MOMENTUM

European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice

(Grant Agreement No 297320)

D2.5b

Report on Workshop and Outreach (2 of 4)

FINAL Version

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Abstract

This report consists of two parts. The first provides a summary of the second Momentum workshop held on 8 April 2013 in Berlin, Germany. The workshop featured an analysis and discussion of responses to the Momentum questionnaire and laid the groundwork for the preparation of the initial Blueprint sections. The second part gives an overview of outreach activities and results since summer 2012.

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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Version Changes

01	Initial draft
02	Changes/edits from Diane, Ellen, Eva H, Rachelle
03	Further changes from Rachelle in section 2.5.2.3
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Final	Final formatting and conversion to pdf

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This deliverable contains original unpublished work except where clearly indicated otherwise.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 TeLemedicine
CCN	County Council of Norrbotten
CPME	Comité Permanent des Médecins Européens
EeHF	Estonian E-Health Foundation
EHR	Electronic Health Record
EHTEL	European Health Telematics Association
EMR	Electronic Medical Record
FTE	Full-time equivalent
HOPE	European Hospital and Healthcare Federation
ICT	Information and Communication Technologies
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 second Momentum workshop held on 8 April 2013 in Berlin, Germany. The workshop featured outside speakers reporting from deployment experiences in France, Germany, Greece and Israel before discussing reports and analyses of the telemedicine deployment questionnaire responses from each SIG.

The second part of the report gives an overview and assessment of the project's outreach activities since summer 2012. Through a network signup facility and a presence in social network sites (Facebook, LinkedIn and Twitter) the project has built a following outside the project (the "orbit") that exceeds 100 people and organisations.

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

The first part of this report (section 2) documents the background, purpose, proceedings and results of the Momentum workshop held on 8 April 2013, the second of a total of four. The second part, section 3, gives a summary of the outreach activities and results carried out in from June 2012 to April 2012. It is the second of a total of four contractually agreed deliverables under D2.5 “Report on Workshop and Outreach”.

2. Second workshop 8 April 2013

2.1 Background

The Momentum thematic network will develop a European Blueprint for telemedicine deployment. The steps to develop this Blueprint are: (1) Knowledge gathering (via an online questionnaire); (2) analysis and initial Blueprint draft development by practitioners who work on different aspects of telemedicine deployment; (3) validation of the Blueprint sections with telemedicine stakeholders; and (4) consolidation of the Blueprint and testing in a real life setting. Figure 1 has a graphic representation of the project plan and structure adapted from the project Gantt chart.

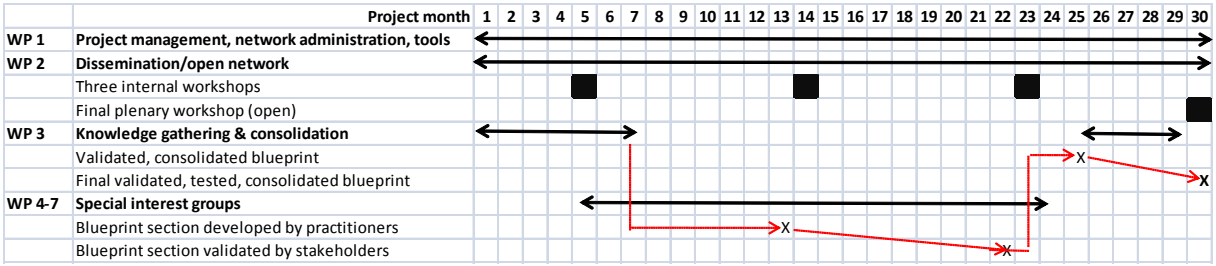

Figure 1: Momentum project plan

The project plan foresees that each of these four phases will end with a face to face project workshop that convenes the participants and invited guests, discuss the latest findings or drafts, and informs the next steps of the project.

