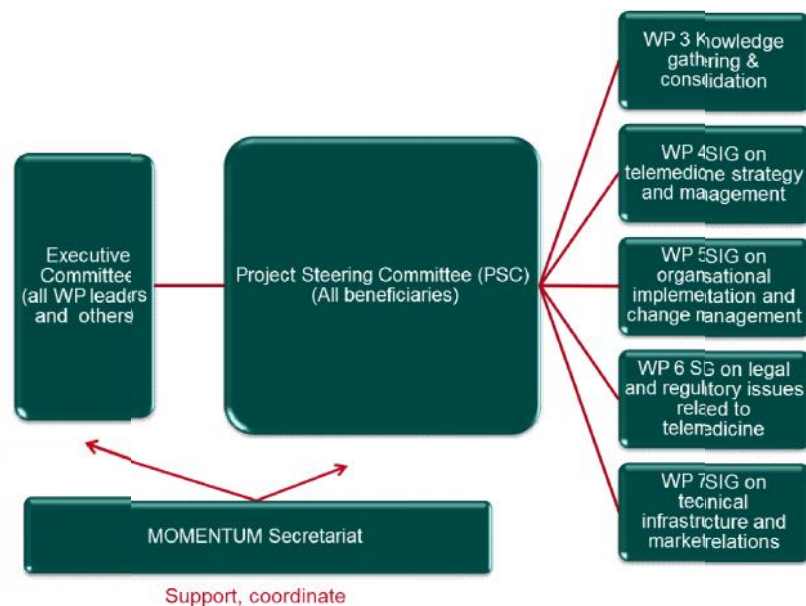


Figure 4: The Momentum management structure

4.2.1 Project Steering Committee (PSC)

A PSC, made up of all Momentum beneficiaries, will govern the Network. The coordinator will chair it.

The PSC will oversee the overall direction of the project, including all governance aspects of the Network, review and agreement of project deliverables and reports, review and/or amendment of the terms of the Grant Agreement, and agreement to procedures and policies for network development. The PSC will specifically:

- (a) take strategic decisions including approval of all public project deliverables before their release; and
- (b) oversee and approve the financial policies, and review and approve periodic reports.

The PSC will meet at least five times in person: at the kick-off meeting, and at each of the four workshops. Additional unscheduled meetings may be held at the request of the chair or at the request of at least five (5) members.

The chair will convene meetings with at least fifteen (15) calendar days' prior notice, accompanied by an agenda for the meeting.

Decisions and resolutions in the PSC are made by consensus. If a consensus is not achieved, decisions will be taken by a simple majority of votes by the Beneficiaries concerned or any other voting rule agreed unanimously by the PSC. If a vote is tied, the decision or resolution will not be passed and will be brought back to an *extraordinary* meeting that would take place e.g., via a conference call, for further consideration.

Any decision requiring a vote at a PSC meeting must be identified as such on the agenda, unless all parties are represented at the PSC meeting and agree to the vote. A quorum shall be a minimum of half (50 per cent) of the parties, meaning at least eleven organisations from the consortium of 21 organisations. Some or all members of the PSC may attend the meetings through a conference telephone or VOIP call as long as all meeting participants can hear and speak to each other throughout the meeting. Members of the PSC

participating through these mechanisms will be considered present at the meeting, entitled to vote, and their presence will count towards the quorum.

The chair can designate some decisions and resolutions to be made via e-mail or in other ways that do not require a physical presence. In this case, the topic of the vote and all necessary background information must be sent to all PSC members by e-mail or other appropriate means. Members should be given at least seven (7) calendar days' notice to submit their vote to the chair, and may send by email, by the project management platform, or another Internet facility. For the vote to be valid at least half of all PSC Members must vote.

Minutes of the PSC Meetings are prepared and sent to the members of the PSC within two weeks following the meeting. Minutes, project deliverables (see section 4.3.2 below) and other documents submitted to review and approval by the PSC will be considered accepted if no party has objected to the chair within fifteen (15) calendar days from receipt, unless otherwise specified.

