MOMENTUM

European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice

(Grant Agreement No 297320)

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D2.1

Dissemination Plan

Version 07

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Abstract

This document describes the Momentum dissemination strategy, its objectives and target groups, and the tools Momentum will use to grow the network, to secure input from stakeholders, and to reach a wide audience. Momentum's central hub of information and dissemination will be the project website, reinforced by social networks and push email. These online activities will be complemented by dissemination events at conferences and events, and a public Momentum workshop at the end of the project.

Key Word List

Blueprint, brand, communication, collateral, consensus-building, dissemination, email, Facebook, internet, knowledge gathering, LinkedIn, network, openness, orbit, outreach, participation, policies, processes, principles, social networks, special interest groups, transparency, Twitter, website.

Change History

Version History:

01   16 August 2012

02   7 September 2012

03   11 September 2012

04   13 September 2012

05   18 October 2012 [final]

06   6 January 2014

07   27 January 2014

Version Changes

01   Initial draft

02   Addition of editorial policies and board per coordinator request

03   Internal review

04   Version presented to PSC for approval

05   No changes, approved by the PSC, submitted to the Commission as "final"

06   Draft for re-submission, including new table "Engaging target audiences in 2014"

07   Version after internal review, revision of target audiences

Outstanding Issues

Re-submission

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This deliverable contains original unpublished work except where clearly indicated otherwise.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.

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Abbreviations

The document is largely free of technical terms and abbreviations, and should be easily understandable. A few abbreviations are used several times. Many organisations are referred to by their acronyms. They include:

AIM	Association Internationale de la Mutualité
AQuAS	Agència de Qualitat i Avaluació Sanitàries de Catalunya (Catalan Agency for Health Quality and Evaulation)
CATEL	Club of Actors in Telemedicine
COCIR	European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry
CPME	Comité Permanent des Médecins Européens / Standing Committee of European Doctors
DGG	Deutsche Gesellschaft fürGesundheitstelematik (German society for health telematics)
EeHF	Estonian eHealth Foundation
EFN	European Federation of Nurses Associations
EHMA	European Health Management Association
EHTEL	European Health Telematics Association
EIP	European Innovation Partnership for Active and Health Ageing
EPF	European Patients' Forum
GP	General Practitioner
GSMA	GSM Association
HOPE	European Hospital and Healthcare Federation
IAPO	International Alliance of Patients' Organizations
NHS	National Health Service (UK)
NVEH	Nederlandse Vereniging voor e-Health (Dutch eHealth association)
NST	Nasjonalt senter for samhandling og telemedisin (Norwegian centre for integrated care and telemedicine)
PM	Project month
PTTM	Polskie Towarzystwo Telemedycyny (Polish Telemedicine Society)
RSD	Region of Southern Denmark
SGTM	Schweizerische Gesellschaft für Telemedizin (Swiss society for telemedicine)
SIG	Special Interest Group
TSA	Telecare services association (UK)
UEMS	Union Européenne des Médecins Spécialistes / European Union of Medical Specialists
WONCA	World Association of Family Doctors
ZTG	Zentrum für Telematik im Gesundheitswesen (Centre for health telematics)

Executive Summary

The document lays out the dissemination plans for Momentum, a European Commission funded thematic network to develop knowledge and guidelines for deploying telemedicine services into routine care, with the main outcome to be a *Blueprint for telemedicine deployment*. Dissemination efforts are led by the Continua Health Alliance as leader of the dissemination work package (WP2).

The centre and hub of Momentum's dissemination will be the project website, built on a careful development of the project branding including the logo. The branding serves to communicate and reinforce the key project values including openness and transparency, participation, coherence, quality and ethics. The website will feature information about the project and partners, as well as all public project deliverables and other content, and news and events from the Momentum network and beyond.

Complementary online communication efforts will focus on social and professional networks including a Facebook page, a LinkedIn group, and a Twitter feed. WP2 will also work with consortium and network partners to amplify and multiply Momentum's messages by building a network of "correspondents" (designated contact people) at each Momentum member, and provide templates and guidance documents for these efforts. In addition, the project will organise dissemination events such as sessions, presentations and exhibitions at conferences. The final workshop of the project will be open to the public and assemble key stakeholders to present and disseminate the final blueprint.

With the premise that the most effective communication and dissemination will be based on actual project outcomes and content, Momentum's dissemination efforts will adopt a two-pronged approach: (1) a gradual build-up of the audience (the so-called Momentum "orbit") by way of growing an email address database and a following in social networks, and (2) utilising these communication channels for occasional communication pushes when there are defined needs of the project (for example in the research or the validation phase) or when the project has developed actual content to disseminate (i.e. drafts or final versions of the Blueprint).

The plan finally proposes a set of metrics and indicators to measure the impact and success of the dissemination activities.

Foreword to the resubmission

The original version 05 of this dissemination plan was submitted as "final" version in October 2012. The dissemination plan was based on the overall project plan was tied to the release of draft Blueprints to the public with the goal to validate the Blueprint with stakeholders outside the consortium. Specifically, the dissemination schedule was built around three dissemination "pushes" (see section 2.3 Approach: gradual and pushes) and the major milestones of the project.

The project however has not gone according to plan. The public release of the Blueprint draft for public validation, originally foreseen in PM 14, has been delayed and may not be released before PM 26. Instead, the knowledge gathering and analysis phase has been extended and been confined to within the consortium. As a result, the dissemination "pushes" have been delayed, and the overall work package not met anticipated targets. Not surprisingly, the midterm review was critical of progress. The report determined regarding the dissemination plan D2.1:

> "The deliverable should be revised and resubmitted to include the expected impact per target audience and related justification of dissemination plan.

> "As previously commented, it is not sufficiently demonstrated that all the partners, nor the potential users, are actively involved in the outreach activities. Thus, additional efforts should be made to involve other stakeholders."[1]

As a result of the project changes and in response to the reviewers' comments, Momentum dissemination efforts have been adjusted to focus on

- a clearer definition of target audiences and their expected impact,
- a new emphasis on involving target audiences during the research and drafting phase (rather than the public validation phase), and
- an introduction of additional communication elements that will lead to their own "pushes" and to a higher level of engagement and participation.

