MovingLife

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D6.1 Report on stakeholder engagement

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Abstract

This reports details the processes and activities of stakeholder engagement which have taken place during the course of the MovingLife project.

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Document History

Version	Issue Date	Stage	Content and changes
1.0	4-12-12	Document template, initial draft and contents	Paul McCarthy, GSI
1.1	20-12-12	Consortium comments and contributions	Ann-Katrin Habbig (VUB), Trine Sorensen (IN-JET)
1.2	30-12-12	Final amendments	Paul McCarthy, GSI

List of Participants

No.	Participant organisation name	Participant short name	Country
1	Atos Research and Innovation	ATOS	ES
2	Innova S.p.A.	INN	IT
3	In-JeT ApS	IN-JET	DK
4	Global Security Intelligence	GSI	UK
5	Vrije Universiteit Brussels	VUB	BE
6	Capital Region of Denmark, Center for Sundhedsinnovation	CSI	DK

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Executive Summary

This report documents and explains the multiple stakeholder engagement activities which have taken place during the course of the MovingLife project. It also documents the process and methods employed in conducting these activities. The report finally outlines where the results of these stakeholder engagement activities have been integrated into deliverables produced by the project.

1 Target audiences

This report is targeted at parties interested in learning more about the stakeholder engagement process engaged in by the MovingLife project. It also aimed at the stakeholders who have contributed and participated in the project by detailing the rationale for the engagement and the principal outcomes of the engagement in terms of deliverables produced by the project.

2 Introduction

mHealth as a new and developing topic in health-care provision and policy in Europe is as a process dependent on there being effective engagement with all relevant stakeholders in determining the best methods of implementing mHealth services and devices. For MovingLife the identification of the current state of play and creation of a roadmap for the implementation of mHealth in Europe was linked with engaging with and consulting with stakeholders. This was a consultation about the contours of current deployments and what future shape they would take. This reflected the essential premise of the project in being a collaborative exercise generating as wide as possible range of views on the directions and issues facing mHealth implementation and deployment in Europe in the near to medium term future.

Activities and engagement with stakeholders has been pursued in the MovingLife project from its initiation and continues through to its conclusion. The final stakeholder conference at which the roadmap will be presented and discussed with stakeholders represents a key final activity, engaging with stakeholders in promoting the roadmap produced by MovingLife. This deliverable documents the processes by which stakeholders were identified and engaged with. It explains the rationale for the different engagement activities and the outputs from the project of these engagement activities.

The original submission date for this deliverable was missed due to unforeseen delays with the key stakeholder engagement activity, the consultation on the future roadmap. The reason and response to this delay is outlined in the discussion and report on the online consultation contained in this document. The MovingLife consortium also at this point thanks all stakeholders whose invaluable contributions have greatly informed the work and findings of the project.

3 Stakeholder identification

In preparing for engaging with stakeholders the first element of the work in this regards for MovingLife were the identification of relevant stakeholders. This was accompanied by the capturing of their details in a specific TWIKI section maintained and organised by GSI on the MovingLife website.

The Twiki section categorised stakeholders and providing demographic as well as professional information on each stakeholder. The categorisation of stakeholders followed the criteria set out in D6.3 Dissemination Plan and Strategy. This assigned stakeholders into Primary, Secondary, Tertiary or Other stakeholders. These categories and types of stakeholders assigned within each are listed in table 1 below,

Table 1: Stakeholder categories

Categories	Type of stakeholders
Primary Stakeholders	Private users of mobile health technology solutions • Citizens with chronic health conditions that require management • Citizens who may be underserved by traditional medical community, often because of geographic or mobility constraints • Private caregivers; usually family members or relatives • Patient groups or support organisations
Secondary Stakeholders	Professional users of mobile health technology solutions: • Medical professionals, e.g. operating a tele-medicine centre • Professional care providers; care homes • Other service providers • Members of this group have a B2C-relation to the primary stakeholders, i.e. they "sell" mobile health technology solutions solutions to clients, and a B2B-relation to tertiary stakeholder, i.e. they "buy" mobile health technology solutions from suppliers.
Tertiary Stakeholders	Suppliers of mobile health technology solutions • Research organisations: Public and private enterprises • Enterprises with a business in mobile technology (smartphones, PDAs, etc.) • Enterprises with a business in tele-medicine or telecare • Providers of the IT infrastructure: Networks and databases • Small and medium sized enterprises: hard- and software and/or service provision

Categories	Type of stakeholders
Other Stakeholders	Supporters of mobile health technology solutions • Policy-makers • Social (and private) insurance companies • Employers • Public administrations • Standardisation organisations • Civil society organisations • Media

Stakeholder identification was a collaborative process involving consortium members drawing on their own personal and professional networks. Further stakeholders were identified through the suggestions of these initial stakeholders with the majority of these being identified during the organisation process of the workshops held by the project.

In total 82 stakeholders were identified and entered into the Twiki section of the website. The breakdown of stakeholder per category is detailed below,

Table 2: Number of stakeholders identified by category

Primary	5
Secondary	28
Tertiary	46
Other	3
Total	82

As can be seen from the numbers given above it proved difficult to identify stakeholders in the other and primary categories and that the predominant stakeholders were those who we identified as being secondary or tertiary. The reasons for this can be discerned on reflection by the nature of the topic mHealth itself and the particular contexts which surround mHealth deployments and implementations currently. Here the observation gained from the project in other areas that mHealth is at an early stage in terms of implementation and adoption means that those who are usually at the cutting edge of innovation in healthcare are currently the most engaged stakeholders. These are stakeholders then who can be considered to be pushing or aiming to otherwise setting the agenda for mHealth implementation.

