# Market place on best practices on digitally-enabled, integrated, person-centred care

**Meeting held at the Joint Research Centre, Ispra (Italy), 12-13 December 2018**

## Draft Agenda

### 12 December 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45</td>
<td>Pick-up from Hotel</td>
<td>Rooms (all rooms to be confirmed by JRC)</td>
</tr>
<tr>
<td>9:15</td>
<td>Arrival</td>
<td>Coffee and fresh fruit available</td>
</tr>
<tr>
<td>09:30 – 09:45</td>
<td>Welcome</td>
<td>Dr Elke Anklam, Director, JRC (tbc) 101/1003</td>
</tr>
<tr>
<td>09:45 – 10:00</td>
<td>Aims of the market place meeting</td>
<td>DG SANTE, representatives of Units B1 and C1</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Brief overview of the best practices &quot;on the market&quot;</td>
<td>DG SANTE, representatives of Units B1 and C1</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Logistics of the market place meeting – sending participants off to the different rooms</td>
<td>DG JRC</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Coffee available</td>
<td></td>
</tr>
<tr>
<td>11:00 -12:30h</td>
<td>Consultation of the best practices</td>
<td>best practice presentations in different meeting rooms, personalised schedules to be provided to participants</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>Lunch</td>
<td>Buffet lunch served Atrium 101</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Consultation of the best practices</td>
<td>In different meeting rooms, personalised schedules to be provided to participants Parallel sessions in X different rooms tbc</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Coffee break</td>
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</tr>
<tr>
<td>16:00 – 17:30</td>
<td>Consultation of the best practices</td>
<td>In different meeting rooms, personalised schedules to be provided to participants Parallel sessions in X different rooms tbc</td>
</tr>
<tr>
<td>17:30</td>
<td>Plenary – feedback from the 1st day</td>
<td>1003</td>
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<tr>
<td>18:00</td>
<td>Bus leaves JRC to bring participants to the hotels</td>
<td>Parking lot</td>
</tr>
<tr>
<td>19:30</td>
<td>Joint dinner</td>
<td>Restaurant at Villa Borghi</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Location</td>
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</tr>
<tr>
<td>9:00</td>
<td>Financing deployment of digital health solutions and integrated care</td>
<td>European Investment Bank</td>
</tr>
<tr>
<td>9:15</td>
<td>Technical support to health reforms – digital solutions and integrated care</td>
<td>EC, Structural Reform Support Service</td>
</tr>
<tr>
<td>9:30 – 11:00</td>
<td>Consultation of the best practices</td>
<td>In different meeting rooms, personalised schedules to be provided to participants</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Coffee break</td>
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</tr>
<tr>
<td>11:30 – 13:00</td>
<td>Consultation of the best practices</td>
<td>In different meeting rooms, personalised schedules to be provided to participants</td>
</tr>
<tr>
<td>13:00 – 14:30</td>
<td>Lunch</td>
<td>Buffet lunch served</td>
</tr>
<tr>
<td>14:30 – 15:30</td>
<td>Feedback and next steps</td>
<td></td>
</tr>
<tr>
<td>From 15:30</td>
<td>Shuttles to airport, train station, hotel etc.</td>
<td></td>
</tr>
</tbody>
</table>
# OFFICIAL NOMINATIONS OF THE MEMBERS TO THE STEERING GROUP ON PROMOTION AND PREVENTION

<table>
<thead>
<tr>
<th>MEMBER STATES</th>
<th>NEW MEMBER</th>
<th>NEW ALTERNATE MEMBER(S)</th>
<th>ALWAYS put in copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Federal Ministry of Labour, Social affairs, Health and Consumer protection, Department IX/A/6, Health Promotion and Disease Prevention Radetzkystraße 2 A-1030 Vienna</td>
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<tr>
<td>Bulgaria</td>
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<tr>
<td>Croatia</td>
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<tr>
<td>Cyprus</td>
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<td>Czech Republic</td>
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Ref. Ares(2018)5324583 - 17/10/2018
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<tr>
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|          | Centre for Health and Welfare Promotion  
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<tbody>
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<td>Luxembourg</td>
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<td>Malta</td>
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<td>Netherlands</td>
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<td>Poland</td>
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<td>Portugal</td>
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<tr>
<td><strong>Directorate of Disease Prevention and Health Promotion of the Directorate-General of Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address: dgs.min-saude.pt</td>
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</tbody>
</table>

| Romania |
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| Norway |
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<p>| Liechtenstein |</p>
<table>
<thead>
<tr>
<th><strong>MEMBER (nominated before September 2018)</strong></th>
<th><strong>ALTERNATE MEMBER(S) (nominated before September 2018)</strong></th>
<th><strong>ALWAYS put in copy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Ministry of Labour, Social affairs, Health and Consumer protection,</strong>&lt;br&gt; <strong>Department X/6, Health and Prevention</strong>&lt;br&gt; <strong>Radetzkystraße 2</strong>&lt;br&gt; <strong>A-1030 Vienna</strong>&lt;br&gt; <strong>Tel: +43 1 00-</strong>&lt;br&gt; <strong>E-Mail: @bmgf.gv.at</strong></td>
<td><strong>Federal Ministry of Labour, Social affairs, Health and Consumer protection,</strong>&lt;br&gt; <strong>NCDs, Mental Health and Geriatric Medicine</strong>&lt;br&gt; <strong>Seite 2 von 2</strong>&lt;br&gt; <strong>Radetzkystraße 2</strong>&lt;br&gt; <strong>A-1030 Vienna</strong>&lt;br&gt; <strong>Tel: +43 1 00-</strong>&lt;br&gt; <strong>E-Mail: @bmgf.gv.at</strong></td>
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<tr>
<td><strong>Sante.belgique.be</strong>&lt;br&gt; <strong>Eurostation II, Victor Hortaplein, 40 bus 10, 1060 Brussel</strong>&lt;br&gt; <strong>E-mail: @sante.belgique.be</strong></td>
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<td>-</td>
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<td><strong>Permanent Representation of Republic of Bulgaria to the EU</strong>&lt;br&gt; ** tel. +32 2 2358**&lt;br&gt; ** mob. +32 473**&lt;br&gt; ** e-mail: @bg-permrep.eu**</td>
<td><strong>Specialist in epidemiology</strong>&lt;br&gt; <strong>Noncommunicable Disease Epidemiology and Prevention Service</strong>&lt;br&gt; <strong>Tel +385</strong>&lt;br&gt; <strong>E-mail: @hujz.hr</strong>&lt;br&gt; <strong>Croatian Institute of Public Health, Rockefellerova 7, 10000 Zagreb, HR</strong>&lt;br&gt; <strong>Cardiovascular diseases prevention Department</strong>&lt;br&gt; <strong>Tel/fax: +385</strong>&lt;br&gt; <strong>E-mail: @hujz.hr</strong>&lt;br&gt; <strong>Croatian Institute of Public Health</strong>&lt;br&gt; <strong>Rockefellerova 7, 10000 Zagreb, HR</strong></td>
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<td><strong>Ministry of Health</strong>&lt;br&gt; <strong>Tel: +385 40 40</strong>&lt;br&gt; <strong>Fax:+35</strong>&lt;br&gt; <strong>Email: @moh.gov.cy</strong></td>
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<td><strong>Email address: @mzcr.cz</strong></td>
<td><strong>Email address: @uzis.cz @mzcr.cz</strong></td>
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<tr>
<td><strong>Section</strong>&lt;br&gt; <strong>Primary Health Care</strong>&lt;br&gt; <strong>Direct phone: +45</strong>&lt;br&gt; <strong>Info: sum.dk</strong></td>
<td><strong>Section</strong>&lt;br&gt; <strong>Primary Health Care</strong>&lt;br&gt;</td>
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<td><strong>No alternate member</strong></td>
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<tr>
<td>Ministry of Social Affairs and Health</td>
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<td>Department for Promotion of Welfare and Health</td>
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<td>E-mail: @sm.ee</td>
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<thead>
<tr>
<th>Ministry of Social Affairs and Health</th>
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<tbody>
<tr>
<td>Division 315 „Non Communicable Diseases“</td>
<td>Division 315 „Non Communicable Diseases“</td>
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<tr>
<td>Tel: 0049</td>
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<tr>
<td>E-mail: @bmg.bund.de</td>
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<tr>
<th>Ministry of Social Affairs and Health</th>
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<tbody>
<tr>
<td>General Director of the Directorate of Public Health &amp; Quality of Life at the Hellenic Ministry of Health</td>
<td>General Director of the Directorate of Public Health &amp; Quality of Life at the Hellenic Ministry of Health</td>
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<td>Fax: +30</td>
<td>Fax: +30</td>
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<td>E-mail: @moh.gov.gr</td>
<td>E-mail: @moh.gov.gr</td>
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<tr>
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<tbody>
<tr>
<td>National Healthcare Service Center – Project Management Directorate</td>
<td>National Healthcare Service Center – Project Management Directorate</td>
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<tr>
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<tbody>
<tr>
<td>Health Promotion Policy Unit, Department of Health, Hawkins House, Hawkins Street, Dublin, 1, Ireland.</td>
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<tr>
<td>Organization</td>
<td>Address</td>
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<tr>
<td>Italian Ministry of Health</td>
<td>VIALE GIORGIO RIBOTTA, 5</td>
</tr>
<tr>
<td>Unit 2 of the Secretariat General</td>
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<td>Ministry of Health, Welfare and Sport</td>
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<td>The Netherlands</td>
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<tr>
<td>Department of Public Health, Polish Ministry of Health</td>
<td>22 53</td>
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<td>Telephone 48</td>
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</tbody>
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WILL NOT PROCEED WITH NOMINATION OF A REPRESENTATIVE FOR THE TIME BEING
Fiche for Good Practice on digitally-enabled, integrated, person-centred care