As a result this deliverable includes the following modifications:

- A new part of section 2.2.1 "Target audience" identifying Momentum's categories of stakeholders.
- In section 2.3 "Approach: gradual and pushes" a discussion of new timings.
- A new section 4.2 Telemedicine content discussion the vehicles through which WP2 will campaign for Momentum in the absence of tangible project deliverables.
- A new section 6.1 "Plans and activities" with Table 1: Engaging target audiences in 2014" that includes each target audience, the rationale/justification for including it, and a discussion of efforts to involve additional stakeholder groups.

Many sections of the original plan have been retained to respect the nature and integrity of the original document. With the revisions in approach and a clearer focus on target audiences, the project and WP2 will start 2014 with a renewed sense of purpose.

(Brussels, 27 January 2014)

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[1] Altamiro Costa-Pereira, Cristiano Paggetti and Gustav Malmqvist, *[Momentum] Technical Review Report*, 12 September 2013 [date of the review meeting].

1.   Introduction

1.1   The project

Momentum is a European Commission funded thematic network where key players in telemedicine share and pool their knowledge and experience in deploying telemedicine services into routine care. The initial Momentum consortium is expected to grow into a network of organisations that are broadly representative of European health care systems and levels of telemedicine advancement. Working together, they will draft, test and finalise a *Blueprint for telemedicine deployment* that will offer guidance for anybody who seeks to move telemedicine from an idea or a pilot into daily practice. The project started in February 2012 and will last for 30 months, until July 2014.

1.2   Purpose of this document

As the primary purpose this dissemination plan details the objectives, strategy and means of Momentum's dissemination and outreach activities to maximise the project impact. There are additional purposes. The document may serve as a reference document to ensure consistency in communications and to maintain Momentum's brand identity. It suggests a work plan that will consider the timing of key project milestones to intensify dissemination activities. The document finally proposes some metrics to measure the results of the project's dissemination efforts.

1.3   Structure of this report

Section 1 is the introduction, followed by a discussion of the dissemination strategy (section 2), a discussion of the Momentum brand (section 3), and a description of the dissemination toolbox (section 4). Section 5 provides an overview of editorial policies and steps to maintain consistency of communications. A final section 6 illustrates how Momentum dissemination activities relate to the project milestones and how dissemination will track the growth of the Momentum network.

2. Dissemination strategy

2.1 Objectives

Dissemination of the Momentum network and its deliverables is a central objective of the project: the European Commission set out the key aim of the project to be to "facilitate 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."[2]

An entire work package, WP2, is specifically devoted to dissemination. In addition, WP2 will also assume key responsibilities in the overall project management, a construct to ensure that dissemination will be closely related to project needs. The project dissemination work package sees at its three principal objectives to:

- Promote visibility and recognition of Momentum with the goal to steadily build up the project's reach and visibility, measured in the growth of the Momentum network and the number of individuals and organisations it reaches;
- Help the project to identify, invite and motivate a wide range of stakeholders and other interested parties to enable dialogue and contribute to the development of the Blueprint; and
- Disseminate the interim and final Blueprint versions among European and international telemedicine professionals.

By promoting the project to become the hub for knowledge exchange and a distillery of good practices, dissemination will support the project to succeed in its ultimate objective: to promote the advancement of telemedicine deployment in Europe.

2.2 Engaging the audience

2.2.1 Target audience

The primary and chief target audience for the Momentum project and the Momentum Blueprint "telemedicine doers", defined as those who wish to deploy a telemedicine service into routine care, and who may be in a position to do so. They may work in clinical or administrative positions in a hospital or other healthcare service provider, or may work on policy in a local, regional or national government. The Blueprint will provide them with ideas and suggestions, and a list of critical success factors, for successful telemedicine deployments.

How will Momentum reach this specific target audience? Firstly, it will target select "doers" within and outside the consortium, and invite them to join the Momentum network and to contribute their experience and knowledge to the development of the Blueprint. Secondly, Momentum will engage broadly with the telemedicine field as a whole, addressing other stakeholders through their European and national organisations. These stakeholder groups include:

- healthcare professionals including doctors, nurses and general practitioners (GPs);
- healthcare managers (in hospitals and other healthcare providers);

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[2] ICT PSP Work Programme 2011, http://ec.europa.eu/cip/files/docs/ict-wp2011_en.pdf, accessed 9 August 2012.

- payers (health insurances, sick funds, "mutualités", and governments);
- regional and national healthcare policymakers;
- patients and their informal carers (families, volunteers);
- providers of telemedicine solutions (IT companies, device makers, integrators, etc);
- eHealth competence centres and innovation agencies; and
- national telemedicine groups and associations.

By and large (but with some exceptions that will be discussed in section 6 and especially Table 1), these groups are already represented in the composition of the Momentum consortium, which comprises health authorities, eHealth competence centres and innovation agencies, and stakeholder groups and organisations. Momentum will seek to grow this audience and engage with stakeholders to solicit and absorb their input, so that the final Blueprint document will be broadly reflective of European conditions, realities and concerns.

At the same time, Momentum will build a network. Momentum will periodically share news and updates with its target audience, and will especially approach them in three project phases for specific purposes: (1) a solicitation to complete the Momentum questionnaire with relevant experiences in telemedicine deployment; (2) stakeholder engagement in the Blueprint validation process to seek input and feedback from a wide range of professionals; and (3) marketing and promotion of the final Blueprint for attention, consideration and adoption in the final project phase.

WP2 will also employ strategies that go beyond and in parallel with blueprint production. In and after PM 24 (January 2014), Momentum will publish on the website – and promote via social networks – original telemedicine content generated by the project and other sources (see section 4.2 Telemedicine content) to engage with the Momentum audiences, raise interest in the project, and build involvement, engagement and participation.

