



MOMENTUM

European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice

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Report on Workshop and Outreach (1 of 4)

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Abstract

This report consists of two parts. The first provides a summary of the first Momentum workshop held on 21 June 2012 in Luleå, Norrbotten, Sweden. The workshop featured an analysis of an initial group of respondents to the Momentum questionnaire that sought information from existing telemedicine implementations about Momentum's areas of inquiry. The second part gives an overview of initial outreach activities in the first five months of the project. These consisted chiefly of building the outreach fundamentals, such as the development of the project logo and branding, the website, and initial templates.

Key Word List

Blueprint, branding, communication, dissemination, events, internal organisation, knowledge gathering, logo, Momentum, outreach, special interest groups, template, transparency, website, workshop.

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04	Review and small edits before sending to PSC for approval
05	Revision with PSC comments and suggestions
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Outstanding Issues

None

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This deliverable contains original unpublished work except where clearly indicated otherwise.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 following abbreviations have been used in this report:

AER	Assembly of European Regions
AIM	Association Internationale de la Mutualité
ALEC	Arctic Light eHealth Conference
CATEL	Club of Actors in TeLemecine
CCN	County Council of Norrbotten
CPME	Comité Permanent des Médecins Européens
EeHF	Estonian E-Health Foundation
EHTEL	European Health Telematics Association
HOPE	European Hospital and Healthcare Federation
IDF	International Diabetes Federation
NLL	Norrbottens läns landsting = County Council of Norrbotten
NST	Norwegian Centre for Integrated Care and Telemedicine
NVEH	Nederlands Vereniging voor eHealth
OUH	Odense University Hospital
PTTM	Polish Telemedicine Society
RSD	Region Syddanmark
SCTT (NHS24)	Scottish Centre for Telehealth and Telecare
SIG	Special Interest Group
UEMS	European Union of Medical Specialists
ZTG	ZTG GmbH Zentrum für Telematik im Gesundheitswesen

Executive Summary

This first part of the report provides a summary of the first Momentum workshop held on 21 June 2012 in Luleå, Norrbotten, Sweden. The workshop was the first content oriented event of the project. It was held at a midpoint of the knowledge gathering phase and served to analyse an initial set of responses to the Momentum questionnaire that sought information from existing telemedicine implementations. The questionnaire was structured according to Momentum's areas of inquiry. As a first step, a small number of initial responses allowed for the identification of initial trends, and provided some feedback for the further improvement of the questionnaire. Consequently, the questionnaire will be re-launched in a revised and improved version after the summer 2012 to a larger audience.

The second part of the report gives an overview of the project's outreach activities in the first five months (February to June). These consisted chiefly of building the outreach and communications fundamentals, including the development of the project logo and branding, the website, and initial templates in PowerPoint project presentations, one in Word for project deliverables, and one in Word for normal documents. In line with the Dissemination Plan (D2.1) all pieces are in place for sustained communication and outreach efforts that prepare the ground for continuous growth of the Momentum network.

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 to daily practice. The project started in February 2012 and will last for 30 months, until July 2014.

1.2 Purpose of this report

This report in section 2 documents the background, purpose, proceedings and results of the first of a total of four Momentum workshops. The second part, section 3, gives a summary of the outreach activities carried out in the initial phase of the project, from January to June 2012. It is the first of a total of four contractually agreed deliverables under D2.5 “Report on Workshop and Outreach”.

analysis of the eight responses, as well as feedback to the questionnaire in general, formed the principal content of the workshop.

2.2 Location and host event

Momentum strives to organise its workshops “tagged on” to other events to maximise attendance and minimise travel costs to the project (many participants will be able to fund their attendance through other means). At the Momentum Kickoff meeting in February 2012 proposals were requested from the Consortium for appropriate events that would take place in June 2012. NLL proposed ALEC, the Arctic Lights eHealth Conference on 19-20 June 2012 in Luleå, Norrbotten, Sweden. In addition to offering venues for the Momentum workshop and internal PSC meeting, ALEC organisers also offered a session slot for a Momentum dissemination event as part of the ALEC programme. Momentum gladly accepted the offer.

The host organisation provided excellent services and accommodations. Besides the Momentum workshop, Momentum also organised a dissemination event as a session integrated in the ALEC programme (on Wednesday 20 June 2012 at 14.30, cf. section 3.2 of this document) and an internal Project Steering Committee meeting to deal with project management and progress.

2.3 Participants

The Momentum Secretariat had invited all Consortium members to Luleå and participate in the first workshop (with funding support limited to one person per organisation). Unfortunately conflicting schedules and the relative remoteness of Luleå from central and southern Europe prevented some Momentum Consortium members from joining the event. Of the Momentum consortium of 21 organisations, 14 were represented. Videoconferencing was provided.