4.2.2 Executive Committee (EXCO)

The Momentum Executive Committee (EXCO) will supervise the operation of the Network and the proper execution of the project, and monitor the use of resources. The EXCO reports to the PSC and receives strategic directions from it. The EXCO can invite the Commission services (personnel of the European Commission) to participate in parts of EXCO meetings when appropriate. An EXCO meeting is chaired by the coordinator and will comprise up to two representatives of each WP lead organisation. Specifically, the EXCO is responsible for:

- (a) Reviewing and finalising Momentum deliverables before submitting them to the PSC for approval;
- (b) Reviewing work progress against the work plan;
- (c) Reviewing financial resources and proposing to the PSC any modified Financial Plan; and
- (d) Assisting the coordinator in preparing management reports.

EXCO meetings are held at least quarterly and are called by the EXCO chair. The EXCO chair can invite other resource persons to attend and speak but not take part in the decision-making process.

Informal minutes of the EXCO Meetings with summary outcomes and decisions are prepared and sent to the members of the PSC within one week following the meeting. Minutes and other documents submitted to review and approval by the EXCO will be considered accepted if no party has objected to the chair within fifteen (15) calendar days from receipt, unless otherwise specified.

4.2.3 Coordination and Secretariat

The PSC and the EXCO will be supported by the Secretariat that is formed by EHTEL (the leader of WP1) and Continua Health Alliance (the leader of WP2), who will work in close proximity to each other with a base in Brussels. The Secretariat will act as a project management team. It will closely monitor Momentum developments and monitor compliance with Network milestones as well as with Network governance. The Secretariat will collaborate closely on managing and supporting the EXCO and PSC, especially in regard to meetings, workshops preparations, and logistics. The Secretariat will also be in charge of preparing background documents and meeting invitations.

The members of the Secretariat share the main project management responsibilities. EHTEL will prepare and deliver the governance manual, all interim progress and financial reports, and the final project and financial report. Continua Health Alliance will deliver the operations manual, the dissemination plan, all workshops, and four reports on workshops and outreach. The WP leaders will guide the work on the various sections of the Blueprint, with WP3 leading the final consolidated Blueprint.

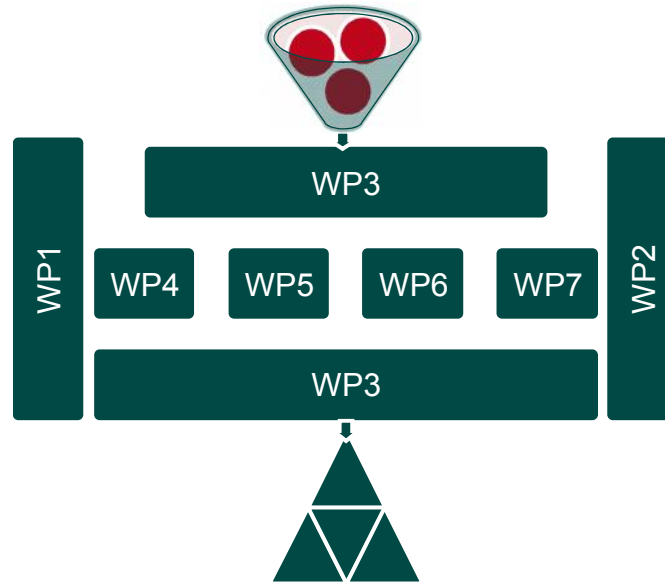


Figure 5: Relationship between WPs

4.2.4 Performance indicators

In the Momentum proposal and grant, the consortium committed to a set of performance indicators that will form part of the regular reporting mechanism to the European Commission. Table 2 is a simplified list of these indicators; a full list is available in Appendix A: Performance indicators)¹⁴.

EXCO members will offer their confirmation and agreement to the content of this table. This will be undertaken as part of the approval process of this deliverable, Del 1.1.

Table 2: List of performance indicators

No	Indicator	Rapporteur	Target
1	Number of good telemedicine practices	WP3	20
2	Articles on the project in Momentum Network members' communications	WP2	100
3	Reporting to the eHealth Governance Initiative and Renewing Health	WP1	Momentum will present at 50 per cent of all eHGI meetings
4	Momentum workshops and presentation at international (European) events	WP1	8

¹⁴ The original performance indicators in the Momentum proposal showed project reports at month 10, 23 and 30. This timing was revised in agreement with the European Commission to month 15 and 30.