2.2.2 Levels of involvement

To maximise its impact, Momentum will build a network of networks and work through its members as multipliers. The project has neither the capacity nor the intention to include additional organisations in its consortium. Instead, Momentum proposes to interested parties and individuals different levels of involvement, illustrated in the following figure:
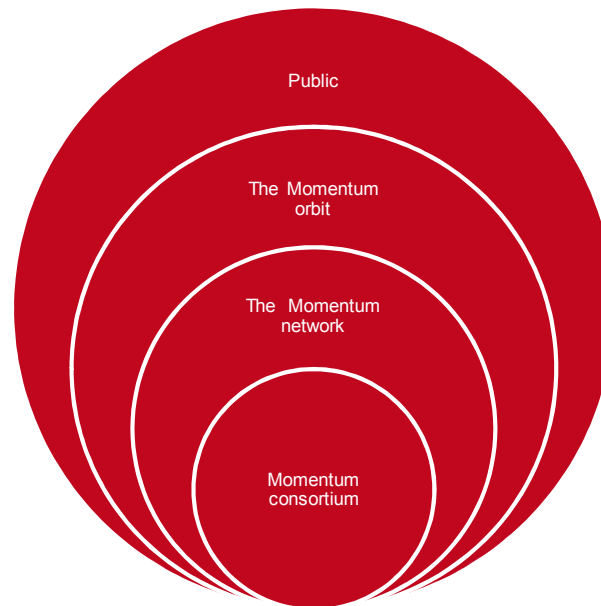
Figure 1: The Momentum circle

The precise nature of the levels of involvement and participation, and the roles and responsibilities for members of the consortium, members of the network, organisations and individuals in the orbit and the public and large are laid out in the *Governance and Operation Manual* (Deliverable 1.1) of the Momentum project. For dissemination and public communication purposes the following distinctions are made:

- The **public at large** will be targeted with messages and announcements on the project website. People may learn about the project through media reports and announcements, by visiting the website, by attending a dissemination event, or by accessing a deliverable or report. However, they remain anonymous, no personal or contact information is collected, and their involvement with the project is passive.

- People in the **Momentum orbit** include those who have a tangible link with the project. They may be members or affiliates of Momentum network organisations and receive periodic communications about Momentum. They may "friend" or "follow" the project in online networks or participate in an online Momentum forum. They may contribute to the project as part of a stakeholder consultation or by answering the Momentum questionnaire.   As their level of involvement increases, organisations in the orbit may apply or be invited to join the network.

- The **Momentum network** comprises organisations that have declared a sustained interest in participating in the development of the Blueprint. They are committed to an active participation in the knowledge gathering process or a SIG, and to assisting the project's dissemination efforts. Momentum will codify these commitments in its Terms of Reference. Network member organisations will be credited with a listing on the Momentum website (including a profile and logo), and other communications.   Individuals may receive access to the internal project management platform if the nature and scope of their involvement requires it.

- The **Momentum consortium** is restricted to the 21 parties to the Momentum grant agreement, and their participation comes with legal and financial rights and obligations. Only Momentum consortium members can lead work packages and SIGs. No expansion of the consortium is foreseen. Consortium members are automatically included in the network. For dissemination and communication

purposes their role will be acknowledged on the Momentum website as a "Founding member [of the Momentum network]" but will otherwise be indistinguishable from network members.

Among the above groups the consortium is the most precisely defined and legally restricted; consortium members' status, roles and responsibilities are enshrined in a grant agreement with the European Commission. Conversely, membership in the network will be codified in a Terms of Reference document and manifested with an organisation listing on the Momentum website. The orbit is a more amorphous space that includes primarily people rather than organisations (i.e. recipients of emails, friends and followers on social networks) who may drift in or out of the orbit but who may "graduate" to network membership if they become more involved and can represent an organisation that fits Momentum's criteria for membership.

Momentum will employ a variety of dissemination instruments and work with media and multiplier organisations to cast a wide net and draw people into its orbit. Over the course of the project, Momentum will seek to engage with people in the orbit, pull them in closer, and graduate many of them to membership in the network.

2.2.3   Gaps and priorities

For developing a pan-European network of telemedicine professionals, the Momentum consortium starts from a good position. It represents a significant number of countries and stakeholder groups covering all corners of Europe. Large countries (France, Germany, United Kingdom) are represented as well as medium-sized countries (Poland, Spain) and small countries (such as Denmark, Estonia, Sweden and Switzerland). Insurance and sick-fund-based healthcare systems are included as well as single-payer systems and hybrid systems. Nordic countries are well represented given their advancement and interest in telemedicine. This grouping is complemented by seven pan-European/international organisations with a focus on health professionals, health managers and market-related interests (EHTEL, Continua Health Alliance, AIM, CPME, EHMA, HOPE, and UEMS).

Still, there are gaps in Momentum's consortium that the project will seek to fill. A regrettable gap is the absence of patients' organisations in the network. Momentum had invited one organisation to join the consortium during project preparation and has pursued another during the project. While it should be recognised that patients are a diverse group that includes many who harbour ambivalence or scepticism towards telemedicine, Momentum will strive to bring one or two organisations onto the network in 2014, and will invite patient representatives to join its remaining workshops.

There are also geographic gaps. While organisations from twelve countries are included (Denmark, Estonia, France, Germany, Greece, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, United Kingdom), others with substantial activities in telemedicine (i.e. Austria, Belgium, Italy) are missing, and the countries from the latest EC accession rounds seem underrepresented. It is however expected that these gaps will have a limited impact on the added value of the blueprint thanks to the current diversity of health care systems represented in the consortium. In turn, it is also expected that the blueprint, once release will be a useful vehicle for entering into a dialogue with organisations from countries not covered by Momentum.

 Momentum will also target regions in some federal nations where regions are accorded an important role in healthcare provision (i.e. Germany and Spain). Momentum will seek out especially those countries and regions where the telemedicine field is active, but will be

open to inquiries from places where there is interest in telemedicine adoption but where the systems and resources are not yet in place.

The project recognises that language may be an important barrier to participation. English is the project language and Momentum lacks the resources to communicate and publish in other languages. But this does not limit Momentum's interactions to only English-speaking individuals and organisations. Momentum will draw on its network members to reach out to those organisations that require assistance in other languages. Examples include cases where individuals require help with completing the Momentum questionnaire, or where audiences in a national or regional event require a Momentum presentation in a local language. To accommodate these cases, Momentum will develop and continuously update a standard presentation ready for adaptation, and will ask that members make their presentations available for a growing library of non-English resources.

2.3 Approach: gradual and pushes

Momentum recognises that communications are most effective when they relate to tangible achievements, rather than being mere presentations about the project or announcements of future plans. Of course, these tangible achievements (such as various Blueprint versions) will not become available until late in the project.

