

2020 VISION

Keeping you up-to-date with all the latest news from the CONNECARE team

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The Project

The CONNECARE project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 689802.



Meet our partners

This newsletter marks the end of the current phase of the CONNECARE project.

During this project, a complex multi-component, multisided technology proposition was developed by several international technology partners, and deployed across four clinical sites in three different countries, via a range of different clinical specialisms to patients with a variety of chronic conditions. The project has led to a number of different exploitation strategies for different components by different partners:



EURECAT

EURECAT's main objective is the exploitation of the SMS, particularly its back-end software (xCARE), which can be easily adapted to a range of scenarios in which patients' self-management is required, as well as non-healthcare applications such as sport and wellness.

IRBLL

IRBLL aims to continue the development of the CONNECARE system with the ultimate goal of using it for the delivery of health care within the Health region of Lleida, primarily using the SACM, SMS, and the mapping DSS.

UNIMORE

UNIMORE intends to exploit both the analytics tools and the data collected for academic research purposes. This includes publication of scientific manuscripts in journals and conferences; in particular to validate the software functionalities and further improve them.

ADI

ADI plan to use the learning and IP resulting from CONNECARE into ADI's "MyPathway" digital health product, which is already deployed at scale in the UK. Key elements include the support for home-based non-invasive ventilation and prehabilitation pathways; as well as the integration with activity trackers such as FitBit and LifeVit. Clinical applications include Neurological disease, chronic pain, and MSK pathways within Sheffield, Leeds, Essex, Edinburgh, and the North West of England.

IDIBAPS (Barcelona)

IDIBAPS plans to further explore the CONNECARE concept aiming at generating novel digital products able to effectively support large scale deployment of integrated care service. A trajectory is planned for other clinical models such as home-based, non-invasive ventilation and more generally for enhanced communication between community-based services and specialized care.

Ewave

Ewave intend to use CONNECARE for further research and development and as a platform to implement commercially within potential customers. Ewave is using the CONNECARE project to approve the need of a knowledge sharing platform for chronical and non-chronical patients.

ASSUTA

ASSUTA goals are to integrate the SMS into the EMR systems for monitoring and self-management of chronically ill Maccabi patients nationwide, as well as prehabilitation in the Maccabi Southern Region for Maccabi patients scheduled for elective surgery, and prehabilitation for elderly patients scheduled for elective surgery in the Assuta network hospitals.

UMCG

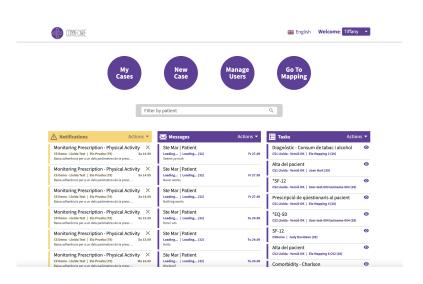
UMCG are planning to continue to use both the SMS and the SACM in further research programmes beyond project end within a wide range of clinical applications. UMCG also plan to use Connecare for broader telemonitoring studies in the UMCG and beyond within the national NFU Citrien eHealth 2 scaleup programme.

The next phase

In addition to these near-term plans each partner has developed to take the project into the next phase, there is clear potential for CONNECARE to be considered as a precursor for a larger piece of trans-national, strategic architecture underpinning a new model of healthcare for citizens with chronic conditions.

One perspective is that of the need and opportunity for new digital health infrastructure that spans and reconciles the two distinct and relatively mature domains of professional patient record and workflow management systems (such as those produced by SAP, Cerner, Atos et al), and consumer mobile applications (such as FitBit, WhatsApp, etc).

The most promising propositions would seem to be those that build on top of the existing "best of breed" in both domains, and create a new class of connected care propositions that leverage the billions of euros already invested in optimizing the existing "best of breed" systems. Engagement at this scale would require partnership with one or more global technology providers to develop a credible transnational architecture.





Another perspective can be taken that is technology-agnostic, and is focused more on data-driven research to guide improvement and personalization of healthcare for those with chronic conditions.

From this point of view, the digital "plumbing", while essential, is of less long-term significance and value than the plethora of fine-grained behavioural and outcome data starting to come on stream direct from patients, that can be linked and correlated with data from existing clinical systems.

