# Table Of Content

**Advancing Care Coordination and Telehealth deployment at Scale** 4

**Summary** 5

**Work Package** 10

- Management of the project 10
- Dissemination 10
- Evaluation 10
- Transfer of Good Practices & Data Analytics 10
- Stakeholder and change management 10
- Service Selection 10
- Sustainability and business models 10
- Citizen empowerment 10

**Coordinator, Leader contact and partners** 17

- Servicio Vasco de Salud Osakidetza 17
- Servicio Vasco de Salud Osakidetza 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD 17
- ACADEMISCH ZIEKENHUIS GRONINGEN 17
- ACADEMISCH ZIEKENHUIS GRONINGEN 17
- ACADEMISCH ZIEKENHUIS GRONINGEN 17
- ACADEMISCH ZIEKENHUIS GRONINGEN 17
- REGION SYDDANMARK 17
- REGION SYDDANMARK 17
- REGION SYDDANMARK 17
- AGENCIA DE QUALITAT I AVALUACIO SANITARIES DE CATALUNYA 17
- AGENCIA DE QUALITAT I AVALUACIO SANITARIES DE CATALUNYA 17
- AGENCIA DE QUALITAT I AVALUACIO SANITARIES DE CATALUNYA 17
- AGENCIA DE QUALITAT I AVALUACIO SANITARIES DE CATALUNYA 17
- Regional Agency for Public Health and Social Well-being 17
- Regional Agency for Public Health and Social Well-being 17
- Regional Agency for Public Health and Social Well-being 17
- Regional Agency for Public Health and Social Well-being 17
- PHILIPS ELECTRONICS NEDERLAND B.V. 17
- PHILIPS ELECTRONICS NEDERLAND B.V. 17
- PHILIPS ELECTRONICS NEDERLAND B.V. 17
- PHILIPS ELECTRONICS NEDERLAND B.V. 17
- ARISTOTELIO PANEPISTIMIO THESSALONIKIS 17
Outputs ......................................................... 28
Layman’s version of the final report .......................... 28
Final Report on citizen empowerment ........................ 28
Final Evaluation Report ........................................ 28
Final Paper Report on service selection ..................... 28
Final Report on stakeholder / change management ....... 28
Final Technical Paper .......................................... 28
Final Project Report ............................................ 28
Final Report on Sustainability and Business Models ...... 28
Advancing Care Coordination and Telehealth deployment at Scale

JA2015 - G PSD [705038]

<table>
<thead>
<tr>
<th><strong>START DATE:</strong></th>
<th>04/03/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>END DATE:</strong></td>
<td>03/03/2019</td>
</tr>
<tr>
<td><strong>DURATION:</strong></td>
<td>36 month(s)</td>
</tr>
<tr>
<td><strong>CURRENT STATUS:</strong></td>
<td>Finalised</td>
</tr>
<tr>
<td><strong>PROGRAMME TITLE:</strong></td>
<td>3rd Health Programme (2014-2020)</td>
</tr>
<tr>
<td><strong>PROGRAMME PRIORITY:</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>CALL:</strong></td>
<td>Call for Proposals for Projects 2015</td>
</tr>
<tr>
<td><strong>TOPIC:</strong></td>
<td>Support for the implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-friendly communities</td>
</tr>
<tr>
<td><strong>EC CONTRIBUTION:</strong></td>
<td>2072432.18 EUR</td>
</tr>
<tr>
<td><strong>KEYWORDS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PORTFOLIO:</strong></td>
<td>Ageing</td>
</tr>
</tbody>
</table>
Project abstract