The first workshop was held on 21 June 2012 in Luleå, Sweden (reported and discussed in deliverable D2.5a). The second workshop had the purposed to review and discuss the draft sections of the Momentum Blueprint, while workshop 3 in month 23 will complete the stakeholder validation phase and workshop 4 will present the final blueprint to the public.

This report is about the second workshop, held on 8 April 2013 in Berlin, Germany. The workshop followed an earlier work session in Brussels on 6 February 2013 that served to reach agreement on expectations, to chart a roadmap for the completion of deliverables for the second workshop, and schedule bi weekly telephone conferences for monitoring progress and troubleshooting.

By 8 April 2013, all special interest groups (SIGs) had analysed the findings from the questionnaire and presented results. The project leadership in coordination with WP3 had also initiated a series of country reports led by national champions. Invited speakers provided feedback and stories from their telemedicine implementations, which served to enrich the discussions further on.

2.2 Location and host event

Momentum strives to organise its workshops as side events to other events to maximise attendance and minimise travel costs to the project, assuming that participants will be able to fund their attendance through other means. At the preparatory meeting in Brussels the DGG - Forum for eHealth and AAL proposed as host event conhIT, the key eHealth networking event and industry exhibition in Germany. While DGG could not offer a venue for an extensive workshop, DGG and EHTEL offered to arrange a session as part of the

conhIT programme, and a room for a short PSC face to face meeting. After carefully weighing the options and investigating logistics, the consortium agreed to come to conhIT.

2.3 Participants

The Momentum Secretariat had invited all Consortium members to participate in the second workshop. Unfortunately not all Momentum Consortium members could join due to conflicting travel schedules. Of the Momentum consortium of 21 organisations, 13 were represented.

Table 1: Workshop participants

Name	Organisation
Rachelle Kaye	AIM (Maccabi)
Pierre Traineau	CATel
Susanne Andersson	CCN
Per-Olof Egnell	CCN
Michael Strübin	Continua
Frank Gitt	Continua (Weinmann)
Stephan Schug	DGG e.V.
Peeter Ross	EeHF
Robert Sinclair	EHMA (Region Vastra Gotaland)
Luis Lapao	EHMA (Universidade Nova de Lisboa)
Diane Whitehouse	EHTEL
Marc Lange	EHTEL
Steffen Sonntag	Gesellschaft für Patientenhilfe
Silvia Bottaro	HOPE
Ellen Kari Christiansen	NST
Eva Henriksen	NST
Wojciech Glinkowski	Polish Telemedicine Society
Philippe de Lorme	Rouen University Hospital
Stavroula Petropoulou	Sismanoglio General Hospital
Montse Meya	TICSALUT
Cillian Twomey	UEMS
Gaida Krumina	UEMS (Latvian Medical Association)

The Secretariat had made a special effort to identify outside experts to deliver presentations that added to the telemedicine experience in the Consortium. In total 22 professionals and experts from inside and outside the Momentum Consortium attended the workshop.

2.4 Agenda

The workshop was focused on reviewing the initial analysis and discussion of the responses to the questionnaires. The agenda foresaw a number of presentations from outside experts, called "reports from the field", to set the stage before all SIG leaders were going to present the main findings from the knowledge gathering phase as "highlights from the blueprint". A final panel with the outside experts was going to review and reflect on the presentations delivered.

The detailed agenda on 8 April 2013 was as follows:

10.30	*Welcome, introductions, project update* Marc Lange, EHTEL
11.00	*"Reports from the field":* Panel with telemedicine practitioners including • Dr. Steffen Sonntag, Gesellschaft für Patientenhilfe DGP mbH, Munich, Germany • Mr. Philippe de Lorme, CHU-Hôpitaux de Rouen, France • Dr. Rachelle Kaye, Maccabi Institute for Health Services Research, Tel Aviv, Israel • Ms. Stavroula Petropoulou, Sismanoglio General Hospital, Athens, Greece
12.30	***Break***
13.30	*Overview and summary of responses* Diane Whitehouse, EHTEL
	Highlights from the blueprint
14.00	*Telemedicine strategy and management* Diane Whitehouse and Rachelle Kaye (for Janne Rasmussen, SCTT/NHS 24)
14.40	*Organisational implementation and change management* Peeter Ross, eEHF
15.20	***Break***
15.50	*Legal, regulatory and security issues related to telemedicine* Ellen K. Christiansen and Eva Henriksen, NST
16:30	*Technical infrastructure and market relations* Montse Meya, TicSalut
17:10	*Closing panel with practitioners: feedback and reactions*
17.30	*Summary discussion, next steps* Marc Lange, EHTEL
18.00	***End***

