



# CONNECARE

## WP 8 – Dissemination, Communication & Exploitation

### D8.1 –Stakeholder Analysis

**H2020-EU.3.1: Personalised Connected Care for Complex Chronic Patients**

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✓PP	Restricted to other programme participants (including the Commission Services)
RE	Restricted to a group specified by the consortium (including the Commission Services)
CO	Confidential, only for members of the consortium (including the Commission Services)

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<b>Abstract</b>	The purpose of this document is to identify the key stakeholders in CONNECARE and their likely interest in CONNECARE. This will then feed through to the initial version of the Dissemination Plan D8.2 which will identify the key means of communicating with, and favourably influencing, those stakeholders.
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## Executive Summary

This document summarises the key stakeholders in CONNECARE and the most important messages to convey to each group to secure their support for the project.

The main stakeholder groupings identified are:

- End users – patients & carers
- Professional users – doctors, social care workers, other therapists & their professional bodies;
- Other providers of local services;
- Health & social care administrators;
- Politicians;
- General public;
- Academics working in the field;
- Regulatory bodies;
- Organisations, both as users & investors;
- The team.

This document is the partner of D8.2 the Dissemination Plan which takes this information and describes how the media available to CONNECARE can best be used to convey these messages. These two documents together are vitally important to ensure the successful completion and commercialisation of CONNECARE. In particular, without professionals willing to change the way they work to deliver the service, without patients & their carers willing to use the service, without commissioners willing to introduce the service, and investors happy to finance it, the project will not succeed irrespective of its technical brilliance, cost saving and improved patient outcomes.



## 1. Introduction

The purpose of this document is to identify the key stakeholders in CONNECARE and their likely interest in innovations and implementation strategies developed by the CONNECARE consortium. This will then feed through to the initial version of the Dissemination Plan (D8.2) which will identify the key means of communicating with, and favourably influencing, those stakeholders.

This topic is very important because the project depends for its success on good interactions with stakeholders. In particular, unless CONNECARE is able to establish excellent relationships with both end users and professional users, it will not achieve its objectives. Other stakeholders – even relatively specialist ones such as ethics committees – also play a crucial role in the project's success, so need identifying specifically and require careful consideration of appropriate dissemination messages.

This will be a living document – as the project progresses, greater detail will emerge of relevant stakeholders that will be incorporated in subsequent versions of the document.



## 2. Method

This analysis was created by a combination of initial development by the manager of the Dissemination workpackage – ADI – followed by a consortium-wide review.

The initial stakeholder listing was developed by working through the various interactions between external parties and CONNECARE. This was then supplemented by imagining the appropriate messages that would enthuse each stakeholder grouping most about CONNECARE.

As the project develops and in particular as the use cases are fleshed out, additional stakeholder detail will emerge, and perhaps additional stakeholders too. Therefore, this analysis, together with the Dissemination Plan (8.2) will need to become a living document, reflecting these changes as they emerge.



## 3. Summary

Analysis reveals a wide range of potential stakeholders, most of whom are expected to be positive and supportive to CONNECARE's objectives. The main groupings are:

- End users – patients & carers
- Professional users – doctors, social care workers, other therapists & their professional bodies;
- Other providers of local services;
- Health & social care administrators;
- Politicians;
- General public;
- Academics working in the field;
- Regulatory bodies;
- Organisations, both as users & investors;
- The team.

Where some challenges are expected, appropriate sample messages are suggested for encouraging a positive view.

## 4. Key stakeholders

### 4.1 End users - patients & carers

Clearly helping patients and their carers is the principal focus of CONNECARE. CONNECARE will improve their outcomes, and is likely to reduce travel time & costs, especially for people living rurally, so will significantly improve quality of life. The sort of messages that CONNECARE is going to want them to receive therefore will include:

- CONNECARE will improve your disease states<sup>1</sup>;
- CONNECARE will avoid hospitalizations and unexpected emergency room consultations.
- CONNECARE will give support to manage your chronic diseases at home.
- CONNECARE will reduce the number of separate times you need to attend hospital/other clinics because CONNECARE will enable coordination of appointments, and will make it possible for clinicians delivering consecutive appointments to see the notes from the previous appointment;
- CONNECARE will reduce the possibility of adverse medication interactions because each clinician will see the full set of medications being prescribed;
- CONNECARE will improve your quality of life giving you a remote support also when you are not in the hospital;
- CONNECARE will support your empowerment by giving you a self-management system;
- CONNECARE will be developed by and for you as the end user;
- CONNECARE aims at enabling you to live alone at home for as long as possible; independent;
- As a result of the above, carers' lives will become less arduous.