ACT@Scale is an innovative partnership of leading European health care regions, industry and academia that have the true potential to transform cure and care delivery services from pilots and experiments to scaled up, routine management of frail elderly and chronically ill. ACT@Scale will develop, test and consolidate “best practice” Care Coordination and Telehealth (CC & TH) concepts that can be leveraged by the participating healthcare regions to expedite scaling-up their services, but also transferred to other regions through Europe and beyond. The scaling-up of “best practice” ACT@Scale CC & TH concepts is fully in line with the EIP on AHA and the EC scaling-up strategy, will facilitates concrete decision-making at EU policy level, and shows payers, practitioners and providers how patient care can be improved in light of an ageing society and under restricted budgets. ACT@Scale is targeting integrated care good practices in Basque Country, Catalonia, Groningen, Northern Ireland and South Denmark that are all in the process of implementing novel CC&TH processes at scale. The target groups are populations of chronic patients and elderly people with special needs including social services, frailty and psychiatric morbidities. The key challenges to be studied are:• Political, legal and financial alignment• Sufficient coverage of dynamic population needs• Coordination between care delivery partners• Commitment to changing care delivery• Patient role is his own care• Monitoring and evaluating scaling-upThese key areas will show over the three year course of ACT@Scale how technology and services can ensure the best clinical and economic outcomes. A holistic assessment will be performed based on an agreed minimum dataset of indicators and with the support of a distributed Evaluation Engine. The ACT@Scale activity builds on the expertise and experiences of the ACT program and will use tested and tried collaborative methods and tools to implement improvements.

Summary of context, overall objectives, strategic, relevance and contribution of the action

ACT@Scale is an innovative partnership of leading European health care regions, industry and academia that have the true potential to transform cure and care delivery services from pilots and experiments to scaled up, routine management of frail elderly and chronically ill. ACT@Scale aims at developing, testing and consolidating “best practice” Care Coordination and Telehealth (CC & TH) concepts that can be leveraged by the participating healthcare regions to expedite scaling-up their services, but also transferred to other regions through Europe and beyond. The scaling-up of “best practice” ACT@Scale CC & TH concepts is fully in line with the EIP on AHA and the EC scaling-up and Digital Health strategies, facilitates concrete decision-making at EU policy level, and shows payers, practitioners and providers how patient care can be improved in light of an ageing society and under restricted budgets. A holistic
assessment of different programs is performed based on an agreed minimum dataset of indicators and with the support of a distributed Evaluation Engine to promote the analysis of progress in the scaling-up process. The ACT@Scale is promoting collaborative methods and tools to implement improvements, identify good practices and share lessons learned.

Methods and means

ACT@Scale builds on the successful ACT programme. It is not a continuation of ACT, but rather a restructured approach based on scaling-up integrated care practices and the lessons learned.

Quality Improvement Collaborative Methodology

To address the challenge of slow scaling-up processes and the barriers to organisational change, the Plan-Do-Study-Act (PDSA) cycles is used in ACT@Scale to provide a framework for iterative assessment of changes. The approach consists of:

• Baseline phase (M1-M6) to agree the methods and indicators across regions and programmes, there will be two improvement cycles. In each, the regions will deploy PDSA cycles. Results can be discussed locally, and then in transferability sessions.
• The Learning Cycle (M7-M18) will consist of a learning session with local stakeholders (regional meeting) to depict the PDSA cycle of the Action Period 1 (Regional implementation 1: 1 year). The WP leader will implement the specific topic, always guided by the Evaluation leader.
• The Coaching Cycle (M19-M30) will have a similar timeframe in a following year, and consider the lessons learned for final analysis and reports.
• At the end of the project, specific activities on dissemination (M31-M36) and transferability will be performed.

Evaluation Engine

The PDSA cycles require clear information and KPIs to be successful. The ACT evaluation engine is deployed on a Philips-managed web server to enable centralised data collection, web-based analysis and visualisation of key indicators in a secure, flexible, and user-friendly manner. The engine supports:

• A central point of authorised data entry and navigation in the system.
• An online survey tool offering questionnaires to collect qualitative data from different users, regions, for various indicators.
• Import modules to centrally store data from the survey tool, external survey sources, and quantitative data into a common database.
• A data model that supports integration of data from different sources into a common database.
• Access to raw data, visualisations of programme details, stakeholder perceptions, and comparison to a reference.
• Interactive implementation of the evaluation framework that can generate hypotheses of good practices.
The project collects data in three iterations:
• Iteration 1- baseline (M6): Program manager surveys. Maps of current situation
• Iteration 2 (M18): Surveys for managers, staff and patients. Data on populations.
• Iteration 3 (M30): Surveys for managers, staff and patients. Data on populations and individual patients.

Work performed during the reporting period

Completed baseline phase
Baseline phase has been successfully completed by all partners and reported in D5.1, D6.1, D7.1 and D8.1. Dissemination plan (D2.3), website (D2.1), project image and leaflet (D2.2) available. Data collection designed according to architecture document (D4.1) and first iteration performed, including the definition of the evaluation framework (D4.2).