The workshop was held at the Excelsior Hotel in Berlin.

2.5 Content

2.5.1 Welcome

Marc Lange welcomed the participants and gave an overview of the project status. He noted that the project was delayed due to the delays of the questionnaire and knowledge gathering phase. As a result, preliminary versions of the blueprint sections dated 8 April 2013 were available, to be finalised and delivered before the summer.

2.5.2 "Reports from the field"

Each presenter had been given some specific requests and questions, and had been asked to reflect on specific instances and barriers to telemedicine deployment.

2.5.2.1 Steffen Sonntag, Gesellschaft für Patientenhilfe DGP mbH, Munich, Germany

Steffen focused on the Cordiva service run and operated by Deutsche Gesellschaft für Patientenhilfe (DGP, "German society for patients assistance "), a for profit company based

near Munich, Germany. Cordiva is a remote assistance service for high risk cardiac disease patients that provides follow up treatment after hospitalisation. DGP contracts with German sick funds and receives a set fee. Patients sign up with informed consent and receive:

- a remote monitoring kit consisting of a weight scale and a data aggregator that sends patient data remotely (via GSM) to DGP's monitoring centre; and
- telephone assistance by trained nurses, beginning with an initial psycho-social assessment that then determines an individual specific treatment plan.

DGP operates one monitoring centre that covers all of Germany. It routinely receives weight data and analyses data (about 60,000 data sets per day) based on the observation that 10 days before a cardiac crisis the patient's weight increases. If the data yields discernible changes or there are other symptoms of deterioration, DGP contacts the patient and, if required, the GP to initiate consultation and treatment.

Steffen was emphatic that the service does not replace the GP and that DGP does not provide emergency services: it provides follow up treatment and monitoring. Its relations with its roughly 1,000 partner GPs are assistive. At first, DGP routinely sent patient data to GPs but GPs prefer to only receive information that triggers action, such as a deterioration alert. As a result data sharing is now optional: of the 1,000 GPs, only about 50 have occasionally requested it. DGP also learned that GP's preferred method of communication is the fax: email or internet portals showed limited effectiveness.

How did DGP convince payers of the effectiveness of the model? Cordiva functions on a risk sharing model and helps payers avoid costly hospitalisations. In 2008 a small pilot showed that the Cordiva service reduced hospitalisation rate by 40 percent compared to a control group. On the other hand, Cordiva patients require more medication, but overall savings were still about 20 percent. For the patient a powerful incentive to participate is that they save about ten days of hospitalisation per year. Financially, the service is paid by the payer (sick fund or "Krankenkasse"). A typical cardiac patient costs a German payer about €4,000. Cordiva helps payers reduce this cost; payers pay DGP a set fee per patient.

Asked about the role of training Steffen said that DGP focused their training resources on their telephone nurses. They are asked to follow strict protocols and guidelines but they may let their biases slip in. To monitor and identify such tendencies DGP records nurse-patient calls (if patient consents, which happens in two thirds of all calls), and routinely use these recordings in nurse team meetings and trainings. As for patient training, Steffen recognises the potential of self-management, but in practice they found that too much knowledge may cause stress. (The average Cordiva patient is 76 years old.)

Legally their telemedicine follows a landmark 2004 German law that changed the provision of healthcare and welfare and serves as the basis of telemedicine. DGP is not a licensed healthcare provider, although it is liable for its services. It does not treat patients but provides monitoring and support.

