



# CONNECARE

**WP8 - Dissemination**

**D8.10 – CONNECARE Newsletter No. 2**

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

**Project No. 689802**

**Start date of project: 01-04-2016**

**Duration: 45 months**

Project funded by the European Commission, call H2020 – PHC - 2015	
✓ PU	Public
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)

**Revision: 01**

**Date: 17-10-2018**



## Document Information

<b>Project Number</b>	689802	<b>Acronym</b>	CONNECARE
<b>Full title</b>	Personalised Connected Care for Complex Chronic Patients		
<b>Project URL</b>	<a href="http://www.CONNECARE.eu">http://www.CONNECARE.eu</a>		
<b>Project officer</b>	Carola Carstens		

<b>Deliverable</b>	<b>Number</b>	8.10	<b>Title</b>	CONNECARE Newsletter No. 2
<b>Work Package</b>	<b>Number</b>	8	<b>Title</b>	Dissemination

<b>Date of delivery</b>	<b>Contractual</b>	31/07/2018	<b>Actual</b>	17/10/2018
<b>Nature</b>	Prototype <input type="checkbox"/> Report <input checked="" type="checkbox"/> Dissemination <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Dissemination Level</b>	Public <input type="checkbox"/> Consortium <input checked="" type="checkbox"/>			

<b>Responsible Author</b>	Jak Kelly	<b>Email</b>	
<b>Partner</b>	ADI	<b>Phone</b>	

<b>Abstract</b>	The newsletter gives information on project news and results from some of the partners. The newsletter will be distributed through existing networks, and it will be available for download from the project website.
-----------------	---



## Table of contents

EXECUTIVE SUMMARY .....	4
1. NEWSLETTER PRESENTATION .....	5



## Executive Summary

This deliverable presents the CONNECARE Newsletter No. 2, aimed at introducing the project and its objectives, giving information about the news and results from some of the partners to the public.

The newsletter briefs readers about project's developments and other sector news of interest.

The deliverables in CONNECARE are classified with nature report, demonstrator, DEC or other. This deliverable has nature "Web" (Website, patents filling, press and media actions, videos, etc.), and this document serves as documentation that the D8.10 CONNECARE Newsletter No. 2 is delivered.

The newsletter will be distributed through existing networks.

The elaboration of the CONNECARE Newsletter No. 2 is a core component of the dissemination strategy, as listed in the Description of Action and in CONNECARE Dissemination Plan (D8.2)

The first Newsletter contains the following topics:

- Project overview
- Work progress
- Dissemination events.

The newsletter is available on

<http://www.connecare.eu/>

This is the first edition of the CONNECARE newsletter and provides an update of the project developments between months 15 and 28 of the project.



CONNECARE

CONNECARE  
Deliverable 8.9



## 1. Newsletter Presentation

The CONNECARE newsletter has been carefully elaborated, by showing a clear CONNECARE Project Identity.

The following figure shows the design of the CONNECARE newsletter:



CONNECARE

# 2020 Vision

Issue 2

Welcome to  
2020 Vision;  
keeping you  
up-to-date with all  
the latest news  
from the  
CONNECARE team

## Implementation Studies started in May 2018!

Recruitment for CS2 has commenced with patients recruited across all sites. IRBLL have reported good professional engagement across Surgery, Internal Medicine, Cardiology and Pneumology. The studies will focus on 3 Use Cases: Community-based management of chronic complex patients; Integrated management of patients undergoing surgical procedures; and Pre-habilitation of high risk candidates for complex abdominal surgical procedures. The 3rd Use Case is only in Barcelona.

A large number of patients have been recruited by all sites for User Cases 1 and 2. There are some commonly reported challenges around patient recruitment including: age – fewer older patients are selected for elective surgery; and use of technology – no internet, averse to using an App; most assessed patients live alone and don't pass the technology test. Other rationales include COPD and IC exacerbations are low in the summer season; preference to use private hospitals (*Assuta Maccabi patients*); and patients scheduled for elective surgery are operated within a week to 10 days leaving no time for pre-habilitation).