<table>
<thead>
<tr>
<th><strong>Title of the practice</strong></th>
<th>The OptiMedis Model - Population-Based Integrated Care (as implemented in Gesundes Kinzigtal)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner(s) of the practice</strong></td>
<td>OptiMedis AG, Hamburg, Germany. Represented by OptiMedis.</td>
</tr>
<tr>
<td><strong>Location of implementation</strong></td>
<td>Germany (Kinzigtal, Hamburg, Werra-Meißner)</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
<td>The model focuses on population health management, addressing both major chronic disease groups as well as patients-at-risk in the community</td>
</tr>
<tr>
<td><strong>Number of people served by the practice</strong></td>
<td>Current coverage Kinzigtal: 30,000. Current coverage Hamburg: 50,000. Werra-Meißner: scale-up target: 35,000 (2019)</td>
</tr>
<tr>
<td><strong>Short description</strong></td>
<td>OptiMedis AG is a management company of integrated care networks, providing advanced data analytics and designing innovative care models with a focus on population health management. Its aim is to achieve the Quadruple Aim, improving population health, improving the patient experience of care, reducing unnecessary costs and ensuring provider satisfaction. The basis of its work is a shared savings contract with insurers and a model including strong stakeholder engagement, electronic integration across providers, patient involvement and empowerment, and data-driven management. The model focuses on patients with high needs and high costs, but also emphasises prevention, health promotion and public health to generate value for the population in the long run.</td>
</tr>
<tr>
<td><strong>Level of care integration</strong></td>
<td>Integration of primary care and specialist care, nursing home care and (expected from 2019) hospital care under an innovative regional health care budget model. Integration Level: population-oriented integrated care</td>
</tr>
<tr>
<td><strong>ICT technologies used</strong></td>
<td>Electronic records shared between primary care physicians and specialists, comprehensive data warehouse infrastructure to run advanced data analytics (algorithms to indicate over- and under-utilisation, prediction tools).</td>
</tr>
<tr>
<td><strong>Evidence of impact</strong></td>
<td>External scientific evaluation: Longitudinal study with non-randomised control group based on health insurers’ claims data from the years 2004–2011. Fifteen out of the 18 indicators related to overuse or underuse; three related to an outcome, namely avoidable hospital stays, the appearance of fractures in patients with osteoporosis, and mortality. Two out of 5 indicators for overuse and 2 out of 10 for underuse showed significant improvement for the intervention population relative to the control group. The risk of a fracture in patients with osteoporosis (HR: 0.809; 95% CI: 0.740 to 0.885; p &lt; 0.0001) and mortality (HR: 0.944; 95% CI: 0.899-0.991; p = 0.0194) were significantly lower in the Kinzigtal population. No negative trends were found. <strong>Total cost savings</strong> from 2007–2016: €41.7 million (yearly costs savings around 5%).</td>
</tr>
</tbody>
</table>
| **Lessons learnt** | • Start up investment needed to cover operations in the first 2-3 years, then sustainable business model based on shared savings contract  
• Regional integrated care network becomes a test-space for a wide range of digital & health innovations and public health interventions  
• Possible to reach the Quadruple Aim, but importance of advanced data analytics to support every system change |
### Title of the practice

Digital roadmap towards an integrated health care sector

### Owner(s) of the practice

Representing the Region of Southern Denmark and the initiatives is The Health Innovation Centre of Southern Denmark. Project Manager is the official contact person.

### Location of implementation

The initiatives are all located within the Region of Southern Denmark in Denmark

### Target group

The initiatives all target patients with chronic conditions

### Number of people served by the practice

540,000 as we include all citizens in the Region that are in contact with the hospital during a year

### Short description

The overall roadmap consists of different parts of an integrated and digital patient-centred approach. The foundation is the SAM:BO, which is a regional collaboration agreement between all actors in the health care sector in the Region. The goal of the agreement is to ensure cohesive and integrated patient experiences and the result is among other elements patient care pathways, which are based on nationally adopted standards with more than 65,000 standardised electronic messages transmitted daily in the Region. On top of this foundation are a number of services, such as the Generic Telemedicine Platform, Digital Health Centre, Tele-COPD and Tele Psychiatry. The common feature is using technology to bring more flexibility and quality to the patients as well as using the clinical resources better.

### Level of care integration

In the overall initiative the aim is to involve all parts of the health care sector, including hospitals, municipalities providing social care, general practitioners and patients. This falls under Population-oriented integrated care.

### ICT technologies used

Standardised electronic messages connect the different Electronic Health Records in the three sectors and are communicated to the patients through national platforms, portals or applications. Telemonitoring is also used.

### Evidence of impact

- 59% of patients with diabetes have healthier eating habits after using Digital Patient Education and the solution is more cost-effective than traditional patient education.
- In a COPD-telemedicine project it was found that after 28 days the readmission rate dropped 14%, and the length of readmission was reduced by 1.43 days.
- In Mastermind, a tele-psychiatric solution, in total 29% of patients were reported to experience a reduction in depressive symptoms.