Asked about the relationship with GPs, Steffen emphasized that DGPs contractual relationship is with the sick fund and there is also an agreement with the patient. There is no contract with the GP. Traditionally, GPs have been sceptical of the potential for telemedicine, but there have been changes over time. This may be different in other countries.

Asked about the technical platform, Steffen said DGP uses a Tunstall hub with Bluetooth and GSM capabilities as hardware, but DGP loads its own software before sending it as a

package with a welcome letter, instructions and all hardware to the patient by express. The data transmission is handled by German telecom provider O2 (part of the Telefonica group) though Steffen indicated that the provider changes periodically.

2.5.2.2 Philippe de Lorme, CHU-Hôpitaux de Rouen, France

[Presentation at http://bit.ly/14Sw8Zg, pdf, 3.7 MB]

Philippe focused not on a specific service but gave a picture of the situation in France in general. Telemedicine services had been in operation in neurology, dermatology, psychiatry and cardiology and were not becoming more widespread for old patients. The drivers of telemedicine have usually been hospital managers and boards, although the actual deployment required lots of communication and diplomacy to convince the major stakeholders. The pilot group usually involves a physician who is well versed in information systems, and further requires technicians and motivated health professionals.

The French policy and regulatory environment has recently become more enabling for telemedicine, with defined strategic ICT national and regional plans, although so far no payment mechanism has been established (as a result individual hospitals pay for telemedicine implementations from their own resources). Patient organisations have become interested in telemedicine and are contributing to a change of culture.

2.5.2.3 Rachelle Kaye, Maccabi Institute for Health Services Research, Tel Aviv, Israel

[Presentation at http://bit.ly/10fcRzv, PDF, 6.2 MB]

Rachelle presented Maccabi Healthcare Services' Multidisciplinary Chronic Disease Telemedicine Centre that became operational in July 2012. It combines elements of telephone calls, video conference and remote monitoring and care. Trained nurses provide professional and personal treatment proactively for the patient and their family, in coordination with the GP.

Maccabi senior management had early on expressed a strategic interest in telemedicine, in part because of the visionary leadership of senior directors. The origins of the Centre lay in an initial randomised controlled trial pilot to monitor CHF patients that Maccabi conducted between 2008 and 2012 with financial and research assistance from the Gertner Institute, an Israeli health policy research centre and the Maccabi Institute for Health Services Research. The trial with 700 pairs of patients and caregivers (and an equal number in a control group) showed that telemedicine reduced the caregiving burden, improved care quality, and led to high satisfaction reports.

Today the Centre targets not just patients with heart disease but also patients with COPD, stoma, diabetes, chronic wounds, and home care patients. The service has empowered primary caregivers and has relieved specialists and secondary care centres. Initial results show fewer visits to the GP, particularly for Diabetes and Stoma patients, and, it is expected, also fewer hospitalisations. The Service is now financed out of the regular Maccabi Healthcare Services budget but continues to receive support from the Gertner institute (which participated in the costs for initial setup and will provide matching funds for ongoing costs for the first three years).

Rachelle reported that Maccabi's senior management has been involved at every step including monitoring ongoing operations. Training the call centre staff was extensive, both in the clinical protocols and in communication skills. Patients and caregivers were also trained in the use of technology. Assignment of a specific nurse for managing each case, and a home visit at the patient is an integral part of the patient induction. At present, there

are already 5,000 patients enrolled and acceptance is high. The goal is to enrol 10,000 patients by the end of 2013.

GPs have embraced the Centre. It relieves their care burden without an impact on their revenue. And the Centre supports their primary role as the care manager. GPs see the Centre as "their" extended arm.

Procedurally the main change that telemedicine brought was the new obligation for all healthcare professionals working in the centre to follow a structured documentation for each case, in line with the creation of modified data systems and new algorithms. A favourable factor was that Maccabi had already worked with EMRs and ICT systems for more than 20 years. Asked about the size of their IT staff, Rachelle estimated about 100-150 people in central and regional offices. The telemedicine technical team totals about five full time staff (or "FTEs").