As a result, Momentum's dissemination activities will vary in intensity and focus in accordance with the project schedule. Momentum will spend the first phase of its dissemination activities (Project Month PM1-PM5) laying the groundwork including developing the logo, branding, website, various online presences, while strategies, policies and mechanisms are being developed. Beginning in PM8, it will gradually build its content and outreach activities with growing intensity and reach.

Complementing these activities there will be at least three concentrated marketing pushes:

- **Push 1 (PM 8-9): Questionnaire**
  Dissemination activities will focus on ensuring engagement in the Momentum online questionnaire to gather knowledge on success factors and failure dispositions in telemedicine deployment. The activity will largely rely on word of mouth and invitations to network members' contacts and informal networks (especially given the investment of time and effort required, respondents may require special encouragement and assistance), but will be accompanied by a marketing campaign.

- **Push 2 (PM 24-26): Telemedicine content**
  WP2 will post on the website additional content on the website that has been generated by the project research effort (country studies, project descriptions and success stories), and accompany these postings with a communications campaign to review, comment and react to content as well as generate additional content to put online.

- **Push 3 (PM 25-30): The final workshop, the critical success factors and Blueprint**
  After the third workshop, the critical success factors and the Blueprint will become available and tested in one or more real-life settings. This will kick off the final round of dissemination activities and events that will announce and promote the availability of the (almost) final Blueprint and the final (open) workshop.

Especially towards the end of the project, dissemination activities and events such as presentations and exhibitions will intensify.

2.4   Main communication lines

Momentum's communications will use the following dissemination means:

- The website at www.telemedicine-momentum.eu, which will be the hub of communications, the principal display of project information and deliverables, and a portal for news from within and outside the Momentum network and telemedicine developments in general.

- The newscast, online networks and work with multipliers and media which serve to alert the project's growing audience about news and developments in the Momentum project and network.

- The dissemination events such as presentations, sessions, workshops and exhibitions at relevant events and initiatives (including other EU projects) in the field that serve to engage with stakeholders and get the word out about the Momentum Blueprint.

These means and communication lines are described in detail in section 4 "The dissemination toolbox".

3.   The Momentum brand

Momentum dissemination will seek to develop a personality and recognition that ties it to Momentum's values and can be referred to as the Momentum brand. Elements are a consistent logo, certain consistent features and a recognisable tone of voice.

3.1 Logo

The Momentum logo was developed in the early months of the project in an iterative and consultative process involving the entire consortium. The logo will become the signature graphic of the project to be featured in all communications, reports and presentations. The emblem is a stylised stethoscope in a form that evokes the "at" sign in an email address, a visual representation of telemedicine as care delivered with the assistance of ICT. It is accompanied with the word "momentum" in all lower case and the project tagline "Advancing Telemedicine Adoption in Europe" in all caps. Red is the dominant colour (evoking a care or hospital setting) supported by various shades of green.

Figure 2: Momentum logo

The emblem should always be displayed with the project name and tagline, although in some cases where a different or squarer format is required (i.e. small banner ads or profile pictures in social networks) the emblem may stand alone.

3.2 Tone of voice

The Momentum project is animated by principles and values that are laid out in the Governance and Operations Manual: openness and transparency, participation, coherence, quality and ethics. Momentum's dissemination will, in its style and tone of voice, convey and strengthen these values in the following ways:

- **Openness and transparency**: Momentum's communications will be honest, factual, intelligible and prompt. Information and documents will be shared with the public in a timely manner. Information about Momentum's governance, its structure and partner organisations will be made available in a user-friendly and accessible way. Momentum's language will avoid stuffiness and jargon, strive for clarity and lucidity, and be accessible and understandable for the general interest reader.
- **Participation**: Momentum will be an open and inviting network. Its language will be clear, inclusive, understandable and straightforward. Its tone of voice will be professional, respectful and friendly, recognising that everybody can contribute and encouraging everybody to do so. A path to network accession will be laid out on the website, and requests for joining will be handled in a prompt and transparent way.
- **Coherence**: Momentum's dissemination will apply its governing principles and policies by reporting on news and developments in a consistent, coherent and non-

discriminatory way. Its communications will follow a consistent style and tone of voice.

- **Quality**: Momentum's dissemination maintains the same commitment to quality as the project as a whole. Communications such as media releases and documents will undergo a thorough internal review.
- **Ethics**: Momentum will adhere to ethical principles and convey this in its communications.

In the document release process Momentum will apply the style guide of The Economist, excerpts of which are available online[3]. Illustrative of the style guide's commitment to clarity, brevity and precision are the following observations and suggestions:

- *Never use a long word where a short one will do.*
- *If it is possible to cut a word out, always cut it out.*
- *Never use the passive where you can use the active.*
- *Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday English equivalent.[4]*

It is recognised that these suggestions are aspirational and not always realistic given the technical nature of some deliverables.

3.3 Templates and collateral

To promote consistency and coherence in Momentum branding and communications, Momentum will create templates and make them available to the Momentum network. They will include:

- A Word template for project deliverables;
- A Word template for general internal and external project communications;
- A PowerPoint template incorporating the major brand elements;
- A standard project presentation in PowerPoint format that will be updated with content and accomplishments;
- A project rollup/kakemono to support dissemination events.

Additional collateral such as a project flyer may be produced ad hoc as needed and as resources permit.

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[3] www.economist.com/styleguide and *The Economist Style Guide*, 10th edition, Economist Books, 2010.

[4] From George Orwell, "Politics and the English Language," quoted in *The Economist Style Guide* (introduction).

4.   The dissemination toolbox

Momentum's dissemination will employ a mix of online and offline tools, traditional approaches and web 2.0 approaches, to maximise impact within tight time and resource constraints. They will build on the branding tools discussed above, and reinforce them through consistent and diligent application. Below is a detailed description of Momentum's dissemination toolbox, starting with the most important vehicle: the project website.

4.1 Website

The website is the hub and centre of the Momentum project. It is here that the project announces news and events, shares project documents, and where members of the network present themselves.