### Lessons learnt

- Important to have organisational agreements in place first
- Participatory design is of value when designing patient solutions
- A common infrastructure is an important back-bone
- Innovation should be driven from the clinic
- Cultural change takes time

### Links for detailed information

- [http://www.healthcaredenmark.dk/](http://www.healthcaredenmark.dk/) (learn more about Danish healthcare)
- [Tele-COPD](http://www.healthcaredenmark.dk/)
- [Digital Health Centre](http://www.healthcaredenmark.dk/)
- [http://mastermind-project.eu/](http://mastermind-project.eu/) (Mastermind project)
- [https://gtp-rsyd.dk/geri-toolbox/](https://gtp-rsyd.dk/geri-toolbox/) (The geriatric tool-box project based on The Generic Telemedicine Platform)
- [https://www.regionsyddanmark.dk/wm228983](https://www.regionsyddanmark.dk/wm228983) (The Region of Southern Denmark)
- [https://www.medcom.dk/medcom-in-english](https://www.medcom.dk/medcom-in-english) (MedCom - infrastructure provider)
### Fiche for Good Practice on digitally-enabled, integrated, person-centred care

<table>
<thead>
<tr>
<th>Title of the practice</th>
<th>Basque Health Strategies in ageing and chronicity: integrated care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) of the practice</td>
<td>Basque Government Department of Health. Contact person:</td>
</tr>
<tr>
<td></td>
<td>Director of Kronikgune: <a href="mailto:drgx@kronikgune.org">drgx@kronikgune.org</a></td>
</tr>
<tr>
<td>Location of implementation</td>
<td>Basque Country, Spain</td>
</tr>
<tr>
<td>Target group</td>
<td>Frail adults and Patients with multi-morbidities</td>
</tr>
<tr>
<td>Number of people served by the practice</td>
<td>12,000 people receive the services of the multi-morbidity care pathway. The target for 2019 is 18,000 patients.</td>
</tr>
<tr>
<td>Short description</td>
<td>It is a population model focus based on preventive interventions, patient empowerment, and personalised medical care, with emphasis towards continuity of care, security, adherence and improving the patient experience. It includes “Integrated Care Organisations” (ICO) with Joint Governance bodies for primary care and hospital, with a defined population catchment area, multidimensional assessment and action in people aged 70 or older (Care Plan for the Elderly). It includes risk stratification and care plans based on needs of complex patient, new nursing roles such as liaison nurses and case managers, safety in polypharmacy management, patient empowerment and self-management and social and health coordination. It is supported by an eHealth strategy and a 24x7 Nursing Call Centre.</td>
</tr>
<tr>
<td>Level of care integration</td>
<td>Integration of structural (ICO) and care pathways. Integration takes place at disease management, case management or population-levels. There is a defined strategy for coordination of health and social care.</td>
</tr>
<tr>
<td>ICT technologies used</td>
<td>Web Portals, Unified Electronic Health Record, Electronic Prescription, Personal Health Folder, Telemonitoring (both telehealth and telecare), mHealth, Risk Stratification and Data Analytics (Business Intelligence)</td>
</tr>
<tr>
<td>Evidence of impact</td>
<td>Data of January-June 2018 (comparison in % with January-June 2017):</td>
</tr>
<tr>
<td></td>
<td>• 91,310 calls made to the eHealth centre (4.5%) increase</td>
</tr>
<tr>
<td></td>
<td>• 11,580 Patients in Telemonitoring Programmes (18.92% increase)</td>
</tr>
<tr>
<td></td>
<td>• 1,183,026 web appointments (13.21% increase)</td>
</tr>
<tr>
<td></td>
<td>• 981,849 telephone visits in Primary Care (3.27% decrease)</td>
</tr>
<tr>
<td></td>
<td>• 152,857 telephone visits in hospitals (14.3% increase)</td>
</tr>
<tr>
<td></td>
<td>• 265,585 accesses to the Personal Health Folder (42.4% increase)</td>
</tr>
<tr>
<td></td>
<td>• 66,438 digital consultations between professionals from primary and specialized care (33% increase)</td>
</tr>
<tr>
<td></td>
<td>• 2016 data show 12.2% less hospital days for multi-morbid patients (MMP) and a MMP Readmission rate decreased by 16.7%</td>
</tr>
<tr>
<td>Lessons learnt</td>
<td>• Account for stakeholders’ needs when defining organisational models.</td>
</tr>
<tr>
<td></td>
<td>• New care pathways have to be integrated into day to day practice.</td>
</tr>
<tr>
<td></td>
<td>• Involvement of decision-makers facilitates new organisation and working procedures and encourages up-taking new responsibilities.</td>
</tr>
<tr>
<td></td>
<td>• eHealth key strategy: unified EHR, ePrescription, eHealth Call Centre...</td>
</tr>
<tr>
<td></td>
<td>• Learning curve: It takes time and resources, facilitate them!</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.scirocco-project.eu/basque-country-b6-care-plan-for-the-elderly/">https://www.scirocco-project.eu/basque-country-b6-care-plan-for-the-elderly/</a></td>
</tr>
</tbody>
</table>
# Fiche for Good Practice on digitally-enabled, integrated, person-centred care

- **Title of the practice**: Catalan open innovation hub ICT-supported integrated care services for chronic patients
- **Owner(s) of the practice**: AQuAS - IDIBAPS
- **Location of implementation**: Region of Catalonia (7.5M citizens), Spain (ES)
- **Target group**: Chronic patients with focus on multimorbidity management and on coordination with social support and dependence
- **Number of people served by the practice**: Whole population, focus on Complex Chronic Patients (CCP) and Advanced Care Disease (ACD): 210,000 patients, 66% coverage. Full coverage in 2020.
- **Short description**: Core targets of the Catalan Health Plan 2016-2020 are: i) maturity of comprehensive digital health services, ii) consolidation of achievements of the period 2011-2015; and, iii) multilevel clinical risk assessment with a preventive approach considering Adjusted Morbidity Groups (GMA) as the population-health tool. Within this umbrella, innovative practices continuously emerge both for testing and large scale deployment. Five selected examples are:
  - Collaborative self-management services promoting healthy lifestyles.
  - Programme for complex chronic and frail patients.
  - Complex patient management linking tertiary care and community.
  - Healthcare support programmes for nursing homes.
  - Integrated care for admission avoidance of subacute and frail patients.
- **Level of care integration**: Encompasses both vertical (specialised vs. community-based care) and horizontal (healthcare vs. social support) integrations. Combines a population-health orientation with a collaborative adaptive case management approach.
- **ICT technologies used**: Fully deployed: i) regional Health Information Exchange platform (HC3), ii) Personal Health Folder (La Meva Salut); iii) ePrescription; and, iv) Population-based registries & GMA scoring system. In development: Multi-level clinical predictive modelling & Clinical/Patient Decision Support Systems (CDSS/PDSS).
- **Evidence of impact (2011-2015)**:
  - Health-preserved expect. survival to expect. survival ratio: from 78 to 82.1%
  - Percentage reduction of referrals to specialised care: - 50%
  - Reduction of hospitalisations: - 7,500 admissions
  - Reduction of 30-day re-admission rate in chronic patients: -9% (13% cases)
  - Reduction of emergency room admissions in chronic patients: -40%
  - Reduction in mortality rate of cardiovascular and respiratory disorders: -15%
  - Improvement of activity of home hospitalisation: + 53% (12,600 cases/yr.)
  - Improvement of activity of palliative care: 100% coverage
  - Improvement of coverage of ePrescription: 97% population
- **Lessons learnt**:
  - Promote ICT-supported value-generating services with a preventive focus.
  - Develop & apply innovative evaluation methods in real world settings.
  - Develop multilevel subject-specific risk predictive modelling feeding CDSS/PDSS.
  - Develop & implement cloud-based computing environments.
  - Refine application of the regulatory frame for evaluation in real-world settings.
- **Links for detailed information**:
  - NEXES/MECASS:
  - NEXTCARE (deployment programme of five initiatives, COMRDI15-1-0016, 2016-2019):
    - [http://www.nextcarecat.cat/publications.htm](http://www.nextcarecat.cat/publications.htm)
  - Catalan Health Plan 2011-2015:
  - Catalan Health Plan 2016-2020:
Fiche for Good Practice on digitally-enabled, integrated, person-centred care