Table 1: Workshop participants

Name	Organisation	Name	Organisation
Susanne Andersson	NLL	Pim Ketelaar	NVEH
Oscar Arias	CPME	Gaida Krumina	UEMS
Eli Arild	NST	Marc Lange	EHTEL
Siri Bjørvig	NST	Montse Meya	TicSalut
Camille Bullot	AER*	Leif Erik Nohr	NST
Ellen K. Christiansen	NST	Magnus Persson	NLL
Georges Dafoulas	e-Trikala	Janne Rasmussen	OUH/RSD
Claus Duedal Pedersen	OUH/RSD	Stephan Schug	EHTEL, ZTG, DGG
Corina Fornabe	IDF Europe*	Robert Stewart	NHS 24
Ourania Georgoutsakou	AER*	Michael Strübin	CHA
Wojciech Glinkowski	PTTM	Pierre Traineau	CATEL
		Emilie Vergauwe	HOPE
		Elena Vio	Arsenal*
		Diane Whitehouse	EHTEL

The Secretariat also invited selected other telemedicine stakeholders and policy experts who were already present in Luleå (marked in table 1 with an asterisk). In total 25 professionals and experts from inside and outside the Momentum Consortium attended the workshop.

2.4 Agenda

The workshop agenda consisted of a welcome by the Momentum coordinator Marc Lange (EHTEL), a general introduction to the knowledge gathering process by WP3 leader Claus Duedal Pedersen (RSD), and in-depth analyses of the four sections of the questionnaire that correspond to the four SIGs delivered by the four SIG leaders. The presentations were summarised again by WP3 leader Claus Duedal. The detailed agenda on 21 June 2012 was as follows:

8.30	<i>Welcome, introductions, project update</i> Marc Lange, EHTEL
9.00	<i>Knowledge gathering report</i> <i>Presentation of initial questionnaire results</i> Claus Duedal Pedersen, RSD <i>Discussion</i>
9.30	<i>Highlights of questionnaire results</i> (with 10-minute presentations and discussion each) <ul style="list-style-type: none">• <i>Telemedicine strategy and management</i> Robert Stewart, SCTT (NHS 24)
9.55	Break <i>Highlights of questionnaire results (cont'd)</i>
10:15	<ul style="list-style-type: none">• <i>Organisational implementation and change management</i> Diane Whitehouse, on behalf of Peeter Ross, EeHF
10:50	<ul style="list-style-type: none">• <i>Legal, regulatory and security issues related to telemedicine</i> Ellen Christiansen, NST
11:10	<ul style="list-style-type: none">• <i>Technical infrastructure and market relations</i> Montse Meya, TicSalut
11:35	<i>Summary discussion, wrap up, next steps</i> Claus Duedal Pedersen, RSD
12.00	End

The workshop was hosted by the Norrbotten County Council in their premises at Luleå.

2.5 Publishable Content

2.5.1 Overview (RSD)

Claus Duedal Pedersen provided an overview of the questionnaire responses received. Respondents came from Estonia, Greece, Norway, Poland, Scotland, and Spain. Half of the

respondents came from outside of the Momentum Consortium. The telemedicine services concerned ranged from a small initiative serving nine patients to one that covered about 500 patients.

Half of the answers came from organisations outside the Momentum consortium. All respondents reported that their countries had a strategy for telemedicine but there was no special legislation. Two thirds of countries had legislated liability, but substantial legal barriers remained in regard to reimbursement, data protection, and the role of doctors.

Claus conceded weaknesses in the questionnaire and called on all users who had accessed the questionnaire to send feedback so that the questionnaire could be revised with a view to re-launching it after summer 2012.

2.5.2 Telemedicine Strategy and Management (NHS 24)

Robert Stewart reported that of the eight telemedicine services that had responded, two had already been terminated: one due to lack of senior management support, and one because of reimbursement barriers. He noted that many of the implementations had emerged from (or were still in) randomised controlled trials, and had received financial support from the EU, the industry or private investors which suggests that telemedicine implementations still required a “kick start”. More information about the type and level of policy support was needed.

Robert called for improvements in the questionnaire to capture more information about the financing or business model. That led to a discussion about who the customers of the services are. Often they are patients, but sometimes a cruise boat may contract for telemedicine services, or hospitals or commercial intermediaries are the providers. It was agreed that all providers should be eligible to complete the questionnaire, but should self-identify from a list of provider types.

2.5.3 Organisational implementation and change management (e-Tervis)

Diane Whitehouse presented on behalf of Peeter Ross. His general observation about the questionnaire was that there should be more closed questions and multiple choice to facilitate the analysis. According to the limited data available the main findings were:

- Telemedicine implementations were driven by departmental management more than by organisational management; there should however be a better understanding and definition of professional roles.
- In the majority of cases telemedicine implementation required working with outside organisations; it was apparently helpful if there were links with a higher education body such as a university.
- Healthcare professionals reported high levels of satisfaction with telemedicine services; it was agreed that the questionnaire should identify what the role of the individual was who responded to the questionnaire.
- Ethical issues were considered in one-third of the cases.