The website, launched in PM 5 (June 2012) at www.telemedicine-momentum.eu, has a simple and clean interface that follows the Momentum branding.
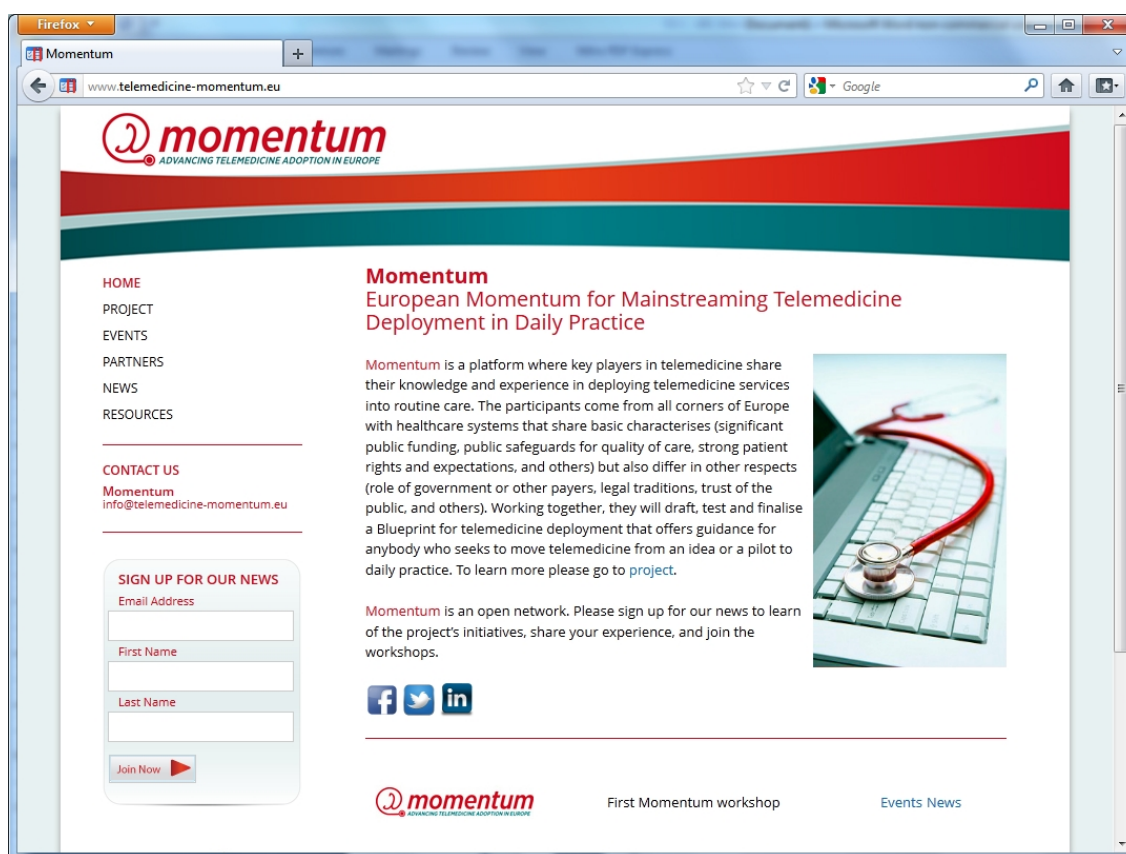

Figure 3: Momentum website

The website structure is straightforward. Its main sections include a landing page (Home), a project description (Project), a page for Momentum and other telemedicine events (Events), a display of the Consortium organisations (Partners), a news section and a resources section.

Figure 4: Website structure

Behind the website is a content management system (Wordpress), to which WP2 has exclusive access. WP2 will regularly update the news and events section with items that come from the Momentum network and beyond. The objective is to turn the Momentum website into a hub of news of general interest to Momentum's target audience of telemedicine professionals.

An important feature of the website is the news sign-up facility that registers the names and email addresses of interested individuals, and will be key to building Momentum's orbit. There will not be a regular newsletter: the demands of a regular communication risks constraining and burdening the project. Rather, Momentum will limit its communications to occasional newscasts on issues that matter to the project and to its constituencies, sent out when they are relevant: announcements of important milestones, or the availability of documents for review and consideration. The number of recipients of these announcements will contribute to the metrics for measuring the scope of the orbit and network.

4.2 Telemedicine content

The Blueprint, originally the key deliverable of the project and its participatory review and validation foreseen as the central element of Momentum's public face, is delayed. This delay has deprived the Momentum project of its public narrative. In the final year of the project, while the project will work on the Blueprint with resources within the consortium and the network, the project's public face and its outreach and dissemination efforts will employ additional content to drive Momentum's image and to engage outside stakeholders and actors. There will be primarily three such elements that will be added to the website and aggressively promoted through the project's communications channels: service descriptions, country descriptions, and success stories.

4.2.1 Service descriptions

The descriptions of the telemedicine services have been generated from the more than 20 responses to the Momentum questionnaire, and were included in the Project Deliverable 3.1 Annex. For the purposes of website publication they have been further edited and streamlined for consistency and style, and have been extensively vetted within the

consortium in the final months of 2013. In January 2014 they went public with an invitation for interested parties to deliver their own service descriptions to be added to the Momentum website.

4.2.2 Country descriptions

Similar to the service descriptions, the country descriptions were an outcome or by-product of the Momentum questionnaire. All respondents were asked a series of question about the policy, legal and regulatory framework for telemedicine in their country, and it turned out that not always were they familiar with the details: sometimes respondents from the same countries gave substantially different assessments.

As a result, Momentum appointed from the network and outside so-called "country-ambassadors" to deliver these country descriptions. The resulting country descriptions were added to the aforementioned Project Deliverable 3.1 Annex, and were deemed of public interest and worthy to be added to the website alongside the service descriptions. In line with the communication strategy for the service descriptions, Momentum will invite interested parties to offer suggestions and additions.

4.2.3 Success stories

Finally, the Momentum dissemination work package will begin in 2014 to post on the website telemedicine success stories. Initially, these stories will be drawn from a body of stories that were the product of a telemedicine campaign "Telehealth in support of integrated care" launched in 2011 by a coalition of organisations including Momentum consortium members AIM, Continua, EHMA, EHTEL, and HOPE.[5] In an effort to create interest and momentum for telehealth, this coalition called on interested parties to communicate success stories of telemedicine with a patient's perspective or even from a patient's point of view. While the campaign collected and subsequently edited about 30 stories, they lacked the resources to convert these into a publication or website.