<table>
<thead>
<tr>
<th>Title of the practice</th>
<th>Oulu Self Care Service provided by the city of Oulu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) of the practice</td>
<td>City of Oulu, Health and Social Welfare Services. <strong>Development Director</strong></td>
</tr>
<tr>
<td>Location of implementation</td>
<td>The practise was taken in use in 2008 in Oulu, Finland. Since then it has been continuously scaled up within the city services and neighbouring regions.</td>
</tr>
<tr>
<td>Target group</td>
<td>Open health service information is targeted for the general population, more specified eServices are targeted for registered clients.</td>
</tr>
<tr>
<td>Number of people served by the practice</td>
<td>Since 2012 there have been totally 110,000 registered users of the population of 200,000. Registered users/year has been gradually growing. 2012: 21,252, 2017: 58,000 users. The goal is to scale-up the practise to whole region with 411,000 inhabitants.</td>
</tr>
<tr>
<td>Short description</td>
<td>Oulu Self-Care Services’ first version was piloted in a national project. To scale-up it was tendered and procured in 2011 and taken into use in all health care centres in the City of Oulu. Oulu Self-Care Services is a personal online welfare service for all residents of Oulu. By logging in with bank codes users can access to health related information and engage in direct electronic communication with social and health care services and professionals. They can e.g. book appointments, access the laboratory test results, send and receive messages to professionals, and enter measurements taken at home, like blood measurements. In 2011 social income support process was also added into the eService. Oulu Self Care is available 24/7 and free of charge. The practice is a major part of the digitalisation strategy in city of Oulu.</td>
</tr>
<tr>
<td>Level of care integration</td>
<td>During recent years Oulu has reorganised social and health centres to provide better integration in the field of health and social care. Oulu Self Care Service is an important client centred tool providing opportunities to improve the level of social and health care integration. The practice applies most to the population-oriented care.</td>
</tr>
<tr>
<td>ICT technologies used</td>
<td>ICT tools/solutions used in the Oulu Self Care Service are: Portals, Registries, IT platforms, Telemonitoring, Electronic Health Records and mHealth</td>
</tr>
<tr>
<td>Evidence of impact</td>
<td>29% of citizens of Oulu are active Oulu Self Care Services users</td>
</tr>
<tr>
<td>Lessons learnt</td>
<td>1. Today the citizens expect services to be available also on-line. 2. Against expectations, elderly people are surprisingly active eService users – 39% over 65 years old citizens use Oulu Self Care Services. 3. Service process development with users and care professionals will have to go hand in hand with technological development. 4. Success in digitalisation of the social and health services requires strong and committed strategic leadership and management. 5. Results require cultural change which takes time.</td>
</tr>
</tbody>
</table>
# Fiche for Good Practice on digitally-enabled, integrated, person-centred care

<table>
<thead>
<tr>
<th>Title</th>
<th>MASK (Mobile Airways Sentinel Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>Fondation Partenariale MAC-VIA LR, Montpellier, France</td>
</tr>
<tr>
<td>Presenter:</td>
<td></td>
</tr>
<tr>
<td>Location of implementation</td>
<td>23 countries including 25 Reference Sites of the EIP on AHA (Bousquet et al, Allergy 2018, 73:77) (acquisition level)</td>
</tr>
<tr>
<td>Target group</td>
<td>Patients with rhinitis and asthma from adolescence to old age (able to use a smartphone)</td>
</tr>
<tr>
<td>Number of people served by the practice</td>
<td>24,000 people use the practice scaled up in 23 countries in 16 languages (Europe, Argentina, Australia, Brazil, Canada, Mexico). In collaboration with the EIP on AHA and Global Alliance against chronic Respiratory Diseases (GARD, WHO alliance)</td>
</tr>
</tbody>
</table>
| Short description | **Aim:** To provide an active and healthy life to rhinitis sufferers and to those with asthma multimorbidity across the life cycle whatever their gender or socio-economic status in order to reduce health and social inequities incurred by the disease.  
**Methods:** Implementation of ICT technologies for individualized and predictive medicine to develop novel care pathways by a multi-disciplinary group centered around the patients. There is a focus on work productivity (Bousquet et al, Allergy 2017, 72:1475) and public health.  
MASK follows CHRODIS recommendations on good practices (Bousquet et al, CTA, 2017; 23;7:37) and is in line with GDPR (Bousquet et al, WAO J, 2018,16;11:15)  
**Stakeholders** include patients, health care professionals (pharmacists and physicians), authorities, patient’s associations, private and public sectors. |
| Level of care integration | MASK is used for the integration of primary care and specialist care, integration of primary-secondary-tertiary healthcare, integration of health and social care for disease management or population-oriented integrated care. |
| ICT technologies used | (1) Validated (Caimmi et al Clin Exp Allergy, 2017,47:1526) App freely available (IOs and Android (Bousquet et al, CTA, 2016;6:47) TRL9, (2) electronic clinical decision support system (Courbis et al, Clin Exp Allergy, 2018) and (3) e-physician questionnaire. |
| Evidence of impact | (1) MASK identified novel phenotypes of allergic diseases in 10,000 users confirmed in classical epidemiologic studies with an impact on severity of asthma and rhinitis (Bousquet et al, Allergy, 2018, 73:1622)  
(2) MASK showed for the first time real-life mHealth data in allergy treatment in 9,950 users (Bousquet et al, Allergy, 2018, doi: 10.1111) and lead to next-generation care pathways for allergic diseases (meeting co-organized by EIT Health, EIP on AHA and WHO alliance GARD): 12-2018 (Bousquet et al, J Allergy Clin Immunol, 2018 in press).  
(3) MASK is involved in an EIT Health grant (POLLAR) assessing the interactions between air pollution, asthma and rhinitis (Bousquet et al, CTA, in press). |
| Lessons learnt | • Adherence to treatment is the major problem of allergic disease.  
• Self-management strategies should be considerably expanded (behavioural).  
• Change management is essential in allergic diseases.  
• Education strategies should be reconsidered using a patient centred approach.  
• Lessons learnt for allergic diseases can be expanded to chronic diseases. |
| Links for information | [www.euforea.eu](http://www.euforea.eu)  
**Fiche for Good Practice on digitally-enabled, integrated, person-centred care**