No	Indicator	Rapporteur	Target
5	A single suitable indicator of telemedicine deployment ¹⁵	WP1	There will be a 50 per cent growth in deployments.
6	Number of Momentum Network organisations	WP1	50
7	Each SIG to present its work at a suitable specific conference	WP4-7	8 (2 per SIG)
8	Growth in participation and attendance at Momentum events	WP1	+100 per cent
9	Growth in participation in the legal and regulatory SIG and the organisational and change management SIG	WP5 and WP6	+100 per cent
10	Publication of the Blueprint	WP1	1

The process for tracking, reviewing and reporting on these indicators will be as follows:

- **Preparation:** The Secretariat has identified for each indicator a responsible party (“rapporteur”) to track and report internally on this indicator, and proposed a target value against which to report. These decisions are subject to EXCO and PSC approval.
- **Reporting:** Before each reporting deadline, the Coordinator will call on rapporteurs to submit their indicator values and/or narrative. The Coordinator will include these values in each report to the European Commission.
- **Tracking:** In addition to this formal reporting process, the Coordinator may call on rapporteurs to periodically report informally on progress to report back to PSC and EXCO meetings to review status, to identify issues and discuss remedial action.

The Secretariat may decide to share the indicators with the public through the Momentum website.

4.3 Quality management

4.3.1 Quality review

To ensure high quality outcomes and deliverables, Momentum will put an approvals process in place that relies on extensive peer review of the various SIG Blueprint sections within the SIGs, cross-review from other SIGs and the Secretariat, and external reviewers if appropriate and relevant.

The SIGs may arrive at the content and completion of their deliverables in various ways. The starting point for all will be the Blueprint synopsis delivered by WP3 (see section 4.1.2) in PM8, which will propose an initial outline and table of contents and which will be reviewed and approved by the EXCO. Following is a generic process proposed for SIG leaders to drive the development and finalisation of the various draft versions in their SIGs. The clock begins ticking with the EXCO (where all WP leaders are represented) to confirm the Synopsis and to call on SIGs to initiate the preparation of the deliverable.

¹⁵ This indicator is to be identified in collaboration with the Commission Services, Member States and stakeholders.

Week 1	The SIG leader convenes the SIG and shares the initial version of the outline and table of contents with the SIG members for review and comment. The outline of the Blueprint is undertaken by WP3. The SIG leader also clarifies the roles of writers and editorial team members and calls for volunteers. Finally the SIG leader proposes a process and timeline to deliver the draft on time, and may draw on the suggestions proposed by the Secretariat.
Week 2	The SIG leader reports back to the EXCO on any comments or proposed changes to the outline, as well as any special issues, i.e.: there are no volunteers; external support is requested; the timeline poses problems; or other. The EXCO comments.
Week 3:	The SIG leader, taking into account comments and feedback, prepares and finalises the outline and table of contents, the roles of writer and editorial team, and the timeline.
...	
Due date - 3 weeks	SIG leader sends a final draft to the SIG members and the EXCO.
Due date - 2 weeks	The EXCO and SIG members comment.
Due date - 1 week	SIG leader prepares final version, shares with SIG partners and the EXCO.

While the SIG leaders may assign the roles of writers and editorial teams to others, they hold the overall responsibility and ultimate ownership of the document and process. SIG leaders monitor the development, coordinate the consultative process within their SIGs, and ensure adherence to deadlines. They send the document drafts to the EXCO for review when appropriate. The EXCO will review the document for content and send suggestions and contents to the writer and the editorial team. SIG leaders will then manage the content revision before handing the document back to the Secretariat for a formal and quality review.

4.3.2 Document release process

On receipt of the final draft, the Secretariat will finalise the document for delivery to the Commission and publication. The Secretariat will edit the document including proofing, checking for consistency (internal and with other deliverables) and style (for guidance, it will consult the Economist Style Guide¹⁶), and ensuring overall formal quality. This process should take no more than one week. The Secretariat will then deliver the document in Word and PDF to the project coordinator (WP1) for delivery to the European Commission, and post it in PDF on the Momentum website.