2.5.2.4 Stavroula Petropoulou, Sismanoglio General Hospital, Athens, Greece

[Presentation at http://bit.ly/1448S9C, PDF, 0.9 MB]

Stavroula presented the emergency telemedicine service that had been in operation in Greece for more than 20 years. As part of the service, the Sismanoglio General Hospital in Athens provided remote physician to physician assistance to telemedicine nodes (first 14, after 1998 40) all over the country that consists of remote areas and islands where doctors and specialists may be scarce.

Acute/emergency services are provided via these 40 telemedicine network nodes and replace costly and lengthy patient transports from remote areas to the central hospital. Telemedicine services consist of a call centre and videoconferencing system.

Some of the unresolved issues are that the telemedicine services have been paid out of the general healthcare budget but savings have not been documented or measured. Specialist staff at Sismanoglio General Hospital may not necessarily be compensated for the extra work generated by additional patients. In terms of ICT, the telemedicine system has not been integrated with other IT systems. As a result, in the recent financial crisis the telemedicine service has been threatened with cuts.

Stavroula's presentation ended the morning session and the meeting broke for a break.

2.5.3 Overview and summary of responses to the questionnaire

[Presentation at http://bit.ly/15xNRSx, PDF, 2.8 MB]

In Claus Duedal's absence Diane Whitehouse provided an overview of responses so far. She explained that the project was now at a pre-consolidation stage. The questionnaire had been revised after the Luleå workshop and re-launched in November 2012. Responses were available and now analysed since January 2013, with a PSC meeting in February 2012 to identify challenges. Since then each SIG had formed an editorial team with one or more writers. There were now separate reports for each SIG in addition to a few country reports. The workshop today was about the validation of the findings.

Country reports were now available for seven countries, most of them small, and two outside the EU (Norway and Israel) with a few more pending. Big countries France, Germany and Italy were missing, as well as Southern, Central and Eastern Europe. These country reports needed now validation by a national champion.

In terms of telemedicine services there were 26 descriptions of telemedicine services, of which 21 were operational. Diane made some cross-cutting observations regarding the services' purpose and financing, who the initiators were, the level of disruption of existing services, and others.

She closed with a cautionary remark on the limited sample size that made generalisations difficult. The knowledge gathering process would continue to be work in progress.

Marc commented that an urgent consideration was now to define terms so that the project could work from a shared understanding of common terms.

2.5.4 Highlights from the blueprint

2.5.4.1 Telemedicine Strategy and Management (NHS 24)

[Presentation at http://bit.ly/17xf9zk, PDF, 4MB]

Diane Whitehouse and Rachelle Kaye (standing in for Janne Rasmussen who could not come to Berlin) delivered an analysis of the responses related to strategy and management and focused their discussion on four areas of concern:

- Policy context and political environment: Only 21 percent of deployments were influenced by policy/legislation. These policies made a positive contribution to telemedicine when they clarified rules for security or they mandate services for remote areas of the country.
- Decision-makers and stakeholders: most often the decision for telemedicine was made at the local level. Usually a wide range of stakeholders was involved in the process.
- Financing: The wide majority reported that a considerable upfront capital investment needed to be made. Not all implementations had made a business case for the operation of the service.
- Assessment of outcomes: A wide diversity of methods was used to assess outcomes. Most widespread was a pragmatic controlled trial. A significant number of respondents said they had not completed the evaluation.

Diane and Rachelle noted that sometimes the responses were unclear or indicated that the respondents were confused about terminology used. Also they found it difficult to identify the critical success factors. They wondered whether the right questions had been asked.

2.5.4.2 Organisational implementation and change management (e-Tervis)

[Presentation at http://bit.ly/14saBo9, PDF, 2.8 MB]

Peeter discussed the responses to the organisational/change management part of the questionnaire, focusing on the involvement of management, the effect on staff and patients, the role of outsiders, ethics, and others. The highlight results:

- People are important, not the organisation. It is about the service, not technology.
- The success depends more on the involvement of department team than top-level management team.
- Involvement of doctors and nurses is a key factor.
- Patients should always have an alternative to telemedicine treatment.