### 4.2 Professional users – doctors & other clinicians, and their professional institutions

In most of Europe, professional users have historically proven to be the hardest stakeholders to convince of the benefits of medical innovations. It will therefore be particularly challenging to convince this stakeholder group of the benefits of CONNECARE, not the least because it requires every person treating a patient to participate in order to deliver the full benefits of care integration. Doubtless, during the trials, there will be particular individuals who will need specific influencing in order to ensure smooth implementation. The sort of messages most appropriate for this group will therefore include:

- CONNECARE will ensure you have a holistic view of your patients, enabling you to improve the quality of care you give;
- CONNECARE will deliver a smooth communication with other professionals and tiers of health care to achieve a consensual management plan for your patients;
- For the same reason, CONNECARE will reduce the risk of medical error;

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<sup>1</sup> In the plural as all CONNECARE patients will be multi-morbid.





- CONNECARE will alert you to possible adverse medication interactions;
- CONNECARE will enable you always to react appropriately, with the necessary anticipation, in the case of emergencies as you will know the patient history;
- CONNECARE will reduce your workload/patient, enabling you to treat more (or work less);
- CONNECARE will be developed from the earliest stage in cooperation with you as the professional.

### **4.3 Professional users – social care, and their professional institutions**

This is the group of stakeholders who will possibly gain most from integrating their care with the medical profession. Particular benefits will arise from complex issues, for example falls where a whole range of different environmental, physical and medical factors can contribute to an increased propensity to fall by frail older people; so where an ability to monitor every aspect of that person's treatment from one place makes falls management much more successful. The sort of messages most appropriate for this group will therefore include:

- CONNECARE will enable you to review every aspect of a person's treatment – physical & medical – and combine with your own environmental & occupational therapy view to enable you to maximise the wellbeing of those you care for;
- For example, CONNECARE will help you for example to minimise falls risk and identify those at greatest risk so alerting systems can be installed to ensure prompt treatment in the case of a fall;
- CONNECARE will enable you to alert other professionals immediately where you consider that some's condition is deteriorating and requires a professional intervention;
- CONNECARE will enable good coordination and communication between social care, community care and home-based care and hospitals so that patients can be returned to the community as soon as they are ready to be discharged from hospital.
- CONNECARE will be developed from the earliest stage in cooperation with you as the professional.

### **4.4 Professional users – other therapists etc., and their professional institutions**

There are a wide range of therapists who treat older frail people who will also potentially benefit from CONNECARE if able to integrate with it. These include podiatrists, psychologists, psychiatrists, physiotherapists and dieticians. As a broad generalisation to which there are doubtless many exceptions, this stakeholder group tends to be more open to considering new ways of working. Similar messages will be appropriate for this group to those for social care.

### **4.5 Other providers of local services**

There is a vital group of people that provide local service to older frail people that could benefit from CONNECARE integration. These include providers of mobile/online libraries, meals-on-wheels, home handyman services, home-based care providers, and such like. The sort of messages most appropriate for this group will therefore include:



- CONNECARE will enable you to provide a holistic assisted living service that delays/reduces entries in to residential care (care/nursing homes);
- CONNECARE will enable you effectively to coordinate your services with patients going into, and being discharged from, hospital;
- CONNECARE will be a continuing source of potential demand for your services.

## 4.6 Health & Social Care administrators

This group, responsible for commissioning health & social care services, will have a particular interest in reducing treatment costs. The sort of messages most appropriate for this group will therefore include:

- By ensuring all professionals caring for a patient are aware of treatment already provided, and its results, the cost of duplicated treatment will be avoided;
- CONNECARE will enable the creation and delivery of achievable care plans, enabling care costs to be forecast & controlled better;
- By improving patient outcomes, overall cost of care will be reduced;
- By making it easier & quicker for professionals to provide care, professionals will be able to handle more patients;
- By easing the burden on (unpaid) carers, the possibility of carer exhaustion will be reduced so reducing the need for expensive institutional care;
- By empowering citizens and patients to manage their health in their social environment, care consumption will be reduced;
- Intensive monitoring of citizens/patients prevents care consumption thereby reducing overall cost of care.