<table>
<thead>
<tr>
<th>Title of the practice</th>
<th>TeleHomeCare (H@H) - Telemonitoring, teleconsultation and telecare aimed at patients with Heart Failure, Chronic Obstructive Pulmonary Disease and Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) of the practice</td>
<td>Local Health Authorities (ASL) Brindisi. The Practice is run by Ceglie Messapica District – Brindisi - Puglia. Contact person for the Good Practice is (ARESS Puglia)</td>
</tr>
<tr>
<td>Location of implementation</td>
<td>Ceglie Messapica and Brindisi - Puglia Region- Italy</td>
</tr>
<tr>
<td>Target group</td>
<td>Patients with Heart Failure, Chronic Obstructive Pulmonary Disease and Diabetes multi-morbidities, older people with complex needs, stabilised but still bedridden</td>
</tr>
<tr>
<td>Number of people served by the practice</td>
<td>About 300 people, aiming for 1000 in the next two years. Full investment has been already consolidated.</td>
</tr>
<tr>
<td>Short description</td>
<td>TeleHomeCare implements home monitoring of patients based on continuous collaboration among professionals and different users. Patients, opportunely selected according to agreed protocols and standardised risk stratification methodologies, are followed by GPs with telemonitoring 24/24h. All clinical parameters (blood sugar, blood pressure, oxygen saturation, ECG, weight, etc.) are stored on a dedicated server, and therefore available for consultation by the care team. Remote deliver of therapy (oxygen therapy and endocavitary aspiration) is feasible. The system allows video consultation among practitioners and specialists, as well as between them and patients and/or the caregivers. The biggest investment was made in equipment (remote monitoring system and devices) and in the innovative organisational model (training of personnel, mainly on-the-job to save time and avoid interruption/slowdown of care delivery service). No incentives and/or increased number of personnel was provided and/or needed.</td>
</tr>
<tr>
<td>Level of care integration</td>
<td>Integration of primary care and specialist care. All three cases apply: (a) disease management, (b) case management, (c) population-oriented integrated care.</td>
</tr>
<tr>
<td>ICT technologies used</td>
<td>IT platforms, Electronic Health Records, Electronic Prescriptions, Telemonitoring (telehealth or telecare), Stratification/Prediction tools.</td>
</tr>
<tr>
<td>Evidence of impact</td>
<td>Length of observation 30 months; sample of 256 patients (61-COPD;77-heart failure; 118- Diabetes)</td>
</tr>
<tr>
<td></td>
<td>• reduction of hospitalisation: 38% less admissions, 28% reduction of hospital length of stay, 36% less re-admissions</td>
</tr>
<tr>
<td></td>
<td>• patient satisfaction: 3% of patients answered “very little” satisfied, 16% answered satisfied “enough”, 81% answered “very much” satisfied</td>
</tr>
<tr>
<td></td>
<td>• percentage of people supported out of hospital: 77% - at home; 23% - in Integrated health Community Centres.</td>
</tr>
<tr>
<td></td>
<td>• Self-sufficient patients: up from 60% before enrolment to 90% after enrolment</td>
</tr>
<tr>
<td></td>
<td>• Based on DRG costs per pathology, a total cost-savings of 220,552 euros was calculated from avoided hospitalisation, after deducting telemonitoring costs</td>
</tr>
<tr>
<td>Lessons learnt</td>
<td>If you want to really make the change, you have to work on “people”. Innovative organisational models (new ways of organising work) is a key leverage. Money doesn’t make the difference. Structural funds well planned have great relevance in scaling up strategies.</td>
</tr>
</tbody>
</table>
| Links for detailed information | [brindisi.cs00113.hospitalathome.it](https://brindisi.cs00113.hospitalathome.it)  
<table>
<thead>
<tr>
<th><strong>Title of the practice</strong></th>
<th>ParkinsonNet: A Low-Cost Health Care Innovation With A Systems Approach From The Netherlands</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner(s) of the practice</strong></td>
<td>Radboud University Medical Centre, Nijmegen, The Netherlands. Contact person for the marketplace: <a href="http://radboudumc.nl">radboudumc.nl</a> / tel: 00316243</td>
</tr>
<tr>
<td><strong>Location of implementation</strong></td>
<td>The Netherlands, Norway (Oslo and Stavanger), Luxembourg, USA (California)</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
<td>Patients with Parkinson’s disease (PD) and (multidisciplinary) healthcare professionals delivering specialised care</td>
</tr>
<tr>
<td><strong>Number of people served by the practice</strong></td>
<td>The Netherlands: 40,000 patients and 3,000 healthcare providers. Norway: 2,000 patients and 45 providers. Luxembourg: 1,000 patients and 45 providers. California: 14,000 patients and 200 healthcare providers.</td>
</tr>
<tr>
<td><strong>Short description</strong></td>
<td>ParkinsonNet aims to increase quality of life of patients with PD worldwide. ParkinsonNets’ key components are: (1) concentrating care among specifically trained expert professionals, and supporting them (<em>Professional Empowerment</em>); (2) informing and engaging patients as partners in healthcare (<em>Patient Empowerment</em>); and (3) organising professionals in regional networks, and supporting these networks to deliver integrated care (<em>Team Empowerment</em>).</td>
</tr>
<tr>
<td><strong>Level of care integration</strong></td>
<td>A total number of 12 professional disciplines are involved in ParkinsonNet, delivering integrated care (mostly primary-, secondary and specialist care). Our approach offers both disease management and case management.</td>
</tr>
<tr>
<td><strong>ICT technologies used</strong></td>
<td>Implemented: online tv show to inform patient, internet platforms to search for local specialised health professionals, to interact in a secure environment, and to connect patients with research/innovation. In research: wearable sensors, home/remote rehabilitation, virtual case manager using artificial intelligence.</td>
</tr>
</tbody>
</table>
| **Evidence of impact** | • Less PD related complications (17.3% vs 21.3%)  
• Higher annual caseload of patients per therapist (3.89 vs 1.48)  
• Fewer annual physiotherapy treatment sessions per patient (33.7 vs 47.9)  
• Lower annual costs for physiotherapy per patient (€933 vs €1329)  
• Lower annual total healthcare costs per patient (€2056 vs €2586)  
• Potential lower mortality rate (6.1% vs 9.0%)  
| **Lessons learnt** | • Integrated network care can successfully improve quality of care and reduce healthcare costs in chronic diseases  
• Implementation in other countries is only successful when adapting to the national and local situation  
• Including patients as partners is an essential part of integrated network care |
| **Links for detailed information** | Websites and platforms: [www.parkinsonnet.nl](http://www.parkinsonnet.nl); [www.parkinsonconnect.nl](http://www.parkinsonconnect.nl); [www.parkinsonnext.nl](http://www.parkinsonnext.nl); [www.parkinsonzorgzoeker.nl](http://www.parkinsonzorgzoeker.nl)  
<table>
<thead>
<tr>
<th>Title of the practice</th>
<th>Mobile Care Team in Hälsostaden Ängelholm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) of the practice</td>
<td>Hälsostaden is an integrated care platform consisting of the hospital in Ängelholm, primary care and the municipality of Ängelholm. Contact: skane.se</td>
</tr>
<tr>
<td>Location of implementation</td>
<td>Region Skåne working with the municipalities of Ängelholm, Klippan and Örkelljunga.</td>
</tr>
<tr>
<td>Target group</td>
<td>The target is the most sick elderly in an unstable state needing coordinated care.</td>
</tr>
<tr>
<td>Number of people served by the practice</td>
<td>Currently about 0.1 % of the population are in need of the service. In total the practice has served about 2,200 people. We are serving about 50 people at any given time; if scaled up the service capacity would reach 1,000. The practice is operational and is being scaled in Region Skåne. Funds have been dedicated to the implementation of the process regionally and teams are setting up in multiple arenas.</td>
</tr>
<tr>
<td>Short description</td>
<td>The Mobile Care Team (MCT) consists of staff from three organizations; physicians from the hospital and primary care, nurses from the hospital, primary care and the municipality. The MCT provide safe and coordinated care at home reducing unnecessary transport to the hospital. The aim is to reduce unnecessary or potentially dangerous hospitalization of the elderly.</td>
</tr>
<tr>
<td>Level of care integration</td>
<td>The practice integrates primary care, hospital care and social care in three municipalities. The practice is mostly based on case management but also disease management with focus on heart failure.</td>
</tr>
<tr>
<td>ICT technologies used</td>
<td>The MCT works with a joint electronical medical record which presents data from all three organizations. The MCT is equipped with advanced tools for analysing blood tests in the patient’s home.</td>
</tr>
</tbody>
</table>
| Evidence of impact | - Reduced hospitalization, freeing approximately 10 hospital beds (10% of the total number of beds in the hospital)  
- Reduced re-admission within 30 days by 50% (in Ängelholm municipality)  
- The practice has a return of investment of 1.85 (Costs 7 million SKR returns 20 million SKR)  
- Patients and close relatives assessment is that the service feels secure and that they are made partners in the care process. |
| Lessons learnt | - The importance of transparency  
- Do not underestimate the importance of building relationships  
- Support from transformational leadership  
- Letting the practice evolve almost organically. Do not try to over design the process beforehand.  
- Providing care at home feels meaningful and increases the wellbeing of the staff as well as the patient. |
| Links for detailed information | www.halsostaden.com  
<table>
<thead>
<tr>
<th>Title of the practice</th>
<th>Implementation of Technology Enabled Care (TEC: covering telehealth, telecare, telemedicine) At Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) of the practice</td>
<td>The Scottish Government, in collaboration with NHS Scotland and the Scottish Local Government Digital Office. Contact is @nhs.net</td>
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<td>Location of implementation</td>
<td>All of Scotland. Member State is the UK</td>
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<td>Target group</td>
<td>In general, the whole population but variable by intervention – there is a particular focus on LTCs (e.g. hypertension, diabetes), frailty &amp; access to services.</td>
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<td>Number of people served by the practice</td>
<td>Since 2015, 77,000 people (as of July 2018). As this is about continued growth and mainstreaming, there is no end target or specific end date.</td>
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<tr>
<td>Short description</td>
<td>Scotland, like many other areas in Europe, has seen a proliferation of small-scale pilots which have shown promise but ultimately not progressed. To move beyond this, the TEC Programme was set up with the aim of accelerating the implementation of digital interventions which had a sufficient evidence base, particularly in home &amp; community settings. It is split into four main components: home &amp; mobile health monitoring, video consultation/remote access to services; spread and adoption of digital telecare; and use of online portals/platforms for treatment &amp; support. This has seen national support, in the form of ‘bid for’ funding (circa €9m per annum) and the provision of expert advice/guidance, for local service change and implementation. This includes, for example, support for pathway redesign to ensure technology is incorporated as a core part of service delivery rather than as an ‘add on’.</td>
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<tr>
<td>Level of care integration</td>
<td>Primary area of activity is within integration of health &amp; social care. There is a focus on population-oriented integrated care (or ‘place based’), with a strong emphasis on disease management.</td>
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<tr>
<td>ICT technologies used</td>
<td>Online patient portals, online treatment (e.g. cCBT), SMS-based remote mobile monitoring software, telecare (both existing analogue and developing digital), shared patient records, webRTC video consultation platform, analytics</td>
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</table>
| Evidence of impact | Whole programme is about scaling up evidence-based interventions across a large number of clinical and service disciplines. Evidence is therefore within each aspect rather than overall. For example:  
  - In Telecare, Return-on-Investment is €100 for every €40 invested.  
  - Remote monitoring of hypertension leads to an average of 4.4 face to face contacts saved per patient per year. Clinically validated via RTCs – more effective than traditional models.  
  - Use of video is resulting in a reduction in unnecessary travel, for both clinicians and patients – saving costs.  
  - For remote monitoring of COPD, one area of Scotland demonstrated a 71.8 % reduction in number of admissions and a 78% reduction in bed days. |
| Lessons learnt |  - Clinical/professional engagement in service design is absolutely imperative.  
  - Technology as an ‘add on’ is not sustainable – must be embedded into routine practice.  
  - Marketing of what works.  
  - When relying on national/external/interim funding for start-up & implementation costs etc., then planning for sustainability from day 1 is critical – business planning expertise is in short supply. |
| Links for detailed information | https://www.gov.scot/Publications/2018/05/7272  
https://www.scirocco-project.eu/scotland-4-technology-enabled-care-programme/  
Contacts from Bosnia, Moldova and Serbia