Peeter noted that there were a lot of answers that indicated "don't know" and there was some speculation as to how to interpret this. One of the responders did highlight that

some questions were difficult to understand. Marc suggested focusing on the themes and trends rather than the individual answers.

2.5.4.3 Legal and regulatory issues (NST)

[Presentation at http://bit.ly/18aaRNH, PDF, 6.9 MB]

Ellen K. Christiansen and Eva Henriksen updated the group on their SIG work. Their SIG had focused on the legal and regulatory barriers to telemedicine, the terms of liability and responsibility, the issue of consent and privacy, and the mapping of stakeholders. In their presentation they went in detail through the responses. In their summary presentation of their key findings they included the following statements, framed in provocative terms to stimulate the debate:

- Legal barriers seem exaggerated, especially compared to financing/reimbursement.
- Similarly, issues of liability and/or responsibility-issues seem made up. May be there is no need for guidelines.
- Momentum needs a better classification of services to distinguish services that involve patient consultations and those that do not.
- Telemedicine requires special patient consent in addition to the general consent to medical treatment.
- Of concern is that many respondents are not aware who is responsible for data security.

Ellen and Eva also noted sometimes unclear answers that reflected a lack of common understanding of terms. On the positive side their SIG reported solid participation rates including four outside "friends".

2.5.4.4 Technical infrastructure and market relations (TicSalut)

[Presentation at http://bit.ly/10MtBjP, PDF, 1.9 MB]

Montse Meya opened her presentation saying that she was keen to work closely with SIG 3 and others because there many areas of overlap. She also echoed the comments about the need for better classifications and her bewilderment with the many instances of "don't know". She also acknowledged oversights in her own questions (integration was not defined; maintenance was not mentioned), and Montse will develop some proposals.

Among the key findings were:

- The core infrastructure alone is not enough to ensure effective service delivery.
- Most systems were not integrated with other IT systems.
- Half of respondents to the Momentum questionnaire reported interoperability as a barrier; that is also reflected in the case studies/literature.
- A startling finding on organisational barriers: only six respondents reported that an identifier was valid across organisational borders.
- Procurement was initiated from the bottom up.

In the discussion it was noted infrastructure was important, especially in tele-radiology where displays need to have a minimum quality.

2.5.4.5 Summary discussion (RSD)

For lack of time the summary discussion needed to be postponed. Marc noted that many of the participants were going to convene at the PSC meeting the following day.

2.6 Follow up

Following the workshop, all presentations were posted on the Momentum internal project management website. The SIGs were now embarking on an accelerated schedule towards completion of their draft blueprint sections.

3. Outreach

The principles and foundations of Momentum's outreach campaign were put in place in the first six months of the project and were reported in D2.5a: the branding (including logo and template), the website, and the news signup facility. The following report will quickly summarise these elements before focusing on the activities and results.

3.1 Activities

3.1.1 Website

The Momentum website at www.telemedicine-momentum.eu has been online since June 2012 and has been continuously updated with relevant contents such as events, news and Momentum related activities.

3.1.2 Momentum news

The email signup facility collected, as of June 2013, the names and email addresses of 56 people that wished to be informed about Momentum news.

Michael Strübin

From: Michael Strübin <michael.strubin@continuaalliance.org>
Sent: 28 March 2013 10:01
To: 'info@telemedicine-momentum.eu'
Subject: Momentum news #01: Momentum session at conhIT in Berlin on 9 April 2013

momentum ADVANCING TELEMEDICINE ADOPTION IN EUROPE

Dear colleague,

Thank you for signing up for the Momentum News! This is the inaugural issue and our attempt to share with you periodically and in a short, crisp format news and updates from and about the Momentum project.