Completed learning phase
Following the PDSA methodology described in D3.1, each program has presented an exhaustive road map to be accomplished during the first learning cycle described per topic in D5.2, D6.2, D7.2 and D8.2.
Second iteration od data and surveys documented from the IT perspective in D4.3 and per research topic in D 5.3, 6.3, 7.3 and 8.3.
D3.2 provides the internal evaluation report of the first PDSA cycle, while D1.1 encompasses the overview of tasks developed during the first half of the project.

The main output achieved so far and their potential impact and use by target group (including benefits)

The project has already presented the following outputs:
a) Maps of maturity in the different areas of the programs (Service Selection, Change Management & Stakeholder Engagement, Business Models and Patient Engagement), using an agreed structured and visual representation.
b) Evaluation Framework and minimum dataset, condensing the data collection approach and dependencies.
c) PDSA Methodology with a first collaborative cycle completed.
a) Maps of maturity
ACT@Scale has provided the methodology and visualisations for presenting the current state of the art of different programs and regions in a simple and
intuitive manner.
Complete description in D 5.1, 6.1 7.1 and 8.1.
b) Evaluation Framework and Minimum Data Set
The Evaluation Framework reflects a Donabedian framework of process-structure-outcomes. The Evaluation Framework has been designed based on (1) experience – the purpose and availability of data collected for the ACT project, (2) practice – the current data that are collected in the participating programs and together with the program priorities and goals, and (3) evidence –literature on assessment of integrated care programs, telehealth and healthcare.
It is a framework to evaluate the outcomes of the scaling-up process of integrated care programs. The framework monitors the scaling-up process in the areas of (1) changes and stakeholder management, (2) service selection, (3) business models and sustainability, and (4) citizen empowerment. In addition, the framework facilitates programs to monitor and evaluate their program-specific objectives. For this purpose, the framework recommends indicators per cluster of programs that target a similar disease group, though programs are free to specify additional program-specific indicators that need to be tracked by the framework.
Complete description is provided in Del 4.1, 4.2 and 4.3
c) Applied PDSA methodology
ACT@Scale has provided an easy-to-follow and pragmatic PDSA methodology to be applied by all local programs. Common guidelines, reporting tools, and templates allow an fluent exchange of experiences and lessons learned.
Complete description available in D3.1 and ·3.2

Achieved outcomes compared to the expected outcomes
The aim of the ACT@Scale is to demonstrate how the benefits of CC & TH can be successfully deployed at scale in real world healthcare settings,
• From small pilots to routine practice
Healthcare regions are investigating how best to incorporate CC & TH services into care delivery, and how to scale up and incorporate to standard practice.
• Reaching large scale
Scaling-up encompasses making the services sustainable, providing them to entire populations, and engaging patients and practitioners.
• Transfer knowledge among key EU decision makers
Develop, test, consolidate CC & TH best practices that can be exchanged and leveraged by healthcare regions to expedite deployment of services at scale.
• Promote European thought leadership at EU policy level and showing
payers, practitioners and providers how patient care can be improved under restricted budgets.
Dissemination and evaluation activities carried out so far and their major results

Dissemination of ACT@Scale
- Highlighted 10 key dissemination activities (conferences) all over Europe including the first transferability event in Odense (October 2017).
- To date, ten unique pieces of coverage have appeared in USA/Europe featuring Philips’ and the consortium. The unique articles have generated approximately 51 million potential online impressions
- 3 publications/scientific articles

Internal Evaluation
During the project, the consortium participates in internal evaluations of the progress of the project. The results of the Process Internal Feedback (PIF) are based on the response of 10 questions related to the project execution and progress of the ACT@Scale Project in each General Assembly. This approach supports dynamic and adaptive project management and open discussions in the consortium to ensure successful progress of the project
Work package

Work Package 1: Management of the project
Start month: 1
End month: 36
Work Package Leader: PMSB

Task 1.1: Management of the Project – PMSB
• Organise a project kick-off meeting. Aim is to have all people present who are working on the project. This will ensure a fast and effective start
• Provide project management guidelines to be agreed at the very beginning
• Organise and coordinate regular meetings of project participants, the work packages and the steering team
• Maintain detailed planning of all activities
• Install an Expert Board and organise various meetings to get feedback on project direction and results from this board
• Support WP3 in the Assurance of the Quality of the project’s outcome: evaluation of project results and deliverables with respect to objectives
• Risk management: Identification of project risks and development of contingency plan
• Establish an internal communication web platform for project interaction, including regular emails, minutes of the meeting, progress internal documentation and official papers.