- **BOSNIA:**
  Ministry of Civil Affairs
  1 Trg BiH Street
  BA-71 000 Sarajevo
  +387 @mcp.gov.basnjezana; @mcp.gov.ba

- **MOLDOVA:**
  Department Policy analysis, monitoring and evaluation
  Ministry of Health of the Rep. of Moldova
  + 373 @msmps.gov.md

- **SERBIA:**
  Sector for European Integrations and International Cooperation
  Ministry of Health of Serbia
  Nemanjina 22-26,
  11000 Belgrade
  + 381 @zdravlje.gov.rs

**Alternate:**
Sector for European Integrations and International Cooperation Department
Ministry of Health of Serbia
Nemanjina 22-26,
11000 Belgrade
+ 381 @zdravlje.gov.rs
Dear Mr. / Ms,

Thank you for choosing Hotel Villa Borghi for your stay. I am glad to confirm the availability for the period requested:

**Check-in:**

**Check-out:**

**Room Type:** DUS

**Guest Name:**

**Rate:** €70,00

To confirm your reservation we kindly ask you to send a credit card number with its expiry date in order to guarantee you reservation – Hotel Villa Borghi will check the validity of the credit card for the 1st night (no charging).

**CREDIT CARD TYPE:**

[ ] VISA      [ ] MasterCard  [ ] American Express

**Nº**

**EXPIRY DATE (MM/YY) _______ / ________**

**NAME AND SURNAME*** _____________________________________________________________________________

*as written on the Card

**HOTEL CONDITIONS**

**Check-in time:** from 2.00 pm on

**Check-out time:** within 11.00 am

**Cancellation Policy:** The room cancellation is free of charge if made within 18:00 of the day prior to arrival. Any late cancellations or No Show will cause the penalty charging of the 1° night on the credit card provided.

**Looking forward your kind reply,**

Yours faithfully

Villa Borghi - Piazzetta Borghi 1 – 21020 VARANO BORGHI VA - +39 0332 961515 – info@hotelvillaborghi.it
# Participant's List

## Health Systems Performance Assessment

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<th>Last Name</th>
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<td>Multimorbid clinic for chronic LR</td>
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Note: For sources, see the references in the supplementary material provided with the document.
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### Good practices on digitally-enabled integrated care for the SGPP

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<td>Skåne</td>
<td>SE</td>
<td>Mobile Care Team in Hälsostaden Ängelholm</td>
<td>Hälsostaden Region Skåne</td>
<td></td>
<td>@hls.se</td>
</tr>
<tr>
<td>10</td>
<td>Scotland</td>
<td>UK</td>
<td>Implementation of Technology-Enabled Care (TEC: covering telehealth, telecare, telemedicine) At Scale</td>
<td>Scottish Government, NHS Scotland, Scottish Local Government Digital Office</td>
<td></td>
<td>@nhs.scot</td>
</tr>
</tbody>
</table>

Note: the persons in black are to be invited and reimbursed as experts i.e. travel & hotel & subsistence allowance. The persons in red should receive an invitation saying that we will NOT reimburse their travel/hotel etc.
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [name],

As announced to you in previous e-mail contacts, your best practice TeleHomeCare (H@H) has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission will not cover the cost for your travel and hotel. We are however happy to invite you for lunch on 12 and 13 December and for dinner on 13 December 2018.

Please inform us about your participation by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").

This requires you to book your flights in advance. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2 and a half hours' drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants).

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details
will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

Regarding the processing of your personal data for this event, we inform you that by confirming your attendance we assume that you agree with our privacy conditions as detailed here: https://ec.europa.eu/ire/sites/ire/files/ire_privacy_statement_expert.pdf

We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be “visiting” you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Andrzej Rydz
Director, Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Attachments: Draft Agenda
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice Basque Health Strategies in ageing and chronicity: integrated care has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission (DG SANTE) will cover the cost of your return travel by the most direct, least expensive economy class ticket according to the current regulations (for details, please see the attached reimbursement rules). In addition, a maximum of 3 accommodation allowances and 2 daily allowances will be paid (offered meals will be deducted).

Please inform us about your participation or a representative you may wish to designate by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").
This requires you to book your flights in advance; please proceed with this booking and retain proof of your flight costs. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2 and a half hours' drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants). Please note that in case that your dates or travel itinerary are not directly from your place of work to Ispra, the schedule or the itinerary should be agreed previously by the European Commission.

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

Regarding the processing of your personal data for this event, we inform you that by confirming your attendance we assume that you agree with our privacy conditions as detailed here https://ec.europa.eu/jrc/sites/jrcsh/files/jrc_privacy_statement_expert.pdf

We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be "visiting" you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Andrzej Ryś
Director, Health and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention
marketplace workshop on digitally-enabled, integrated, person-
centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice Catalan open
innovation hub on ICT-supported integrated care services for chronic patients has been
selected to be presented in the workshop which will take place on 12-13 December 2018
in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or
small group discussions to representatives of Member States. This means that you will
not be asked to make a presentation in front of a large audience but instead to have
personalised discussions with the representatives interested in your best practice. A table
and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission (DG SANTE) will cover the cost of your return travel by the most
direct, least expensive economy class ticket according to the current regulations
(for details, please see the attached reimbursement rules). In addition, a maximum of 3
accommodation allowances and 2 daily allowances will be paid (offered meals will be
deducted).

Please inform us about your participation or a representative you may wish to designate
by registering for this meeting through the "Register for Events Module" at
https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose
"SGPP marketplace workshop on integrated health care").
This requires you to book your flights in advance; please proceed with this booking and retain proof of your flight costs. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2 and a half hours’ drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants). Please note that in case that your dates or travel itinerary are not directly from your place of work to Ispra, the schedule or the itinerary should be agreed previously by the European Commission.