## 4.7 Politicians

Clearly politicians are an important group to keep on-side, especially local ones who may well be substantial influencers or decision makers in local health & care budgets<sup>2</sup>. The sort of messages most appropriate for this group will therefore include:

- The cost of delivering care to frail elderly comorbid patients will be reduced by avoiding duplication, ensuring shared knowledge among the treatment team, and advanced care planning;
- By improving patient outcomes, patients will require less state financial support; many will be able also to do paid or unpaid work for the benefit of the community (and, for paid work, the tax authorities);
- By making it easier & quicker for professionals to provide care, professionals will be able to handle more patients;
- Admissions to residential care will be reduced;

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<sup>2</sup> Older people vote more than younger people; e.g. see

[https://www.researchgate.net/publication/37794423\\_Why\\_Are\\_Older\\_People\\_More\\_Likely\\_to\\_Vote\\_The\\_Impact\\_of\\_Ageing\\_on\\_Electoral\\_Turnout\\_in\\_Europe](https://www.researchgate.net/publication/37794423_Why_Are_Older_People_More_Likely_to_Vote_The_Impact_of_Ageing_on_Electoral_Turnout_in_Europe)

- Carers will be more likely to be able to continue to work, or less likely to be forced to give up work to provide full-time care.

#### 4.8 General public

It would be wrong to leave the general public out of the listing although only the subset of those approaching old age and multi-morbidity, and their carers, will be of significant value to the project initially, particularly for recruitment as triallists. The sort of messages most appropriate for this group will therefore include:

- CONNECARE is trialling a new approach to integrate the care of elderly people requiring significant assistance which we anticipate will greatly improve their state of health;
- CONNECARE also believes it will reduce admissions in to residential care as improved care coordination enables people to manage on their own longer;
- It will also reduce the burden on carers so all can enjoy life more, and the fittest can continue to work.

#### 4.9 Academics working in this field and academic publications

Persuading the various 'professional' stakeholder groups mentioned above increasingly requires evidence that a particular product or service is effective and safe. Thus, positive evidence that has been vetted by a peer-reviewed scientific journal, is clearly a major assistance in persuading them. The sort of messages most appropriate for this group will therefore include:

- CONNECARE is aiming to demonstrate a step-change in the efficacy of integrated care;
- CONNECARE is a well-managed, well-funded project, with European Commission support that will shortly begin an RCT to prove that efficacy;
- In the meantime, CONNECARE will be publicising its plans in academic circles in order to ensure academic acceptance once results are available.
- CONNECARE aims to add scientific evidence to the validation and implementation of ICT supported integrated care programs.

#### 4.10 Regulatory bodies

##### 4.10.1 Medical

In order to minimise the probability that all or a part of CONNECARE is classified as a medical device in the EU, it will be essential to remain in communication with one or more medical regulatory bodies. It will also be necessary to check out the developing Medical Devices Regulation proposal as the likelihood is that this will be coming into force in 2019, towards the end of the project. The sort of messages most appropriate for this group will therefore include:

- CONNECARE is anxious to remain 100% compliant with all relevant medical & privacy legislation;
- As EC support is limited to 42 months, CONNECARE is anxious to avoid the major delay that seeking medical device approval would entail;



- CONNECARE therefore wishes to share with you their proposed plans to seek your advice on how best to avoid the need to obtain such approval.

## 4.10.2 Ethics

In order to ensure completion of the trials in good order, CONNECARE will need speedy approval by the appropriate ethics committees. The sort of messages most appropriate for this group will therefore include:

- CONNECARE offers great benefits to frail multi-morbid people whilst maintaining the highest of ethical principles;
- Trial selection will be entirely random and will not be biased in any way.

## 4.10.3 Privacy

CONNECARE will also need to ensure full compliance with the new General Data Protection Regulation coming into force in May 2018 which will require some similar-ish discussions with the appropriate authorities, probably in each EU country where the trials take place.

## 4.11 Other organisations providing integrated care

Doubtless some other projects seeking to demonstrate the efficacy of integrated care will have concerns at CONNECARE's approach and ultimate success. The sort of messages most appropriate for this group will therefore include:

- Despite the obvious intellectual appeal of integrated care, there has been a disappointingly small amount of evidence to prove its cost effectiveness
- So any project aimed specifically at doing this that is well-managed, well-funded and has EC support is to be supported and encouraged;
- Success will benefit everyone.

## 4.12 Potential purchasers of, and investors in, the CONNECARE service

Towards the end of the project the issue of commercialisation will become very important, with the need to persuade organisations to adopt CONNECARE, and to encourage organisations to invest in CONNECARE. The sort of messages most appropriate for this group will therefore include:

- CONNECARE is very successful at improving patient outcomes whilst reducing costs;
- CONNECARE delivers a good return on investment (ROI);
- CONNECARE is a low risk service delivering significant benefit.

## 4.13 The team

Finally, of course, the European Commission as sponsor (incl. the EIP AHA), and the project team, are very committed stakeholders. The sort of messages most appropriate for the EC will therefore include:

- Regular project progress/milestone achievement;



- Successful trial results;
- Excellent dissemination to appropriate organisations/key influencers.

The sort of messages most appropriate for the team will include:

- Usual project management;
- Teambuilding;
- Encouragement.