Task 1.2 : Management of the relations with the European Commission – PMSB
• Report progress to the European Commission on both technical and administrative aspects of the project
• Manage legal, financial and administrative relations with the Commission (e.g. contracts, reporting, management reports)
• Organise review meetings on request of the Project Officer to present technical progress of the project. In these meetings, technical results and deliverables will be presented at general project level, and Work Package level.
• Report according the EC guidelines (provide Periodic Progress Reports and other reports mentioned in the EC contract).

Work Package 2: Dissemination
Start month: 2
End month: 36
Work Package Leader: RSD

Task 2.1 – Dissemination and communication strategy and implementation – RSD
• defining the dissemination and communication strategy for the Project
• identifying events where the Project should be presented
• producing articles and newsletters
• identifying key messages most suitable communications channels for dissemination
• participation in conferences and fairs
• editing articles for specialist and general press
• production of merchandising tools.

Task 2.2 – Project Website and social media – RSD (AUTH)
• setting up the project website
• defining the website “dissemination strategy”, including the related editorial policy and processes
• maintaining and enhancing the project website and social media.

Task 2.3 – Project Leaflet design and production – RSD
• designing a leaflet aimed at dissemination of the project idea
• printing the leaflet.

Task 2.4 – Transferability sessions - PMSB
• organising events to enable mutual learnings across regions and partners.

Task 2.5 – Final Conference – RSD (IFIC)
• organising Final Project Conference.

Work Package 3: Evaluation
Start month: 4
End month: 36
Work Package Leader: KRONIKGUNE

Task 3.1 – Training on collaborative methodology - KRONIKGUNE
WP3 will organise several workshops and webinars with the aim of empowerment and training in collaborative methodology to other WP leaders and contributors (at least one general and one per region).

Task 3.2 – Monitoring the progress of the project – KRONIKGUNE
• Describe the flow of the project and its activities to assess progress achieved and the results obtained, including monitoring and tracking each WP.
• Develop assessment tools to collect data and indicators to ensure project results
• Assisting local project teams in analysis and reporting of results
• Design an evaluation strategy for the ACT@Scale project using simple but useful evaluation tools mostly based on checklists and questionnaires

Task 3.3 – Analysis and reporting of results - KRONIKGUNE
• Evaluate the quality of the project results
• Design an evaluation strategy for the ACT@Scale project using simple but useful evaluation tools mostly based on checklists and questionnaires
• Measure project results with respect to inputs, outputs, goals and objectives
Work Package 4: Transfer of Good Practices & Data Analytics
Start month: 1
End month: 35
Work Package Leader: PEN

Task 4.1 – Minimal dataset definition at Baseline - PEN
• Lead the selection of the minimal dataset, outcome and survey indicators for measuring experiences, progress and success of the scale-up of integrated care delivery to be agreed by the full consortium
• Provide formal specifications of the outcome and survey indicators to be implemented and used by the regions for local data collection and survey
• Design data dictionary / data access rights of raw data and data model to store outcome and survey indicators
• Implement and deploy the data and outcome and survey indicator database
• Implement and deploy data import software comprising population-level, patient-level and survey data for computing and storing outcome and survey indicators in the indicator database.

Task 4.2 – Data collection, analysis and visualisations during Learning and Coaching Cycles -PEN (requires alignment on approval and IT support from the regions)
• Install and maintain the required infrastructure comprising server configuration, indicator database, data import software and analytical software in each region
• Ensure the collection of population-level, patient-level and survey data from baseline, Learning, and Coaching Cycles of the Collaborative Process
• Analyse scaling-up progress of the integrated care delivery in the regions measured by the outcome and survey indicators at baseline, Learning and Coaching Cycles in each region
• Aggregate the analysis results within and across all regions
• Make the results accessible for reporting / visualisations to the regions themselves and for the knowledge transfer within the consortium, with affiliates and EU decision makers.