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

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We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be "visiting" you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general Joint research centre
European Commission

Andrzej Ryś
Director, Health and Medical products and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear Colleague,

Demographic developments, changing morbidity and mortality patterns as well as financial pressures require health systems to adapt to new circumstances. To enable this various solutions have been developed and tested throughout the European Union. Experience so far identifies integrated care as one of the possible avenues to pursue. Integrated care initiatives have been implemented in a number of local and regional settings in the EU; and among them, good examples of how to do this have surfaced. If the potential of integrated care is to be fully used, such initiatives need to be scaled-up and replicated. Digital technologies can be a major facilitator in this regard. The European Commission is committed to help Member States in this direction as reflected in the recent Communication on "enabling the digital transformation of health and care in the Digital Single Market" (COM(2018) 233 final) and in other policy documents.

We therefore propose that best practices in the field of digitally-enabled, integrated, person-centred care are the second focus of the 2019 round of best practice selection and subsequent implementation to be co-funded from the Health Programme under the 2019 work programme – apart from best practices in the field of nutrition and physical activity. These have been already presented at a workshop in March 2018 and subsequently ranked.

Many best practices and key policy initiatives in the field of digitally-enabled, integrated, person-centred care are available through the European Innovation

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1 Moldova, Serbia, Bosnia & Herzegovina

Partnership on Active and Healthy Ageing, the “SCIROCCO” and “Act@Scale” projects, the Strategic Intelligence Monitor on Personal Health Systems (SIMPHS 3) study made by the Joint Research Centre and other reliable sources. Therefore, we are organizing a "marketplace" workshop, to which you are cordially invited, where selected best practices will present themselves.

At the marketplace you will have the possibility to learn more about these best practices through one-on-one or small group discussions with the practice owner.

The workshop will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

The Commission (DG SANTE) will cover the cost of a return travel by the most direct, least expensive economy class ticket (as general rule, means of transport to be reimbursed are 1st class rail travel, economy class air fare) for up to two representatives per Member State / country participating in the 3rd Health Programme (excluding accommodation allowance and daily allowance) according to the current regulations (for details, please see the attached reimbursement rules).

Please inform us about your participation or a representative you may wish to designate by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/rem/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").

This requires you to book your flights in advance; please proceed with this booking and retain proof of your flight costs. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2 and half hours' drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants). Please note that in case your dates or travel itinerary are not directly from your place of work to Ispra, the schedule or the itinerary should be agreed previously by the European Commission.

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your travel expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

3 If you have NOT previously received reimbursement from the European Commission you will need to complete the Financial Identification Form and the Legal Entity Form (please choose the type of legal entity as appropriate). These documents can be downloaded from http://ec.europa.eu/budget/contracts/grants/info_contract/financial_id/financial_id_en.cfm and http://ec.europa.eu/budget/contracts/grants/info_contract/legal_entities/legal_entity_en.cfm. These forms should be sent back to the SANTE-SGPP@ec.europa.eu before the start of the meeting.
Regarding the processing of your personal data for this event, we inform you that by confirming your attendance we assume that you agree with our privacy conditions as detailed here https://ec.europa.eu/irc/sites/ircsh/files/irc_privacy_statement_expert.pdf

We attach the draft agenda and a preliminary list of the best practices which would be presented in Ispra. In order to better plan the personalised discussion with the practice owners please indicate with your registration which best practices you would like to learn more about. An online form is available for this purpose.

We look forward to welcoming you in Ispra.

Yours sincerely,

John F. Ryan
Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-General Joint Research Centre
European Commission

Andrzej Ryś
Director, Health, medical products and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the market place
Hotel registration form Villa Borghi
Application for Reimbursement form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [-]

As announced to you in previous e-mail contacts, your best practice Digital roadmap towards an integrated health care sector has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission (DG SANTE) will cover the cost of your return travel by the most direct, least expensive economy class ticket according to the current regulations (for details, please see the attached reimbursement rules). In addition, a maximum of 3 accommodation allowances and 2 daily allowances will be paid (offered meals will be deducted).

Please inform us about your participation or a representative you may wish to designate by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").
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For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

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We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be "visiting" you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Andrzej Ryś
Director, Health and innovation
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice Implementation of Technology Enabled Care at Scale has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission (DG SANTE) will cover the cost of your return travel by the most direct, least expensive economy class ticket according to the current regulations (for details, please see the attached reimbursement rules). In addition, a maximum of 3 accommodation allowances and 2 daily allowances will be paid (offered meals will be deducted).

Please inform us about your participation or a representative you may wish to designate by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").
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For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

Regarding the processing of your personal data for this event, we inform you that by confirming your attendance we assume that you agree with our privacy conditions as detailed here [https://ec.europa.eu/jrc/sites/jrcsh/files/jrc_privacy_statement_expert.pdf](https://ec.europa.eu/jrc/sites/jrcsh/files/jrc_privacy_statement_expert.pdf)

We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be “visiting” you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-General Joint research centre
European Commission

Andrzej Ryś
Director, Health and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice MASK (Mobile Airways Sentinel Network) has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission (DG SANTE) will cover the cost of your return travel by the most direct, least expensive economy class ticket according to the current regulations (for details, please see the attached reimbursement rules). In addition, a maximum of 3 accommodation allowances and 2 daily allowances will be paid (offered meals will be deducted).

Please inform us about your participation or a representative you may wish to designate by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").
This requires you to book your flights in advance; please proceed with this booking and retain proof of your flight costs. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2 and a half hours’ drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants). Please note that in case that your dates or travel itinerary are not directly from your place of work to Ispra, the schedule or the itinerary should be agreed previously by the European Commission.

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

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We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be "visiting" you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Andrzej Ryś  
Director, Health and innovation  
Directorate-General for Health and Food Safety  
European Commission

Elke Anklam,  
Director, Health, Consumers and Reference Materials  
Directorate-General joint research centre  
European Commission

Attachments:  
Draft Agenda  
Reimbursement Rules  
Abstracts of best practices present at the marketplace  
Hotel registration form Villa Borghi  
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice MASK (Mobile Airways Sentinel Network) has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

At the marketplace you will be asked to explain your best practice through one-on-one or small group discussions to representatives of Member States. This means that you will not be asked to make a presentation in front of a large audience but instead to have personalised discussions with the representatives interested in your best practice. A table and chairs will be at your disposal. You are welcome to share printed or other materials.

The Commission will not cover the cost for your travel and hotel. We are however happy to invite you for lunch on 12 and 13 December and for dinner on 13 December 2018.

Please inform us about your participation by registering for this meeting through the "Register for Events Module" at https://web.jrc.ec.europa.eu/remjrc/ by 20 November 2018 at the latest (please choose "SGPP marketplace workshop on integrated health care").

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We look forward to welcoming you in Ispra.

Yours sincerely,

[Signatures]

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-General Joint Research Centre
European Commission

Andrzej Rybicki,
Director, Health and Food Safety
Directorate-General for Health and Food Safety
European Commission

Attachments:
Draft Agenda
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Subject: Invitation to the Steering Group on Promotion and Prevention
marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [name],

As announced to you in previous e-mail contacts, your best practice Mobile Care Team in Hälsostadén Ängelholm has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

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Yours sincerely,

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Andrzej Ryś
Director, Health-care, medical products and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

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Yours sincerely,

[Signature]

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Ankiam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Andrzej Rydz
Director, Health and Food, medical products and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments:
Draft Agenda
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name]

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Yours sincerely,

Elke Anklam,  
Director, Health, Consumers and Reference Materials  
Directorate-General Joint Research Centre  
European Commission

Andrzej Rydzewski,  
Director, Health, Consumers, medical products and innovation  
Directorate-General Health and Food Safety  
European Commission

Attachments:  
Draft Agenda  
Abstracts of best practices present at the marketplace  
Hotel registration form Villa Borghi
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear ,

As announced to you in previous e-mail contacts, your best practice The OptiMedis Model - Population-Based Integrated Care has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

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Directorate-General for Health and Food Safety
European Commission

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directorate-general joint research centre
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Andrzej Ryś
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Directorate-General for Health and Food Safety
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Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice *Oulu Self Care Service* has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

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Directorate-general joint research centre
European Commission

Andrzej Ryś
Director, Health and innovation
Medical products
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

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Directorate-general joint research centre
European Commission

Andrzej Rytkö,
Director, Health products, medical products and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice ParkinsonNet: A Low-Cost Health Care Innovation With A Systems Approach From The Netherlands has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

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Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general joint research centre
European Commission

Andrzej Ryś
Director, Health and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
Subject: Invitation to the Steering Group on Promotion and Prevention marketplace workshop on digitally-enabled, integrated, person-centred care

Dear [Name],

As announced to you in previous e-mail contacts, your best practice TeleHomeCare (H@H) has been selected to be presented in the workshop which will take place on 12-13 December 2018 in the premises of the Joint Research Centre, Via E. Fermi 2749, Ispra (VA), Italy.