Great work is being carried out to overcome these barriers and achieve full inclusion post the summer holidays: brochures and user guides have been prepared for the patients; UMCG have developed a video; FitBit and tablets have been purchased by Assuta for those patients who would like to participate but do not have the technology.

<p><b>Простое и интуитивно понятное Приложение для самостоятельного контроля над процессом лечения</b></p> <ul style="list-style-type: none"> <li>• Наблюдение за вашей физической активностью, выполнением заданий и упражнений, а также приемом лекарств</li> <li>• Наблюдение за показателями кровяного давления</li> <li>• Поддержка медсестры «Махаби» в трехмесячный период после выписки из больницы</li> <li>• Наблюдающие медсестры будут просматривать (не в онлайн-режиме) введенные в приложение данные, и, при необходимости, смогут связаться с вами.</li> <li>• Наблюдающая медсестра может отправить через приложение полезную информацию и индивидуальную инструкцию для пациента.</li> </ul> 	<p><b>Хотели бы вы уменьшить свои шансы на повторную госпитализацию в Будущем? ты можешь!</b></p> <p>Участники исследования получат ряд льгот, включая следующие:</p> <ul style="list-style-type: none"> <li>• <b>Наблюдение и помощь в координации лечения</b> после выписки из больницы, предоставляемые медсестрой «Махаби» в течение трех месяцев в соответствии с планом выписки.</li> <li>• <b>Приложение для самостоятельного контроля над процессом лечения</b>, цель которого - улучшить состояние здоровья пациента перед операцией, ускорить послеоперационную реабилитацию.</li> <li>• Для участия в исследовании подберут пациенты в возрасте старше 65 лет, <b>исключительно дома</b>, а не в стационарных учреждениях для престарелых.</li> </ul>  <p>Для получения дополнительной информации свяжитесь с координатором исследования: 072-3399235</p>
--	---



Dr. Gerard Torres from IRBLL, presenting the CONNECARE system to primary care and hospital doctors from the Hospital Santa Maria and Hospital Arnau de Vilanova (Lleida, Spain)

Recruitment brochure in Israel

# The CONNECARE System used in the Studies

*The below is an extract taken from the abstract that was submitted to GCIC 2018 by the CONNECARE consortium*

The CONNECARE system is a federation of subsystems each devoted to provide a set of goal-oriented functionalities, whose main components are the Self-Management System (SMS) and the Smart Adaptive Case Management system (SACM). Based on the concept of microservices, the SMS provides intelligent tools to monitor patients (i.e. in its first release, physical activity, sleeping, health status, nutrition) and to autonomously interact with them through engagement, rewards, and warnings through a recommender system.

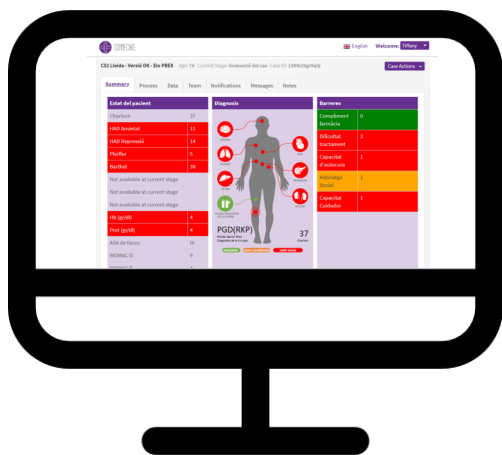
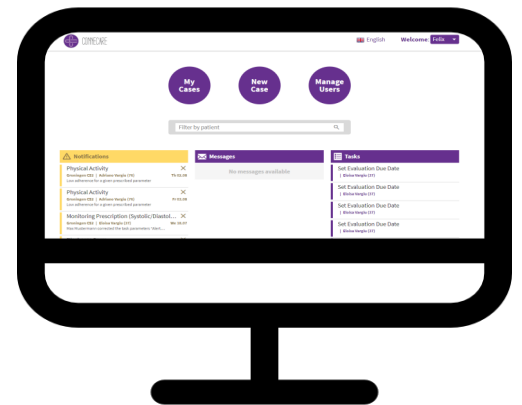
The SACM has extended functionalities for case modelling and execution, specifically tailored to the healthcare domain. Additionally, the SACM includes an advanced a Clinical Decision Support System that, in its first release, focuses on helping clinicians in risk assessment and stratification. The SMS and SACM interact with each other through the CONNECARE Enterprise Service Bus which now connects both subsystems and orchestrates their communication and in future releases will provide an integration framework to link CONNECARE services to specific Electronic Health Records (EHR) and regional Personal Health Folders (PHF) in each site.