Task 4.3 – Good practices transfer during Learning and Coaching Cycles - PEN
• Active participation in Plan-Do-Act-Check cycle in the Collaborative Process in regions to collect and consolidate good practices, deployment experiences, key learnings and attention points and to understand regional context in political and financial alignment and care setting
• Design data model for consolidating good practices and transfer them for replication elsewhere
• Implement a database for consolidating and disseminating best practices for scaling-up integrated care delivery
• Develop methodology to provide best practices for a region.
Work Package 5: Stakeholder and change management
Start month: 1
End month: 36
Work Package Leader: AQUAS

Task 5.1 – Identify stakeholders and analyse their contribution and commitment to the project, as well as issues related to organisational or technological change
- AQuAS
  - Identify stakeholder organisations and relevant individuals within them
  - Analyse their influence and interests or requirements regarding care coordination and telehealth
  - Prioritise stakeholders according to their commitment to the project and influence in order to scale or transfer best practices on CC and TH
  - Define change management requirements.

Task 5.2 – Develop and deploy a tool to provide a baseline for stakeholder engagement - AQuAS
- Starting with the staff engagement index developed during ACT, generalise to cover any other stakeholder group
- Define KPIs and minimum dataset (based on the ACT dataset) required in order to calculate them
- Design, develop and deploy a tool to provide baseline for stakeholder engagement and successive measurements across the project

Task 5.3 – Design an action plan aimed to increase stakeholder contributions to the project - AQuAS
- Design the set of actions according to each stakeholder’s position, required to manage them, keep informed and monitor stakeholders
- Define actions needed to support change management

Task 5.4 – Execute the action plan - regions
- Perform the actions as defined in the action plan

Task 5.5 — Assess the results of the action plan - AQuAS
- With the support of the Evaluation Engine, compare stakeholder positions after actions taken to baseline
- Refine action plan in order to keep improving support to CC & TH scaling-up and transfer

Task 5.6 — Assessment of each implementation cycle - AQuAS
- Implementation of the Plan-Do-Act-Check cycle in the Collaborative Process for Stakeholders and Change Management
- Evaluation of each implementation cycle
- Inform the best practices database
Task 5.7 — Facilitate transfer of knowledge - AQuAS
- Active participation on events organised in order to enable knowledge-sharing across regions and collaborative partners

Work Package 6: Service Selection
Start month: 1
End month: 35
Work Package Leader: Osakidetza

Task 6.1 – Definition of the adapted collaborative methodology to implement during the project – OSAKIDETZA
• Define the methodology and tools to identify the key elements related of each regional program
• Collaborative work to identify the best methodology to assure the best service selection for the program
Task 6.2 – Definition and deployment of the implementation plan by each region - regions
• According to the gaps identified and improvement areas, each region will define its implementation plan and deploy it

Task 6.3 – Framework definition – OSAKIDETZA
• Starting from the ACT dataset, define framework and KPIs that ensure monitoring of implemented improvement areas
• Describe a set of indicators that ensure monitoring of implemented improvement areas
• Define framework to be used across regions

Task 6.4 – Monitoring the implementation process performed by each region – OSAKIDETZA
With the support of the Evaluation Engine:
• Follow up the implementation process performed by each region and the PDSA cycles
• Extract main lessons learned in the implementation process
• Promote the transferability of knowledge throughout the process
Task 6.5 - Promoting the transferability of knowledge - PMSB
• Organisation of workshops to promote transferability of knowledge and learning lessons.
Task 6.6 - Evaluation of each implementation cycle – OSAKIDETZA
• Collaborative work to promote mutual learning and programme optimisation

Work Package 7: Sustainability and business models
Start month: 1  
End month: 34  
Work Package Leader: UMCG

Task 7.1 – Methodology definition - UMCG  
• Define methodology and tools to identify elements of sustainability and viable business models.  
• Define methodology to integrate definitions of care organisation and financial flows

Task 7.2: Framework development - UMCG  
• Define requirements including list of indicators on financial aspects, organisation of care, end-user perspective, health literacy  
• Organise and execute plan-do-act-evaluate cycles using the BTS model  
• Spread the framework across regions

Task 7.3: Monitoring and evaluation - UMCG  
• Monitor the level of implementation and scaling-up at defined points each year  
• Extract best practices and lessons learned, with the collaboration of the Evaluation Engine  
• Integrate the results through the plan-do-act-cycles using the BTS-model.