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This requires you to book your flights in advance; please proceed with this booking and retain proof of your flight costs. The closest airport is Milan-Malpensa (1 hour drive to JRC). Milan-Linate airport is 2 – 2.5 hours' drive away from JRC. Transfers between these airports or Milano-Centrale train station (2 hours), the hotel and the JRC will be organised by the JRC (only for participants). **Please note that in case that your dates or travel itinerary are not directly from your place of work to Ispra, the schedule or the itinerary should be agreed previously by the European Commission.**

For your convenience we have pre-booked rooms at Hotel Villa Borghi. Please confirm your hotel booking by sending the attached form directly to the hotel. Transfer details will be confirmed closer to the meeting date; please provide your accurate travel details with your registration.

On 12 December 2018, dinner will be arranged for meeting participants at Hotel Villa Borghi, Varano Borghi.

To claim reimbursement of your expenses, please complete and hand in the attached "Application for Reimbursement of Expenses" form, duly dated and signed. Please note that all documents necessary for reimbursement must reach the European Commission at the latest 30 days after the final day of the meeting. Beyond this deadline, the Commission is absolved from any obligations to reimburse travel expenses or pay any allowances.

Regarding the processing of your personal data for this event, we inform you that by confirming your attendance we assume that you agree with our privacy conditions as detailed here [https://ec.europa.eu/jrc/sites/jrcsh/files/jrc_privacy_statement_expert.pdf](https://ec.europa.eu/jrc/sites/jrcsh/files/jrc_privacy_statement_expert.pdf)

We attach the draft agenda and a preliminary list of the best practices which will be presented in Ispra.

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1 If you have NOT previously received reimbursement from the European Commission you will need to complete the Financial Identification Form and the Legal Entity Form (please choose the type of legal entity as appropriate). These documents can be downloaded from [http://ec.europa.eu/rapid/contract Grants/info_contract/financial id/financial id en.cfm](http://ec.europa.eu/rapid/contract Grants/info_contract/financial id/financial id en.cfm) and [http://ec.europa.eu/rapid/contract Grants/info_contract/legal entities/legal entities en.cfm](http://ec.europa.eu/rapid/contract Grants/info_contract/legal entities/legal entities en.cfm). These forms should be sent back to the [SANTE-SGFF@ec.europa.eu](mailto:SANTE-SGFF@ec.europa.eu) before the start of the meeting.
In order to better plan the personalised discussion, we will be sending an electronic questionnaire to all Member State representatives asking them which best practices they would like to learn more about. Based on the results of this questionnaire, we will provide you with a personalised agenda detailing which representative will be "visiting" you, specifying the room and the time.

We look forward to welcoming you in Ispra.

Yours sincerely,

Director, Public health, country knowledge and crisis management
Directorate-General for Health and Food Safety
European Commission

Elke Anklam,
Director, Health, Consumers and Reference Materials
Directorate-general Joint research centre
European Commission

Andrzej Ryś
Director, Health and innovation
Directorate-General for Health and Food Safety
European Commission

Attachments: Draft Agenda
Reimbursement Rules
Abstracts of best practices present at the marketplace
Hotel registration form Villa Borghi
Application for Reimbursement of Expenses form
This information sheet is a summary of the Rule* on the reimbursement of expenses incurred by people from outside the Commission invited to attend meetings in an expert capacity.

**Who is entitled to a reimbursement of expert's expenses?**

- anyone from outside the Commission who is invited to give a specific professional opinion in a committee, an expert group or by personal invitation, wherever the location of the meeting;
- anyone responsible for accompanying a disabled person who has been invited by the Commission to attend a meeting in an expert capacity.

Experts may be private-sector experts (representing the civil society) or government experts (representing a public authority of a Member State).

**WHAT?**

Unless stated otherwise in the letter of invitation and the request to organise the meeting, private-sector experts shall be entitled to a daily allowance for each day of the meeting and, where appropriate, an accommodation allowance, on condition that they declare on their honour that they are not receiving a similar allowance or similar allowances from the same institution or another Community institution for the same visit.

Government experts shall receive a daily allowance for each day of the meeting and, where appropriate, an accommodation allowance, provided that provision for this is made in the rules of procedure of the committee or expert group and on condition that they declare on their honour that they are not receiving a similar allowance or similar allowances from their own administration for the same visit.

**Travel expenses**

All experts shall be entitled to the reimbursement of their travel expenses from the place specified in their invitation to the place of the meeting. This travel must be organised on the basis of the most appropriate means of transport and trying to benefit from the most economical travel rates.

The services in charge of reimbursements shall have the right to carry out any checks that might be needed and to request any proof from the expert required for this purpose. They shall also have the right, where it appears to be justified, to restrict reimbursement to the rates normally applied to the usual journey from the expert’s place of work or residence to the meeting place. So please do be careful when organising your trip.

As a general rule, means of transport are:

- first-class rail travel for journeys less than 400 km (one way);
- economy class air travel for distances of more than 400 km. Business class is allowed for a flight of 4 hours or more without stopovers;
- private car. The travel shall be reimbursed at the same rate as the first-class rail ticket, or by default at the rate of 0.22 € per km.

Travel expenses shall be reimbursed on presentation of ORIGINAL supporting documents:

- tickets and invoices;
- in the case of online bookings, the printout of the electronic reservation.

The documents supplied must show the class of travel used, the time of travel and the amount paid.

► Taxi fares shall not be reimbursed.

The Commission shall not be liable for any material, non-material or physical damage suffered by invited experts or those responsible for accompanying a disabled expert in the course of their journey to or stay in the place where the meeting is held, unless such harm is directly attributable to the Commission.

In particular, invited experts who use their own means of transport for travelling to such meetings shall be entirely liable for any accidents that they might cause.

**Daily allowance**

The daily allowance is a flat rate. It covers all meals and local transport (bus, tram, metro, taxi, parking, motorway tolls, etc.), as well as travel and accident insurance. It amounts to 92 € per day of meeting.

If the distance between the place of departure cited in the invitation (be it your private or professional address) is 100 km or less from the place where the meeting is held, the daily allowance shall be reduced by 50%. You shall then only receive 46 € per day of meeting.

Accommodation allowance

If you have to spend one or more nights at the place where the meeting is held because the times of meetings are incompatible with the times of flights or trains, you shall also be entitled to an accommodation allowance. This allowance shall be 100 € per night. The number of nights may not exceed the number of meeting days + 1.

An additional accommodation allowance and/or daily allowance may, exceptionally, be paid if prolonging the stay would enable you to obtain a reduction in the cost of transport worth more than the amount of these allowances.

**HOW?**

You must provide the secretaries of the meeting with the documents necessary for their reimbursement, as required by the financial rules applicable in the Commission, by letter, fax or e-mail postmarked or dated no later than 30 calendar days after the final day of the meeting.

Beyond this deadline, the Commission is absolved from any obligation to reimburse travel expenses or pay any allowances.

Reimbursements shall be made in euros, where appropriate at the rate of exchange applying on the day of the meeting. All reimbursements shall be made to one and the same bank account. For government experts, reimbursements shall be paid into an account in the name of the Member State, one of its ministries or a public body.

* Commission decision of 5 December 2007

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