¹⁶ Available in hard copy (*The Economist Style Guide*, 10th edition, Economist Books, 2010), and at <http://www.economist.com/styleguide/>

4.3.3 File names

To ensure consistency among deliverables and facilitate the coordination of documents, a naming convention will be applied to document files.

Element	Notes
1) Deliverable number (i.e. D1.1)	Determined by grant agreement
2) Version number: 01	Should always have two digits.
3) "Momentum"	Project name
4) Deliverable name or short name	

An example is: < D1.1_v01_Momentum_Governance.docx >

Documents should be prepared in standard Microsoft Office applications version 2007 or later (they contain automatic file size reduction). Before final delivery to the Commission or release to the public, documents will be converted to PDF. Momentum will strive to limit the size of its files to 2MB (i.e. by converting high resolution graphics to low resolution); alternatively files may be divided into several parts or be released in different versions, of which at least one is smaller than 2MB.

4.3.4 Templates

The Momentum Secretariat will prepare a number of standard templates including a PowerPoint presentation template and a standard presentation pre-populated with key facts about the project and periodically updated status.

To facilitate the preparation of deliverables the Secretariat will also deliver a standard Microsoft Word document to serve as a basis for all written deliverables. It will come with pre-defined fields and styles as well as a standard title sheet and content.

4.3.4.1 Standard title sheets

All Momentum deliverables will have a title sheet with standard administrative information, as follows.

Project number	Author
Title	Reviewed by:
Deliverable Number, title	Approved by:
Work package	Filename (field)
Version number & date	Abstract (150-250 words)
Deliverable type	Keyword list
Distribution status	

4.3.4.2 Standard content

All Momentum deliverables will contain as standard headings the following items

- Executive summary
- Change history and summary
- Table of content
- Content: narrative, description, results

Optional items include a glossary, bibliography, and references. Shorter documents may forgo the executive summary.

4.4 Reporting management

This sub-section describes Momentum's internal reporting mechanisms and reporting to the European Commission.

4.4.1 Internal reporting

Work Package Leaders are responsible for delivering the WP-related deliverables and other outcomes (e.g. those monitored by the set performance indicators) within the agreed planning and budget. As a consequence of this, WP Leaders are in the lead for organising their writing and editorial teams and managing the budget assigned to their WP. Members of the writing and editorial teams will report to their respective WP Leaders.

These responsibilities will be taken care off in application of the above governance and policy principles with a particular attention to the participation one, i.e. opening the writing and editorial teams to staff from consortium members who declared their interest and availability to join.

EXCO will have regular conference calls and at least quarterly to review the progress so far, identify issues, analyse risks and adopt corrective measures, update the planning and the budget as needed. The minutes of these calls will be made available on Huddle, to the benefit of the whole consortium.

4.4.2 Reporting to the European Commission

Reporting to the European Commission is the responsibility of the Coordinator, with the support of EXCO. This reporting will combine informal discussions and exchange of views as well as formal reports, as defined in the contract.

Two formal reporting periods have been contractually agreed, the first one after M15 (i.e. April 2013) and the last one after M30, July 2014. Two review meetings will therefore be held at the occasion of which the consortium will present and submit to approval:

- The deliverables due for the related period,
- The progress and financial report covering the related period.

WP Leaders will be released from their delivering responsibility when the deliverables they are in charge off are formally accepted by the European Commission.

4.5 Financial management

This sub-section describes the basic principles that underpin Momentum's financial management, the use of the Common Reserve Fund, and the reimbursement process.

4.5.1 Basic principles

1. An initial budget has been set-up that distributes resources to each of the work packages and activities¹⁷. The EXCO will be in charge of reviewing and adapting this budget on a yearly basis, taking into account the project work plan for the year concerned. The EXCO will report to the Project Steering Committee (PSC).

¹⁷ For more details on this initial budget, see the minutes of the Kick Off meeting.