Task 7.4: Transferability – UMCG  
• Support transferability of best practices by training and educational programmes and local workshops and Extract best practices and lessons learned throughout the regions

Work Package 8: Citizen empowerment  
Start month: 1  
End month: 36  
Work Package Leader: NIRE

Task 8.1: Develop a roadmap for citizen empowerment – NIRE  
- Scoping and mapping of best practices from study of existing documentation as well as WP participants. Where possible, this should be carried out for different groups of users taking into account different abilities and needs.  
- Reviewing the best practices with the aim of developing toolkits that will support users to exchange experiences and ideas, and facilitate interaction with other stakeholders (e.g. specialists, service providers).  
- Using ACT scores and PAM, validate a minimum dataset for addressing citizen´s reported outcomes.

Task 8.2 Scale up using the citizen empowerment toolkit (Learning Stage) – NIRE  
- Deploy the citizen empowerment toolkit using the adapted quality improvement methodology at learning stage
Task 8.3 Scale up using the citizen empowerment toolkit (Coaching Stage) – NIRE
- Deploy the citizen empowerment toolkit using the adapted quality improvement methodology at coaching stage

Task 8.4 Review and evaluation - NIRE
- Review and evaluate the use of the citizen empowerment toolkit (Learning and Coaching Stages)

Task 8.5 Setting up a citizen empowerment network – NIRE
- Set up a citizen network that is self-sustaining and interfaces with institutions at local, national or European level at learning and coaching stages
This initiative is based on the positive experience of the Open Government Network in Northern Ireland, including citizens online forums and participating in collaborative workshops, meetings and a task and discussion groups between civic society and public sector representatives. It will promote the access to data, the transparency in the governance, the active patient participation in technology and innovation programmes and in the improvement processes inside those programmes.

Task 8.6 Evaluation of impact - NIRE
- Evaluate the impact of the citizen network as a whole

Task 8.7 Setting up local workshops on citizen empowerment – NIRE
- Plan and organise local workshops that promote the concept of citizens empowerment, promote the use of the toolkit and raise awareness of the citizen empowerment network.
### COORDINATOR

**PHILIPS MEDIZIN SYSTEME BOBLINGEN GMBH (PMSB)**

HIGH TECH CAMPUS 36  
5656AE EINDHOVEN  
Netherlands

### PARTNERS

**Servicio Vasco de Salud Osakidetza**

Street: Ronda de Azkue 1  
City: 48902 Bizkaia-Spain  
Country: Spain

**Servicio Vasco de Salud Osakidetza**

Street: Ronda de Azkue 1  
City: 48902 Bizkaia-Spain  
Country: Spain

**ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD**

Street: TORRE DEL BEC, Ronda de Azkue 1  
City: 48902 Barakaldo, BIZKAIA  
Country: Spain

**ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD**

Street: TORRE DEL BEC, Ronda de Azkue 1  
City: 48902 Barakaldo, BIZKAIA  
Country: Spain
UNIVERSITY OF HULL
Street: COTTINGHAM ROAD
City: HU6 7RX HULL
Country: United Kingdom

UNIVERSITY OF HULL
Street: COTTINGHAM ROAD
City: HU6 7RX HULL
Country: United Kingdom

UNIVERSITY OF HULL
Street: COTTINGHAM ROAD
City: HU6 7RX HULL
Country: United Kingdom

UNIVERSITY OF HULL
Street: COTTINGHAM ROAD
City: HU6 7RX HULL
Country: United Kingdom

CONSORCI INSTITUT D'INVESTIGACIONS BIOMEDIQUES AUGUST PI I SUNYER
Street: ROSELLO 149-153
City: 08036 BARCELONA
Country: Spain

CONSORCI INSTITUT D'INVESTIGACIONS BIOMEDIQUES AUGUST PI I SUNYER
Street: ROSELLO 149-153
City: 08036 BARCELONA
Country: Spain
GESUNDES KINZIGTAL GMBH
Street: EISENBAHNSTRASSE 17
City: 77756 HAUSACH
000
Country: Germany
Layman’s version of the final report
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/06/2019
A 10 page version of the final position paper, targeting interested public

Final Report on citizen empowerment
NIRE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 04/07/2019
Final Paper Report on citizen empowerment with lessons learned

Final Evaluation Report
KRONIKGUNE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 04/07/2019
Internal Evaluation Report on containing quality assurance process of the project

Final Paper Report on service selection
Osakidetza
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/06/2019
Final Report on service selection with lessons learned

Final Report on stakeholder / change management
AQUAS
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Final Paper Report on stakeholder management and change management

Final Technical Paper
PEN
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/06/2019
Final Technical Paper with main lessons learned

Final Project Report
PMSB
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/06/2019
Technical and financial report describes the project activities, results achieved and resources utilised.