1) We'd like to invite you to join us for the **second public dissemination session** of the project, which will take place on 9 April 2013 in Berlin, Germany, as part of the conhIT conference (www.conhIT.com). The session is titled "Rolling out Digital Services in Europe: eHealth and Telemedicine in Routine Daily Care". For more information and speakers please go to http://bit.ly/X2I5pU.

2) The project continues to seek **input from actual deployments**. If you'd like to contribute your experience with an actual telemedicine deployment (even if it didn't work out) please consider completing the Momentum online questionnaire. For more information or to register please go to http://bit.ly/10ag2xY.

3) A first draft of the **Momentum Blueprint** will be released before the summer for public review and comment. The project will specifically contact stakeholder and other organisations for their reaction and response. We will let you know when it is out.

Thank you for your interest and support. Please consider forwarding Momentum's news to your colleagues and friends and invite them to sign up for the news (at www.telemedicine-momentum.eu). Or follow/like/join us in one of the social networks.

Kind regards,

Michael

Michael Strübin
Continua Health Alliance for Momentum
michael.strubin@continuaalliance.org

You are receiving this message because you subscribed to the Momentum news on the website www.telemedicine-momentum.eu.
To unsubscribe please reply with the words UNSUBSCRIBE in the subject line.
For more information about Momentum go to www.telemedicine-momentum.eu/imprint/.

Figure 2: Momentum news

A first "Momentum News" push email was sent on 28 March 2013 alerting subscribers about the dissemination event at conhIT on 9 April 2013, and featuring other project updates. Designed to fit to one screen, the email features short items that link for more information to the website, and comes with Momentum branding and social network buttons.

3.1.3 Social networks

Online presences have been created on Facebook, LinkedIn and Twitter. Website visitors can sign up directly via prominent buttons on the Momentum homepage.

3.1.3.1 Facebook

WP2 created a Facebook presence and website in August 2012 with the link at https://www.facebook.com/telemedicinemomentum. Given Facebook's purpose as a social network, this page features more social content such as pictures and social posts. The Facebook page is used for dissemination purposes as well. People who "liked" the Momentum Facebook page will see such updates in their newsfeed.

The reach of the Facebook page has been limited: by June 2013 there were a total of ten (10) "likes". In line with the policies of Facebook, the identities of the individuals who "liked" the Momentum Facebook page are hidden. Anecdotal evidence suggests that they come from within the Momentum consortium. While the Facebook page may serve a motivational purpose within the consortium, in terms of increasing the project's reach the added value of the Facebook page is unclear.

3.1.3.2 LinkedIn

WP2 also created in August 2012 a "Telemedicine Momentum" professional group on LinkedIn at http://www.linkedin.com/groups?home=&gid=4572526. This is an open discussion forum on telemedicine matters and a number of discussion threads on telemedicine matters have been initiated and partly generated responses. All Momentum announcements are disseminated in LinkedIn. Members of the LinkedIn group will see such announcements in their newsfeed and daily or monthly update.

The LinkedIn group in June 2013 has 24 members, about half coming from within the consortium. As the Momentum project enters the validation phase with outreach to stakeholders, the role of the LinkedIn discussion group as a room for debate and questions may become more pronounced.

3.1.3.3 Twitter

At https://twitter.com/TM_Momentum WP2 created a Momentum Twitter account in August 2012. Twitter announcements appear on followers' twitter feeds and vice versa.

By June 2013 Momentum had 20 followers and had posted 18 "tweets" with content related to telemedicine and Momentum.