## The Functionality in Practice

### The Dashboard

The clinical portal dashboard has 3 key quick access buttons: 'My Cases', 'New Case' and 'Manage Users' across the top. There is also a search function enabling the clinician to filter the dashboard for an individual patient's tasks, notifications and messages.

Beneath the key filters there are three columns: 1) 'Notifications' 2) 'Messages' 3) 'Tasks' which provide information specific to the clinician. This allows quick access to the common activities. Any overdue tasks are highlighted in red.



### Patient Case Summary

The patient 'Summary' page consists of three configurable sections that link to data generated by the case work-flow. The summary sections comprise: patient examination data relating to their mental and physical health, visual body diagnosis in the form of an SVG body representation, and barriers / complications.

The purpose of the Summary page is to help give clinicians an overview of the case and to help to quickly identify critical patient parameters.

# Posters, Presentations and Papers!

Members of the Consortium have delivered several presentations and published posters and papers to a global audience, including this CONNECARE poster in Hebrew.



Dr. **Rachelle Kaye**, ASSUTA Health Service Institute, was invited to present CONNECARE at the Global Conference on Integrated Care in Singapore, from 1st to 3rd of February, 2018. During her talk she focused on integrating the patient journey with digital health.



Representative of the CONNECARE project participated to the 18th International Conference on Integrated Care in Utrecht, from 23rd to 25th of May, 2018. Dr. **Rachelle Kaye** from ASSUTA presented a poster on integrating the patient journey with digital health for high risk surgical patients, Dr. **Eloisa Vargiu** from Eurecat presented an oral poster on patient's empowerment. Moreover, Dr. **Margot Jager** from UMCG presented an oral poster on improving self-management of health through an eHealth application.



**Reut Ron**, Assuta Health Services Research Institute, presenting the CONNECARE poster

**Margot Jager**, UMCG, presenting at the ICIC 2018 conference



Dr. **Anael Barberan** from IDIBAPS participated to the Prehabilitation World Conference (Eindhoven, The Netherlands, June 27<sup>th</sup> -29<sup>th</sup>) presenting the progresses of the CONNECARE Catalan case study on prehabilitation before major abdominal surgery.

To view all the publications, go to: [www.connecare.eu/publications](http://www.connecare.eu/publications)



## Keep in Touch!

You can follow the progress of the project on Twitter:

[@ConnecareH2020](https://twitter.com/ConnecareH2020)

Drop us an email at: [connecare@connecare.eu](mailto:connecare@connecare.eu)

Visit us at [www.connecare.eu](http://www.connecare.eu)

## Events & Meetings

Important dates in the CONNECARE diary :

XPatient conference in Barcelona. 20 September 2018

The annual meeting of the Israeli Association of Medical Information Systems. 4 November 2018

The Israeli Society for Quality in Medicine conference. 14 November 2018



### The Project

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

## Enhancing the value of care to people. How innovations meet end-users' needs in integrated care contexts



In 2015 the European Commission funded 5 projects under the H2020 call SC1-PHC25: **Polycare; CONNECARE; ICT4LIFE; Caregiver-sPro-MMD; ProACT**. The aim of the call was to develop innovative solutions to improve and advance home-based integrated care for people suffering from chronic conditions, including co-morbidities.

The 5 projects organized a **workshop at the ICIC18** (Utrecht, May 25th) focusing on four perspectives:

- The different approaches followed by the projects while enhancing value of care to people
- Professionals' and carers' experience while utilizing health ICT-AT as well as feedback provided by patients
- Methodologies and processes proposed to improve integrated care system efficiency and health outcomes



CONNECARE representatives at the workshop



The CONNECARE consortium