Final Report on Sustainability and Business Models
UMCG
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/06/2019
Final paper Report on sustainability and business models: Lessons Learned

WP7 Report on Learning Cycle
UMCG
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 15/05/2019
Report on Learning Cycle on sustainability and Business models

WP8 Report on Learning Cycle
NIRE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
<table>
<thead>
<tr>
<th>Title</th>
<th>Institution(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Iteration Paper</td>
<td>PEN</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP5 Report on Learning Session II</td>
<td>AQUAS</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP6 Report on Learning Session II</td>
<td>Osakidetza</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP7 Report on Learning Session II</td>
<td>UMCG</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP8 Report on Learning Session II</td>
<td>NIRE</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>Title</td>
<td>Publisher</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Summary of publications and communications</td>
<td>RSD</td>
<td>Advocating Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>Third Iteration Paper</td>
<td>PEN</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP5 Report on Coaching cycle</td>
<td>AQUAS</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP6 Report on Coaching cycle</td>
<td>Osakidetza</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
<tr>
<td>WP7 Report on Coaching cycle</td>
<td>UMCG</td>
<td>Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)</td>
</tr>
</tbody>
</table>
WP8 Report on Coaching cycle
NIRE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 15/05/2019
Report on Coaching Cycle on citizens empowerment

Final Dissemination Event
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 15/05/2019
Final Dissemination Event to inform targeted audiences on the results

Final Position Paper
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 15/05/2019
Final Position Paper

Interim technical and financial Report
PMSB
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 20/12/2017
Technical and financial Report describes the activities, milestones and results achieved in the first half of the project.

Baseline Paper
PEN
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 18/12/2017
Baseline Paper on data collection, analysis and visualisations
Dissemination plan
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/12/2017
A report containing the expected means and events to disseminate

WP5 Report on Learning Cycle
AQUAS
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/12/2017
Report on Learning Cycle on stakeholder management and change management

WP6 Report on Learning Cycle
Osakidetza
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/12/2017
Report on Learning Cycle on Service selection

Intermediate Evaluation Report
KRONIKGUNE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/12/2017
Internal Evaluation Report containing intermediate results

Service selection methodology report
Osakidetza
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 10/11/2017
Description of methods used to identify service selection key elements
<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial flows and reimbursement</td>
<td>UMCG</td>
<td>Financial flows and reimbursement description for all programmes</td>
</tr>
<tr>
<td>Touchpoint maps</td>
<td>NIRE</td>
<td>Touchpoint maps of citizen interactions for all programmes</td>
</tr>
<tr>
<td>Stakeholder maps for all programmes</td>
<td>AQUAS</td>
<td>Stakeholder maps, influence maps and baseline change management maturity maps for all programmes</td>
</tr>
<tr>
<td>Guidance of Collaborative Methodology and Quality Assurance Plan</td>
<td>KRONIKGUNE</td>
<td>Protocol containing procedures and criteria against which results and processes in the project will be evaluated</td>
</tr>
<tr>
<td>WP5 Report on Learning Session I</td>
<td>AQUAS</td>
<td>Report on Learning Session I on stakeholder management and change management</td>
</tr>
</tbody>
</table>
WP6 Report on Learning Session I
Osakidetza
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 10/11/2017
Report on Learning Session I on service selection

WP7 Report on Learning Session I
UMCG
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 10/11/2017
Report on Learning Session I on sustainability and business models

WP8 Report on Learning Session I
NIRE
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 10/11/2017
Report on Learning Session I on citizen empowerment

Project Website
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/09/2016
Website with public information on the project

Project Leaflet
RSD
Advancing Care Coordination and Telehealth deployment at Scale (ACT-at-Scale)
Published on: 06/09/2016
A leaflet to promote the project