2. In application of the Accountability principle, no advance payment will be made, but each beneficiary will be entitled request reimbursement on a 6 Month basis. Reimbursement will be performed within 60 days, once the reimbursement claim and its alignment to the budget and the work plan has been validated.
3. EHTEL has opened a dedicated bank account for the Common Reserve Fund. It will be used exclusively to pool the money received from EC and redistribute it to all Beneficiaries in the form of a cost reimbursement process.
4. The “Common Reserve Fund” mechanism will be VAT neutral according to the Belgian legislation:
 - a. No VAT will be applicable to the transfer from EHTEL to the beneficiaries
 - b. No VAT will be paid by the Common reserve Fund on reimbursement request issued by the beneficiaries.

4.5.2 Use of the “Common Reserve Fund”

1. Costs are divided into:
 - a. Labour cost = actual work.
 - b. Travel and subsistence costs = the travel cost incurred to attend project meetings will be reimbursed on the basis of the actual costs, while the subsistence costs will be reimbursed by a lump sum depending from the country where the meeting has been organized. EC rules will be applied.
 - c. Other costs = costs incurred to contract with external parties to organize meetings, produce dissemination material , operate the project web site ...
2. Eligibility for reimbursement request
 - a. Work Package Leaders and other beneficiaries contributing to the SIG WP deliverables (WPs 3, 4,5,6,and 7) and administrative staff in charge of the administration of the project (WP1 and 2) are eligible to request reimbursement of their labour costs.
 - b. The Project Coordinator, the WP Leaders and one person per Beneficiary will be eligible to request reimbursement of their travel and subsistence costs for attending project meetings.
3. The maximum EU contribution, hence the total amount that will be made available the Common Reserve Fund is € 497,500. No cost reimbursement request will be accepted beyond that amount.

4.5.3 Reimbursement claim process

1. Forms for introducing a reimbursement claim are available on Huddle. They will have to be supplemented by the following supportive documents:
 - a. Claim for reimbursement of labour costs needs to be documented by a summary time sheet which details at task level the use of the person days for which the claim is introduced.
 - b. Claim for reimbursement of travel costs needs to be supplemented by a copy of an invoice or any other commercial documents which provides details on the cost of the journey and its timing.
 - c. Claim for reimbursement of other costs needs to be supplemented by a copy of the invoice issued by the external party that has provided the service or the product.
2. Claims are to be submitted and signed by the representative of the beneficiary concerned. They can be sent by post or scanned and sent by email.
3. Claims are validated by the Coordinator and Coordinator's claims are to be validated by a member of the consortium who has been elected by the PSC. The summary time sheet which is supporting the claim for labour costs reimbursement will be submitted by EHTEL to validation of the respective WP Leader.
4. The Common Reserve Fund will be managed and audited by applying the standard internal procedures of EHTEL that rely on the accountancy services of a professional accountant and is audited on a yearly basis by elected representatives of two Members of EHTEL.

Appendix A: Performance indicators

This table contains the full list of performance indicators on which Momentum will base its impact assessment.

Indicator No.	Relating to which project objective / expected result?	Indicator	Method of measurement	Expected Progress		
				Y 1	Y 2	Y 3
1. Collation of empirical evidence in information-gathering phase	Identification and collation of good practice	Numbers of good practices: confirm the number of telemedicine initiatives currently available at end 2010 on the Good eHealth and the European Commission's ePractice website and add to both any additional good practices located.	Enumeration: to be form part of WP3.	7		
2. Public dissemination of Momentum results and progress	Dissemination of good practice and stakeholder engagement	An article or report annually in the newsletters/brochures of at least one-half of the Momentum participant organisations.	Enumeration: a doodle poll to be completed prior to the completion of each report based on self-assessment by participant organisations.	10	23	30
3. Reporting to each meeting of the eHealth Governance Initiative and Renewing Health	Supporting widespread deployment of telemedicine services	(a) Report to be delivered either textually or verbally to at least one half of the meetings of the Initiative. (b) Regular reporting to and from Renewing Health until its completion.	Enumeration: a log to be maintained by the project coordinator.	10	23	30
4. Number of Momentum workshops aligned with international (European) events. ¹⁸	Supporting widespread deployment of telemedicine services	Attendance and presentation.	Enumeration: a log to be maintained by the project coordinator.	10	23	30
5. Identification of a single suitable indicator in collaboration with the Commission Services, Member States and stakeholders	Supporting widespread deployment of telemedicine services	To be determined in discussion e.g., a doubling of the number of hospitals in a European-wide survey that indicate telemedicine-related links with their patients in their homes ¹⁹ or an adaptation of current indicators under development by Member States e.g., Scotland ^{20, 21} .	Enumeration: precise method measurement to be decided.	10	23	30