Here, a possible key for creating value on a very large scale might be to look at regularizing or perhaps standardizing how digital systems interact with particular patient groups or on specific patient pathways. This might allow much wider translation of learning across organizational or national boundaries - for example, such a trans-national framework might rapidly accelerate insights and evidence as to which clinical interventions, self-management resources, or behavioural coaching interventions are most effective, for which groups, at what times.

The richness and range of the planned commercial, clinical and academic applications of the outputs from the CONNECARE project promises to deliver a substantial and lasting impetus to the effective use of digital technologies in improved delivery of care to people with chronic illness across Europe.

"Promises to deliver a substantial and lasting impetus...in improved delivery of care to people with chronic illness"



Most valuable aspect of the project:

The one essential lesson you would pass on to anyone else starting this journey:



the need of sharing data between different health service providers and helped Ewave to define a digital health platform for its customers by understanding the difficulties, different requirements between different organizations and studying the case studies and work flows.

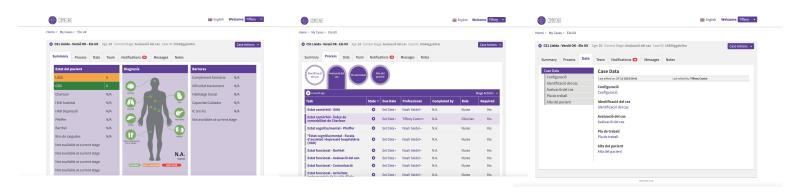
Every project, especially such a project, must have committed team, strong and assertive coordinator, strong and assertive both clinical and technological leaders and should also be open minded and flexible for adjustments along the way.

Technical University of Munich



66 CONNECARE provided TUM very valuable (qualitative and quantitative) feedback from all relevant stakeholders on the benefits, success factors and difficulties of adopting a digital health platform for data sharing and collaborative work. This feedback goes beyond technical aspects and includes human, social, organizational and legal factors that have to be taken into account for the future commercialization of the SACM platform.

Create a committed, multi-disciplinary platform team consisting of T-shaped business, software, health care, legal experts and an agile product management approach focusing on delivering value to several digital transformation teams that empower clinics or other digital health providers to introduce innovative patient-centric health care services.



Most valuable aspect of the project:

The one essential lesson you would pass on to anyone else starting this journey:



CONNECARE project has proved that digitalisation and an integrated care aproach is transforming the way chronic patients are managed with measurable benefits which positively impact patients, professionals and Healthcare providers. We have built, deployed and evaluated a technology which incorporates ease of use, adaptability, and intelligence, which have proved to be key features for user acceptance and differentiation from other initiatives. 🦱 🦣

Heterogeneity among clinical sites and services within site is a reality. Therefore, who is able to balance standard technology which scales and transfers with sustainable services which customize and personalize, will succeed in a domain which is complex by nature.





66 CONNECARE contributed as a first step in transforming care pathways for chronic patients, in which we are moving towards an implementation model where telemonitoring will be part of care-as-usual for a specific patient target groups. In practice, one of the most important aspects I believe is that we have demonstrated that the Connecare systems are feasible to implement in clinical practice, which high levels of satisfactions especially indicated by patients.

To have a strong team including clinical leadership and technical leaders at a local level, that are willing to collaborate in innovation project such as Connecare.

Most valuable aspect of the project:

The one essential lesson you would pass on to anyone else starting this journey:



Despite the technologically advanced health care system in Israel, integration and continuity of care between the hospital and the community are still a major challenge. The CONNECARE project was a major step in demonstrating that integration and continuity are important to the patient and his family, the medical staff and even improve clinical outcomes. The research highlighted importance, feasibility and difficulties along the way.

Technology is a very important key in enabling integration and continuity of care among diverse systems, but technology is not the main barrier. The main challenges, are changing processes and rallying the clinicians and the organizations they work in to communicate and collaborate.



Connecare has been valuable to ADI for the product learning that it has afforded us. This is both technically such as working with SocioCortex from TUM and clinically such as pre-habilitation with IDIBAPS.

The development of the project will lead you in directions which you do not anticipate at the start.



Connecare made
Unimore part of a truly
trans-disciplinary team,
encompassing technical,
societal, medical, and
organisational research areas,
closely collaborating to solve
real problems in the real
world, making an actual,
measurable impact on people
(patients and medical workers)
working habits, daily life, and
disease management.

Tension between technical and clinical partners is a resource for, not an obstacle to, successful design of usable and effective solutions to real world problems, which must be tamed since the very beginning of any similar project, so as to ignite a spiral of continuous improvement.