The latter findings caused some discussion as the consideration of ethical issues is normally mandatory when using telemedicine. It was agreed that the issue requires further investigation.

2.5.4 Legal and regulatory issues (NST)

Ellen Christiansen reported from the responses on the legal and regulatory section of the questionnaire. She cautioned not to draw too many conclusions given the limited sample size. Nevertheless, surprisingly very few telemedicine implementations had required a legal/legislative change or an adjustment in data management procedures. Liability issues and patient consent were reported as very important, and it was suggested to differentiate the meaning of liability and clinical responsibility.

In this context Oscar Arias from CPME noted that the Chain of Trust project was undertaking a survey with similar queries and it was agreed that Momentum would liaise with CPME and the Chain of Trust consortium to share some of the data and research.

Some of the questions about crossing borders and legal conflicts may be misleading and require further clarification. Many responses indicating “don’t know” may imply questions that are too taxing or time consuming for the respondents to discuss in any degree of detail.

2.5.5 Technical infrastructure and market relations (TicSalut)

Montse Meya focused in her discussion on the procurement mechanisms and integration aspects. She highlighted that in the majority of cases the telemedicine services were not integrated in the IT infrastructure. Similarly, more than half of the respondents had not paid attention to standards or were not aware of them. Montse suggested also it could be useful to cross-reference responses in her section with questions about organisational leadership to identify possible patterns.

2.5.6 Summary discussion (RSD)

Claus Dueadal Pedersen summarised the findings and cautioned again that these responses, because of the small sample size and the needed improvements in the questionnaire, should not be considered indicative of the wider field. RSD invited feedback from everybody in the room (and the respondents) before the questionnaire will be revised in August/September 2012. The questionnaire will then be re-launched in September 2012, but this time will be accompanied by a substantial marketing push.

Marc Lange thanked all participants, especially the external guests, for joining the discussion, and closed the workshop.

2.6 Follow up

Following the workshop, all presentations were posted on the Momentum internal project management website.

All organisations that had been invited to respond to the Momentum questionnaire were requested to hold their completion of the questionnaire and await a new release of the questionnaire that would come later in 2012.

A summary list of suggestions and comments on the Momentum questionnaire was circulated with a view to enabling WP3 leaders to implement and improve the questionnaire.

3. Outreach

3.1 Branding

The foundations for a successful dissemination and outreach campaign were laid in the first five months of the project: the Consortium, led by WP2 (Continua), developed a logo, various templates, and the project website. A professional graphic designer was contracted to provide a consistent branding across communication platforms, with the project website playing the principal role and hub.

3.1.1 Logo

The Consortium developed a project logo that will become the signature graphic of the project to be featured in all communications, reports and presentations. At its core is a stylised stethoscope in the shape of a form that evokes the “at” sign in an email address. As such it may deliver a visual representation of telemedicine as care delivered with the assistance of ICT. It is accompanied by the project name (in lower case) and the project tagline “Advancing Telemedicine Adoption in Europe”. Red is the dominant colour (evoking a care or hospital setting) supported by various shades of green.



Figure 2: Momentum logo

Momentum secured the rights to use this logo for the lifetime of the project.

3.1.2 Templates

The Consortium developed a PowerPoint template as the suggested format for presenting in Momentum meetings or for presenting the project to external audiences.

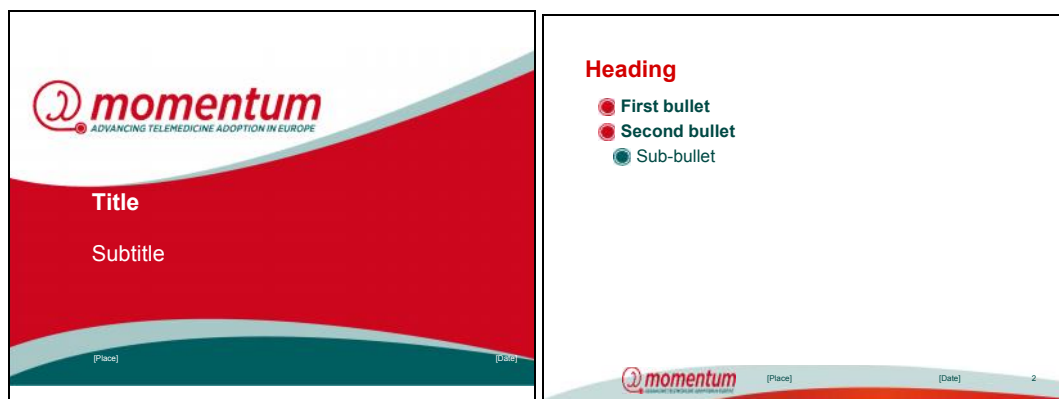


Figure 3: Momentum PowerPoint template

WP2 has developed a standard presentation to assist Consortium members in making presentations about Momentum. The presentation discusses the basic parameters and

objectives of the project, embeds the project in the wider policy context, and discusses the project structure, working methods, and upcoming steps. The presentation will be periodically updated by the project secretariat.