¹⁸ Options for conferences currently identified include eHealth Denmark 2012 - May 7-9, 2013, eHealth week 2013 (potentially to be held in Ireland), eHealth week 2014 (potentially to be held in Greece), suitable Nordic or Scandinavian conferences e.g., the 14th Congress on medical and Health Informatics in August 2013 in Copenhagen, Denmark, and suitable eastern European conferences.

¹⁹ See <http://europa.eu/rapid/pressReleasesAction.do?reference=MEMO/11/282> and <http://ijpts.irc.ec.europa.eu/publications/pub.cfm?id=4179>

Indicator No.	Relating to which project objective / expected result?	Indicator	Method of measurement	Expected Progress		
				Y 1	Y 2	Y 3
6. Number of Momentum participant organisations	Supporting widespread deployment of telemedicine services	To reach at least three-quarters of all Member States (20) as participant organisations of Momentum by Y3. The aim will be to increase the number of participant organisations by five per year on average.	Enumeration: a log to be kept by the project coordinator.	10	23	30
7. Each SIG to present its work at a suitable specific conference per annum	Dissemination of good practice and stakeholder engagement	To be determined within the first three months of operation of each SIG. As an example, the legal and regulatory SIG might consider e.g., http://www.cdpconference.org/callforpapers.html	Enumeration: a log to be maintained by each SIG WP leader.	10	23	30
8. Growth in the pool of "champions" and stakeholders	Supporting widespread deployment of telemedicine services	To reach a doubling of the total participation and attendance of champions and stakeholder at the Momentum events by Y3.	Enumeration: a log to be maintained by the project coordinator.	10	23	30
9. Steady increase of involvement and attendance at the legal and regulatory SIG and the organisational and change management SIG	EU-wide consensus on legal and organisational issues related to telemedicine deployment	(1) Attendees (2) Log of formal contributions list to the two relevant SIG blueprints.	Enumeration: a log to be maintained by the two SIG WP leaders.	10	23	30
10. European Telemedicine Deployment Blueprint	More concrete involvement than simply stakeholder engagement	Production of the consolidated Blueprint and its publication (a) ideally to be published by the Commission Services and (b) to be publicised on the European Commission's ICT for Health website and newsletter service.	Publication			30

²⁰ Scottish Government, National Health Service (NHS) Scotland (2010) *NHS Scotland Quality Strategy - putting people at the heart of our NHS*. Scotland: May 2010. <http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf>

²¹ Among the most suitable could be those that add to the extension of healthy life years.

Appendix B: Huddle folder structure

The online project management tool has the following file repository structure:

FOLDERS	Subfolders -1	Subfolders -2
Deliverables		
Grant and core documents		
PSC Meetings		
	<i>Kick-off meeting - February 2012</i>	
	<i>2nd meeting – June 2012</i>	
	<i>Practical - Travels</i>	
Workshops		
	<i>1st Workshop – June 2012</i>	
WP1 - Management		
	<i>EXCO</i>	
		Minutes
		Project schedule
	<i>Finance</i>	
		Forms for reimbursement claims
		Reports
	<i>Internal Newsletters</i>	
	<i>Mailing list</i>	
	<i>Document template</i>	
WP2 Dissemination		
	<i>Dissemination Materials</i>	
	<i>Project Presentations</i>	
WP4 Telemedicine strategy and management		
	<i>Draft deliverables</i>	
WP5 Organisational implementation and change management		
	<i>Draft deliverables</i>	
WP6 Legal and regulatory issues		
	<i>Draft deliverables</i>	
WP7 Technical infrastructure and market relations		
	<i>Draft deliverables</i>	