With the permission of the original drivers and submitters of the success stories, they will be launched one by one in the first half of 2014, again with the assumption that they will generate interest and engagement among telemedicine stakeholders. Publications and buzz will be generated through Momentum's communication channels, including and especially the online networks.

4.3 Online networks

To support the website and broaden its reach, Momentum has installed a project presence on Facebook and LinkedIn, and established a Twitter account. Each of these networks will reinforce the website's communications through messages and activities specific to their platform.

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[5] The organisations originally committed to the campaign included AIM - Association Internationale de la Mutualité; COCIR - The European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry; Continua Health Alliance; EHMA - European Health Management Association; EHTEL – European Health Telematics Association; EPF - European Patients' Forum; HOPE - European Hospital and Healthcare Federation.

4.3.1 Facebook

Facebook (www.facebook.com) is a social network and website launched in February 2004 that has currently about 900 million active users, of whom about a fourth are in Europe.[6] Users must register before using the site, after which they may create a personal profile, exchange messages, and add other users as friends, an action that has coined the expression "to friend". They can also express approval of somebody else's status update or news post by "liking" it. The number of "friends" and the number of "likes" has become an important indicator and metric of a profile's or post's popularity and relevance.

Facebook also allows businesses, organisations, campaigns and others to set up a profile, and Momentum has done so (www.facebook.com/telemedicinemomentum). In the autumn of 2012, WP2 will promote the profile by inviting network members to "friend" and "like" the website, which may raise interest and visibility among their own networks. The profile will feature links to important updates on the website, and will also be the outlet for more informal posts and interaction for which there is no forum on the project website.

4.3.2 LinkedIn

LinkedIn (www.linkedin.com) is a professional network and website launched in May 2003 in the United States with approximately 175 million users, of which approximately 34 million are in Europe as of June 2012.[7] Similar to Facebook, users must register before using the site, after which they may create a personal profile, exchange messages, and add other users as contacts. In contrast to Facebook, LinkedIn profiles feature professional pictures, profiles that resemble CVs, and users tend to advance their professional networks and careers. Among similar professional networking sites, LinkedIn does not have the dominant position as Facebook does in the social field (viable competitors are Xing with a head start in German-speaking Europe, and Viadeo in francophone Europe), but it has overall the most users and is strongest among English speakers.[8]

Although all these networks now offer interfaces in major languages, the strength among English speakers was the decisive factor for Momentum to choose LinkedIn as the site of a Momentum discussion group (www.linkedin.com/groups/Telemedicine-Momentum-4572526). Similarly to the Facebook profile, WP2 will promote the LinkedIn group in the autumn of 2012 by inviting Momentum network members to join it. WP2 and other group members will seed relevant telemedicine discussions here. Depending on the site's uptake, it may remain a mere gateway to the Momentum website (users and organisations may be invited to become a part of the Momentum network) or it may become more closely integrated with the website and the Blueprint development process.

4.3.3 Twitter

Twitter (www.twitter.com) is an online social networking and microblogging service created in March 2006. It is especially geared towards users of mobile devices, dispensing with a personal profile and instead enabling its users to send and read text-based messages of up to 140 characters known as "tweets". As of early 2012, Twitter has worldwide more than

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[6] Information and statistics from Wikipedia and from http://www.internetworldstats.com/stats4.htm, accessed 8 August 2012.

[7] Information and statistics from http://en.wikipedia.org/wiki/Linkedin and http://press.linkedin.com/about, accessed 14 August 2012.

[8] For an analysis of relative strengths and weaknesses of professional networks see "Class war: A spat among professional networks", *The Economist*, 19 November 2009.

500 million active users who generate over 340 million tweets daily, with particular strengths in the Americas and Asia (where mobile users tend to outnumber PC users). It is estimated that about between 20 and 25 per cent of all Twitter users are based in Europe.[9]

Momentum set up a Twitter account with user name "TM_Momentum", and will share short updates and announcements while closely monitoring the efficacy of this line of communication.

Appropriate buttons will be placed on the Momentum website linking to Momentum's Facebook profile, LinkedIn group, and Twitter account.

4.4 Outreach

In addition to social networking sites, Momentum will work with intermediaries as multipliers to promote awareness of its website and its activities and messages.

4.4.1 Working with multipliers

As a network of networks, Momentum will count on the assistance and cooperation of its members to enlarge and multiply its reach. Of special significance in this endeavour are the seven aforementioned European membership organisations in Momentum with their extensive networks and membership communications. Momentum also includes national telemedicine networks and associations in France, Germany, the Netherlands, Poland and the United Kingdom that will have extensive local reach. Even the competence centres, innovation agencies, and other organisations in Momentum command sizable national or local networks and followings.

All consortium and network members have identified point persons ("correspondents") for Momentum's communications who take responsibility to promote Momentum activities and products to their constituencies, and feed important news items back to WP2. WP2 provides logo and website banners that enable network members to communicate their membership on their own websites, and it will channel news and announcements to these correspondents for further dissemination.

4.4.2 Working with media

While the role of print and other media has changed and, some argue, diminished, they still serve as important and trusted gatekeepers and validators for news. Momentum will work with appropriate media outlets, especially those with an online presence, in the eHealth and telemedicine field to disseminate news about the important milestones in the project (see the section about these milestones and marketing pushes in section 2.3). In initial list of targeted media and print outlets includes the DG Connect newsletter, Ehealthnews.eu, E Health Com, Healthcare IT Management, and Health Tech Wire.

This list of media outlets and contact information will be expanded continuously with suggestions from the network and others. At appropriate moments WP2 will draft and disseminate media releases, which will also be published on the Momentum website.

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[9] http://en.wikipedia.org/wiki/Twitter, accessed 14 August 2012.

4.5 Dissemination events

The personal touch matters. In addition to website and other electronic means and communications, Momentum will engage in face-to-face interactions involving workshops, presentations and exhibitions at appropriate events and conferences.