WP2 has also developed and circulated a Word template for project deliverables that serves as the basis of all written project deliverables (including this one). It includes a standard cover page, sections for change history and version tracking, a standard statement of originality, and defined styles for headings, fonts etc. A simpler Word template has been developed for internal project documents that includes the logo in a standard header and a standard footer including date, author and page number. Both Word templates are available to all project participants.

3.1.3 Website

A project website was launched before the first workshop at www.telemedicine-momentum.eu. Principal 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.

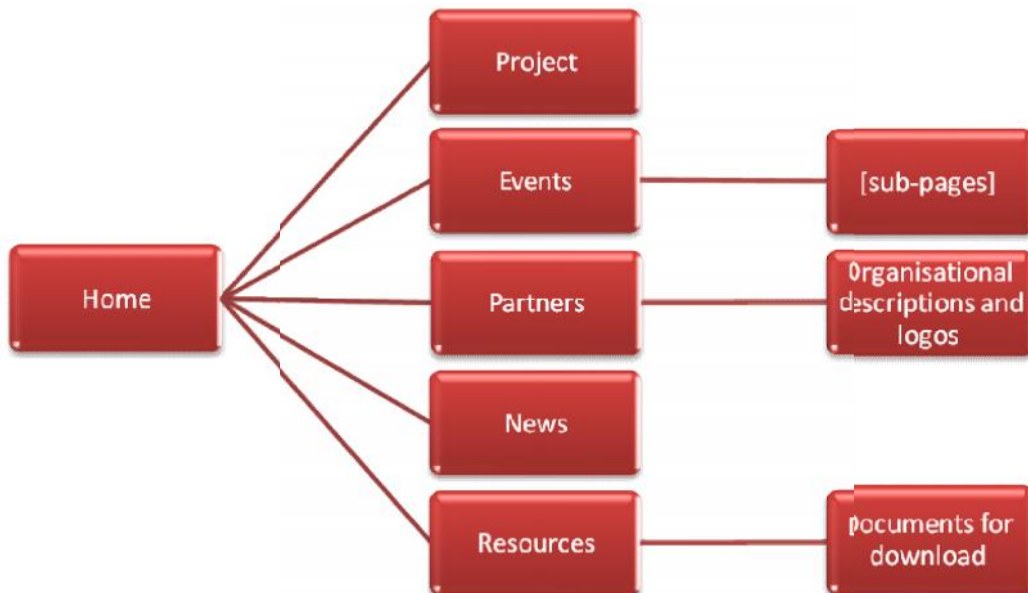


Figure 4: Website structure

The website will be gradually built out and enhanced with content from the project.

3.1.4 News

The website contains a facility for visitors to enter their email address to sign up for Momentum email news. Email addresses collected here will be a key vehicle to improve the stickiness of the site, particularly at the beginning of the project when available resources and other content will be limited.

3.2 Activities

A first dissemination event was held at the Arctic Lights eHealth Conference in Luleå, Norrbotten, on 20 June 2012, as a parallel session during the programme closing. Originally planned to present initial results from the questionnaire, the session was repurposed to

feature invited speakers to discuss their telemedicine implementations. Speakers and topics included:

- *Remote dialysis in Norway*
Eli Arild, NST, Norway
- *Telecounselling for neurosurgery in Veneto Region*
Elena Vio, Arsenal IT, Italy
- *Teleictus Network and the Program for prevention and care of chronic patients (PPAPC) in Catalonia*
Joan Escarrabill Sanglas, Agència d'Informació Avaluació i Qualitat en Salut, Department of Health (Catalonia), Spain

More information and all presentations can be downloaded from the Momentum website at <http://www.telemedicine-momentum.eu/publicevent01/>

3.3 Open network

The Momentum project is committed to enlarging its network of organisations beyond the initial 21 consortium members. The policies governing the accession of new members to the Momentum network are laid down in the governance and operations manual (Deliverable 2.1); one organisation, Arsenal.IT, Veneto's Research Centre for eHealth Innovation, has already indicated an interest in joining.

With the appropriate policies and mechanisms in place, Momentum anticipates adding more organisations to the network starting in the autumn of 2012.