3.1.4 Dissemination event

A second dissemination event (after the first in Luleå on 20 June 2012) was held on 9 April 2012 as a side event of conhIT, the German eHealth conference and fair in Berlin, as a parallel session on the first day of the conference. The sessions was titled "Rolling out Digital Services in Europe: eHealth and Telemedicine in Routine Daily Care" and featured:

Marc Lange, EHTEL and Momentum Project Co-ordinator, Brussels
Stavroula Petropoulou, Sismanoglio General Hospital, Athens
Rachelle Kaye, Maccabi Healthcare Services, Israel
Stephan Schug, EHTEL, Brussels and DGG e.V., Frankfurt am Main
Peeter Ross, Estonian eHealth Foundation, Tallinn

The workshop took place on 9 April 2013 from 13:30 to 15:30 in the Academy Room, Hall 2.2, as part of conhIT. More information and all presentations can be downloaded from the Momentum website at http://www.telemedicine-momentum.eu/momentum-session-on-9-april-2013-at-conhit-in-berlin/

3.1.5 Other communication activities

For the EHTEL Symposium 2012 "Fact not Fiction: the future of eHealth is already here" (6 - 7 December 2012 in Brussels) WP2 prepared and produced a flyer outlining key elements of the Momentum project. This was shared with more than 200 Symposium attendees.

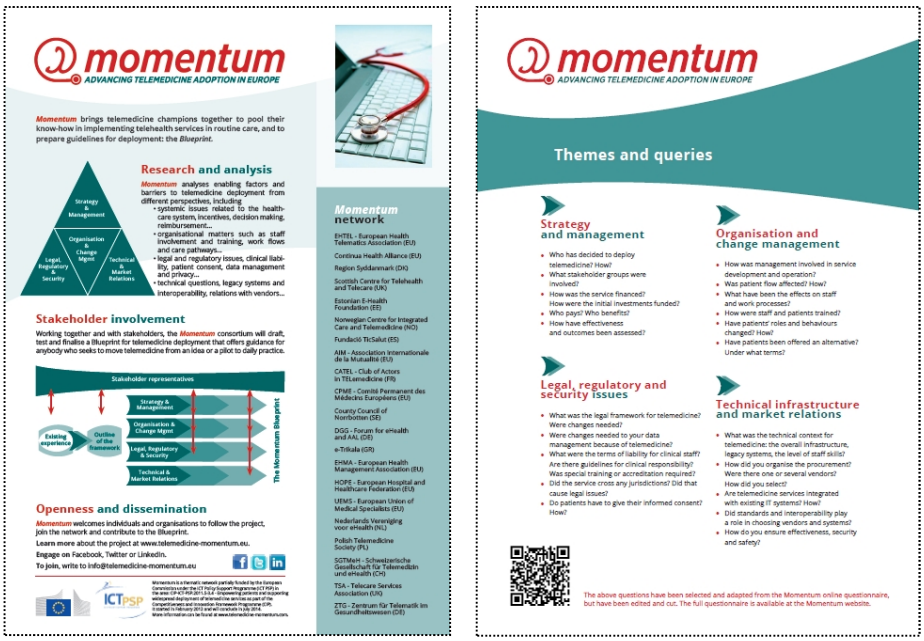

Figure 3: Momentum flyer (front and back)

The flyer was also distributed among the attendees of conhIT and specifically the Momentum dissemination event on 9 April 2013 that was attended by approximately fifty conhIT delegates. Packets of the flyer were given to consortium members to aid in their local dissemination activities.

3.2 Assessment and Outlook

The purpose of the initial phase of the project to pull people into the Momentum "orbit" of individuals and organisations that are not involved with the project but with whom there is a direct communication link. By the measure, all individuals that have signed up for Momentum news or for one of the social networks are now in the orbit. At the risk of counting double, the total number exceeds 100. This number is projected to rise with increased communication activity coming from the project.

The dissemination plan foresaw a series of three communication pushes:

- Push 1 (PM 8-9) to disseminate the questionnaire
- Push 2 (PM 15-17) to aid in the validation of the initial SIG drafts
- Push 3 (PM 25-30) to advertise the final workshop and the availability of the Blueprint

Given the delay of the project and its validation phase, the second communication push will come in and after month 20 (September 2013).

Concurrent with the second communication push, WP2 expects to populate the website with additional findings and results from the project, including a series of country reports and a set of headline findings that will emerge from the blueprint sections.