4.5.1 Dissemination events (international)

To provide additional promotion and visibility for Momentum and its activities and products, Momentum will organise event presentations, conference sessions, and exhibitions at appropriate conferences and meetings. These events may be held throughout the project to promote general visibility, but will have a specific content purpose especially during two periods of the project:

- In the stakeholder validation process (delayed until PM28-30) dissemination events will promote and contribute to the process either by engaging with stakeholders directly in a workshop-like setting, or by contributing to the validation process that will be available online on the project website.
- In the final months of the project (PM 26-30) the dissemination events will promote the availability of the (not yet tested) Blueprint and the date, venue and participation terms of the final public workshop in PM 30.

Appropriate host events and conferences will be identified through an internal consultative process and, especially for the stakeholder validation process, taking into account the views and suggestions of the SIGs and the available resources.

For the final open workshop WP2 will run a specific marketing campaign using all elements of the Momentum dissemination toolbox.

4.5.2 Dissemination events (local/regional level)

All consortium partners and, indeed, network members are invited to raise awareness about project activities and documents among their networks and contexts. Local and national organisations have a special role in transmitting and translating Momentum's Blueprint to their context, providing added depth and credibility. (This activity, especially when conducted in languages other than English, also serves the important function of engaging organisations and people outside the pool of "usual suspects".) Only in some cases will these events be driven by the Secretariat; rather, the Secretariat will support these initiatives with the standard updated project presentation and relevant materials.

4.6 Liaison with other EU initiatives

WP2 will keep other relevant initiatives abreast of project news and products, and feed relevant developments in these initiatives back to the project. Such initiatives include:

- The eHealth Governance Initiative (www.ehgi.eu), which supports cooperation between Member States at political governance levels and eHealth stakeholders, and has a direct role in the European policy making process;
- The Renewing Health project (www.renewinghealth.eu), a large scale pilot of telemedicine services in nine European regions, and its successor project United4Health (www.united4health.eu) that will begin operations in early 2013;
- The European Innovation Partnership for Active and Health Ageing (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-

healthy-ageing) and especially its action groups B3 "Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level" and C2 "Development of interoperable independent living solutions, including guidelines for business models".

- The ENGAGED project (www.engaged-innovation.eu) building a learning community of stakeholders to nurture the emergence of innovative and sustainable active and healthy ageing (AHA) services that make best use of technology.

In many of these initiatives, members of the Momentum network are represented so there is already a direct link that facilitates the identification of appropriate opportunities for presentations and interventions. If there is direct link, the Momentum Secretariat will liaise with these initiatives to explore opportunities for exchange of information and knowledge that are of mutual benefit.

5. Editorial guidance

5.1 Editorial policies

Editorial policies are proposed to maintain a consistent Momentum tone of voice (see also section 3.2) yet at the same time adapt it to the context of its various dissemination channels: to be effective a website post must differ in content and style from a Facebook post or a Twitter feed. Policies are as follows:

	Website	Facebook	LinkedIn Group	Twitter
Who?	Momentum (WP2) with the assistance and advice of the website editorial board.	Momentum (WP2); comments and wall posts may be added by network members and others.	Momentum (WP2) and other members of the group (access will not be restricted).	Momentum (WP2)
What?	Momentum initiatives; news and events from within the network; media releases.	News and links to Momentum website; also social updates, photographs.	News and links to Momentum website; topical queries and discussions related to telemedicine and SIG work.	News and links to Momentum website; telemedicine news in general.
How?	Professional, formal.	Social, familiar, friendly.	Professional, conversational.	Informal, topical
Why?	To disseminate project news and updates.	To expand and feed Momentum orbit by way of Momentum members' social networks.	To expand and feed orbit by way of Momentum members' professional networks.	To expand and feed orbit using Twitter channel.

The above policies are a starting point and may evolve and be adapted over time to test and validate new approaches and maximise effectiveness. Interim and final editions of the workshop and outreach report (D2.5x) will document the learnings and adaptations.

5.2 Website editorial board

To ensure consistency and a voice of the network in Momentum's dissemination efforts, in PM9 WP2 has called to assemble and convene an editorial board drawn from the entire range of Momentum network members, with a focus on communication professionals and Momentum "correspondents". The purpose of this editorial board was to monitor the communication channels, serve as a sounding and advisory board for learnings and policy changes, and provide input to editorial decisions as appropriate. WP2 foresaw a board of at least three (3) Momentum consortium members and additional volunteers. Decision making procedures, if required, were to be adapted from those of the PSC.

6.   A growing Momentum network

6.1 Plans and activities

As discussed in the previous sections, Momentum dissemination activities will follow broadly two strands:

- In one strand WP2 will gradually and steadily build the Momentum network and orbit; this includes the website launch and updates, and posts and activities on the online networks;
- In the other strand, comprising the outreach activities and dissemination events, Momentum will activate the network and orbit to support project needs with specific marketing pushes.

The figure below illustrates how the WP2 originally foresaw how the project's major milestones would relate to the online activities, various marketing pushes and the projected growth of certain key variables over the course of the project:
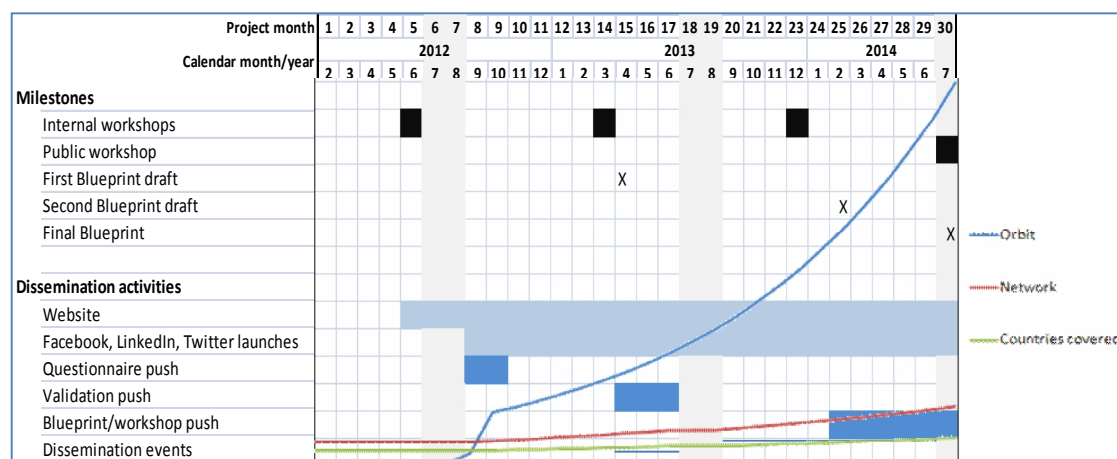

Figure 5: Momentum dissemination schedule (according to 2012 plan)

The change in project plans means that the validation push has been pushed towards the end of the project, and been supplemented by a marketing push aided by previously unpublished content related to telemedicine (see section 4.2 Telemedicine content). This will lead to a certain "organic" growth of the Momentum orbit and network.

