RENEWING HeALTH

REgioNs of Europe WorkINg toGether for HEALTH

Lessons learned so far on the large pilot evaluation

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ICTPSP
ICT POLICY SUPPORT PROGRAMME

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RENEWING HEALTH in a nutshell

- RENEWING HEALTH is the second Pilot Type A eHealth project funded under the EU ICT-PSP (Information and Communications Technologies – Policy Support Programme)
- Project start date: 1st of February 2010
- Project duration: 32 months (but an extension to 42 months will be required to complete the trials)
- Total budget: 14.000.000 Euros
- EU contribution: 7.000.000 Euros
- 18 pilot sites, assembled in 8 groups and distributed over 9 EU regions

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RENEWING HEALTH in a nutshell

- Size
  - 20 partners + 5 Competence Centres
  - 6.000 patients in the Intervention Group
  - 72 person-years of work
  - 27 FTE
- Multicultural character
  - Partners come from 11 different EU countries nicely covering Northern, Central and Southern Europe
- Evaluation methodology
  - Randomised Controlled Trials
  - MAST

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RENEWING HEALTH in a nutshell

Population covered

Region	Population
Regione del Veneto	4.800.000
Region Syddanmark	1.200.000
Norrbotten County	250.000
North Norway	462.000
Catalonia	7.000.000
South Karelia	135.000
Thessaly & Central Greece	1.500.000
Land Kärnten	560.000
Land Berlin	4.900.000
Total	20.807.000

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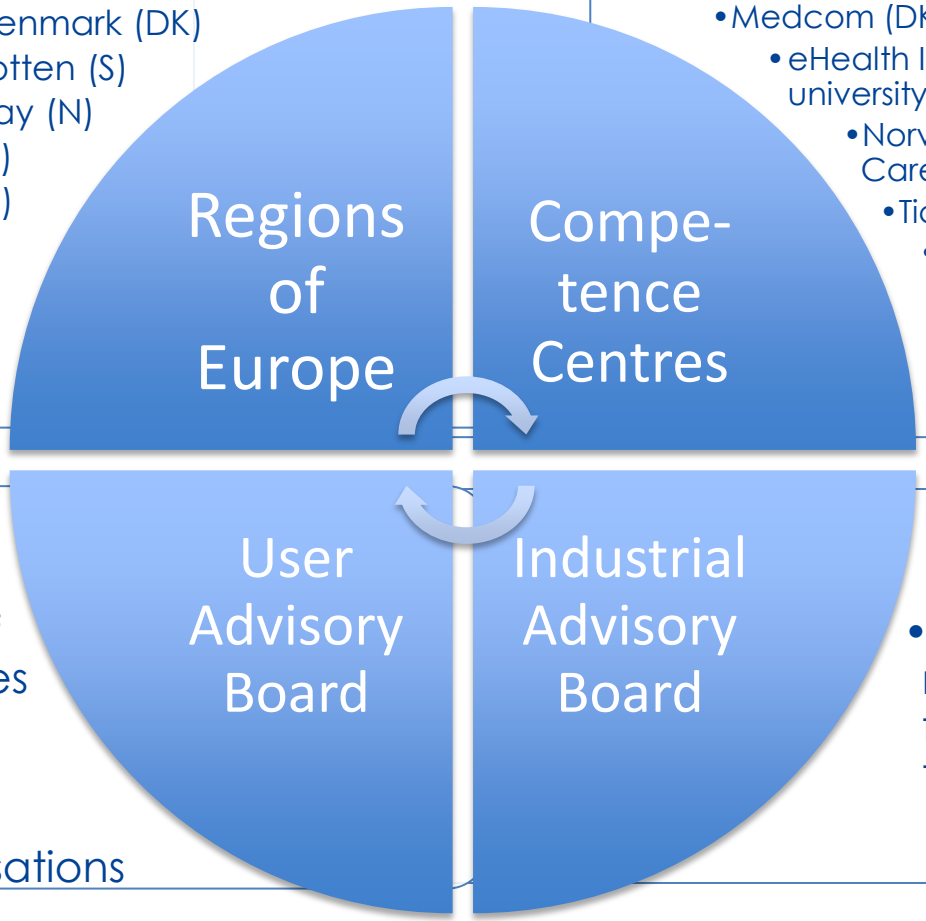
Consortium



- Veneto Region (I)
- Region of Southern Denmark (DK)
- County of Norrbotten (S)
- Region Northern Norway (N)
- Catalonia (E)
- South Karelia (FI)
- Region Central Greece (GR)
- Carinthia (A)
- Berlin (D)

- Consorzio Arsenàl.IT (I)
- Medcom (DK)
- eHealth Innovation Centre – Lulea university (S)
- Norvegian Centre for Integrated Care and Telemedcine (N)
- TicSalut (E)
- CAHTA (E)
- VTT Technical Research Centre(FI)
- E-Trikala (GR)
- TSB (D)

- Representatives of the main categories of telemedicine users, patients, professionals and healthcare organisations

- A team of multidisciplinary experts from industry leaders in the eHealth sector

Why clusters?

- The concept of clusters has been introduced for:
  - Assembling existing telemedicine services, although using heterogeneous technological platforms, according to their aim, timing and duration of the intervention
  - increasing the statistical power of the trials by aggregating data from the various pilots of a same cluster
  - promoting close collaboration and sharing of experience among teams which have never worked together before RENEWING HEALTH

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Lessons learnt so far

- RCT in telemedicine have a far higher level of complexity compared to traditional pharmaceutical trials
- Getting approval from Ethics Board, recruiting patients and collecting data requires far more time than initially expected
- The 36 month duration recommended in the call for proposal was not realistic

Lessons learnt so far

- Differences in the healthcare systems between one country and the other and even between one region and the other within the same country and in the standard healthcare provided as well can be substantial
- On the other hand differences can provide opportunities for interesting comparisons

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Lessons learnt so far

- Local culture matters (interventions perfectly acceptable in one place can be totally rejected in another)
- Having a common assessment framework is seen as a major added value
- The common assessment framework, MAST, is attracting attention from other regions, countries and projects

Lessons learnt so far

- MAST is generic enough to be applicable to most telemedicine interventions
- Being generic MAST requires quite a bit of work to be tailored to the specific characteristics of individual projects
- Creating profiles within MAST could reduce the effort to tailor it (profile library)

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Thanks for your attention

www.renewinghealth.eu