In addition, in the final year of the project the Momentum WP2 will more proactively target organisations and entities that represent the major stakeholder groups or that cover geographies which are underrepresented in the Momentum network (see discussion of Gaps and priorities in section 2.2.3). These organisations will be invited to become part of the network, join the communication channels, attend Momentum consortium events as observers, review and comment on Momentum draft documents, and contribute with speakers and content to the final public workshops.

Section 2.2.1 "Target audience" already included a discussion of Momentum's target audiences, including the primary audience of "telemedicine doers" and a number of secondary stakeholder groups through whom the doers can be reached. The following table gives on overview and assessment of the various secondary stakeholder groups, their rational/justification, the expected impact, and additional efforts to engage this audience.

Table 1: Engaging target audiences in 2014

Target audience	Rationale/justification	Expected impact	Existing consortium	Additional efforts	New invitees
eHealth competence centres, innovation agencies	These organisations support policymakers and healthcare providers in eHealth implementation and play a key role as impartial and trusted advisors.	Awareness Support Involvement Adoption	CCN, EeHF, TicSalut	Identifying additional centres in underrepresented regions.	Arsenal IT, Hull University, Mobile World Capital mHealth Competence Centre
Healthcare professionals including doctors, nurses and GPs	HCPs are at the front line of healthcare services and have to be "on board" when telemedicine services are employed. This involves education, training, and change management.	Awareness Support.	CPME, HOPE, UEMS and their European networks	Inviting additional stakeholder groups	World Association of Family Doctors (WONCA). Regional associations
Healthcare managers (in hospitals and other healthcare providers)	Managers are often, at the organisational level (provided they have appropriate incentives), the key drivers of telemedicine to realise efficiencies and deploy human resources more	Awareness Support Involvement Adoption	EHMA	Inviting additional stakeholder groups	European Association of Hospital Managers Regional associations
Payers (health insurances, sick funds, mutualities and governments)	Payers are at the systemic level keen to control costs and ensure the sustainability of healthcare systems.	Awareness Support Involvement	AIM	Inviting additional stakeholder groups	National associations (especially in underrepresented regions)
Regional and national healthcare policymakers	Governments have an interest in ensuring the sustainability of their healthcare sectors and del with systemic challenges such as demographics, rising costs, shortage of healthcare personnel, etc.	Adoption	RSD NHS CCN	Inviting additional stakeholder groups; presenting to the EIP	AQUAS (Catalonia) Policymakers from member states and regions underrepresented in the project, especially from eastern Europe

Target audience	Rationale/justification	Expected impact	Existing consortium	Additional efforts	New invitees
Patients and their informal carers (families, volunteers)	Patients may be the largest, most diverse, and -- as a whole – most ambivalent stakeholder group when it comes to telemedicine: while some patients value the increased independence, self-management and autonomy, many worry about data privacy, security and about the effect on HCPs' attention and care.	Awareness	(-)	Inviting additional stakeholder groups	European Patient Forum (EPF) International Alliance of Patient Organisations (IAPO)
Providers of telemedicine solutions (IT companies, device makers, integrators, etc)	These companies want to sell their products and services to the healthcare sector, so they have a financial interest in the success of telemedicine deployments.	Awareness Support Involvement	Continua	Inviting additional stakeholder groups	COCIR Mobile World Capital Barcelona
National telemedicine groups	These organisations play a similar role in their contexts as Momentum does in Europe, and will be important multipliers for any findings of Momentum they may find relevant.	Awareness Support Involvement Adoption	CATEL, DGG, NVEH, PTTM, SGTM, TSA, ZTG	Inviting additional stakeholder groups	… with an interest in identifying those in underrepresented regions.
Other	There may be other players out there that are not captured in the categories above and may still be in a position to make valuable contributions.	Awareness Support Involvement		Invite as opportunities present themselves.	

The table above discusses the expected impact per target audience and proposes a sliding scale of four types of impact whose definitions and (simple) metrics are proposed below:

- **Awareness**: An organisation is aware of the Momentum project and has joined one or more of Momentum's dissemination channels.

- **Support**: An organisation has joined the Momentum network and promotes Momentum communications and announcements among its own networks.

- **Involvement**: An organisation has joined the network and has actively contributed to the Blueprint development process or joint/presented at least one of the Momentum workshops.

- **Adoption**: An organisation has joined the network and will use one or more of Momentum's findings, recommendations or methodologies in an actual practical telemedicine deployment.[10]

Obviously, the count and enumerations of organisations in the network will be included in the report of overall indicators, as discussed in the next section.

6.2 Indicators

The indicators for measuring the project's reach and visibility include the following metrics:

- **Dissemination events**: A running count of dissemination events including information about the host event, who participated, and (if applicable) any tangible outcomes. Target: eight (8) events over the lifetime of the project.
- **Network**: Starting from a baseline of 21 organisations in the Momentum consortium, Momentum will keep a running list of new organisations that join the network. Target: fifty (50) organisations at the end of the project.
- **Countries covered**: Similarly, starting from a baseline of twelve countries represented by the consortium members, Momentum will keep track of new countries that join the network. Target: twenty (20) countries at the end of the project.
- **Orbit**: A total count of followers on Twitter, friends and "likes" on Facebook, members in the LinkedIn Momentum group, and email addresses in the News database. Target: 300 unique individuals in the Momentum orbit.

The WP2 will periodically report to the network on these metrics and include them in every outreach report.

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[10] This metric may be difficult to measure before the end of the project: WP2 will seek and document actual adoptions as well as declarations of intentions.