4 Workshops

Workshops have been a principal stakeholder engagement activity for MovingLife. Participants in the workshops were included in the Twiki list of stakeholders or alternatively were added to the list subsequent to their participation in the workshops. In total MovingLife organised 3 workshops. Reports on these workshops have already been made available by the consortium[1]; here the discussion focuses exclusively on the engagement between the consortium and stakeholders. From the perspective of stakeholder engagement each of the workshops had a specific remit in terms of generating insights from participating stakeholders which were translated into a number of deliverables central to the project. The three workshops were a workshop on clinical practice, a workshop on socio-economic issues with respect to the current state of play for mHealth. A further workshop was held on the development of a scenario for the future implementation of mHealth to feed into the development of the roadmap for mHealth.

The workshops were important engagement activities as the objective of each workshop was to for them to be a two-way process with findings from the workshop being incorporated into the respective deliverables, or parts of deliverables, under the workpackage the workshop was being organised for. This collaborative approach in seeking the inputs of stakeholders was a fundamental underpinning of the goals and objectives of the MovingLife project.

Workshop on clinical practice

The objective of this workshop was to gain insights from clinical and related stakeholders into the current and future prospects and issues in mHealth implementations and deployments in European healthcare settings. An initial discussion document was mailed to invited stakeholders focusing on key clinical issues identified by the MovingLife project. 20 stakeholders participated in the workshop. A number of presentations were given by stakeholders and time was left in the agenda to ensure that feedback and discussion could occur between stakeholders and the consortium as well as between stakeholders.

Stakeholder contributions to this workshop were reflected in amendments and additions to the section dealing with clinical issues in the report of the current state of play for mHealth.

Workshop on socio-economic issues

The objective of this workshop was to gain insight from regulatory, legal and other stakeholders into the current socio-economic and legal issues facing mHealth implementations as well as the future contours of these issues. 32 stakeholders participated in the workshop. A discussion document focusing on the key regulatory and social issues reflected in the current state of play for mHealth was circulated to stakeholders before the workshop. A number of presentations were given by stakeholders. Even though little time was left for discussion in the end a vivid exchange took place. Comments during the presentations led to interesting discussions directly after each presentation. A report distributed afterwards generated a lot of attention and garnered great responses feeding into further insights relevant to the topic of the workshop.

Stakeholder contributions to this workshop were reflected in amendments and additions to the section dealing with social, legal and regulatory issues in the report on the current state of play for mHealth.

Workshop on scenario development

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[1] These, and all other deliverables of the project can be found on the project website, http://www.moving-life.eu/downloads.php

The objective of this workshop was to seek from stakeholders inputs into the creation of the scenario on which the roadmap for the future implementation of mHealth would be based. 14 stakeholders participated in the workshop. The structure of the workshop was inspired by the IDON Scenario Thinking technique and aimed to allow a number of stakeholders to present their visions on the future of mHealth based on their own professional background and perspectives. The purpose of the workshop was thus to elicit from stakeholders what they considered to be the necessary features and elements by posing the trigger question: *How will mHealth applications and solutions be used in chronic disease management in 2025?*

The presentations and the following discussions were subsequently used to develop four distinct but equally plausible scenarios by using the IDON scenario methodology. These scenarios were published and one scenario was used for the gap analysis and the stakeholder consultation.

5 Interviews on the current state of play

In preparing the report on the current state of play with respect to mHealth implementations in Europe and further afield a number of interviews with key mHealth stakeholders in Brazil and India were conducted. These interviews were conducted in order to generate international comparisons with the report's depiction of the current state of play of mHealth in Europe. The interviews were in particular focused on the experiences of these experts with respect to the implementation of mHealth services and technologies in their own countries. 4 stakeholders were interviewed from Brazil and 5 were interviewed from India.

Data generated from the interviews identified comparative themes between the content of the current state of play report in dealing with Europe versus international dimensions. Interviewees were provided with copies of the report on the current state of play and were also encouraged to consider attendance at the final stakeholder conference of the MovingLife project. The findings and methodologies employed in the interviews are detailed in Annexes to D2.1 Report on the Current State of Play for mHealth.

6 Stakeholder consultation on roadmap

In moving from the production of the current state of play to that of a roadmap the MovingLife project employed one of its principal engagement mechanisms with stakeholders as set out for the project. This was a stakeholder consultation on a scenario incorporating key elements of the roadmap. The consultation also sought to generate feedback as to the key issues and trends shaping mHealth future implementation from the perspective of these stakeholders.

The consultation was conducted online utilising the site 'SurveyMonkey'. The site provides an extensive online tool-set for creating, hosting and analysing the results of different forms of surveys. A six month subscription was purchased from the site to run for the duration of the consultation with some extra time allowed for analysing the results of the consultation. The Twiki list described earlier formed the basis for identifying potential respondents to the consultation. Use was made of snowballing techniques by suggesting to those sent the initial invitation email that they forward the invitation to those they considered would be interested in responding to the consultation.

The initial invitation email was as noted sent to all stakeholders listed on the Twiki site. Additional stakeholders were suggested internally by consortium members, new stakeholders were subsequently also added to the Twiki. The invitation email contained a description of the MovingLife project, its background aims and the objective of the consultation in assisting in the production of a roadmap for the implementation of mHealth. The invitation email also provided links to where the consultation document and an iteration of the roadmap could be downloaded and read. Respondents were strongly encouraged to read these documents as questions in the consultation were directly based on their contents. The invitation email as well as the consultation page on the website also provided a web link for the online consultation hosted on SurveyMonkey. Moreover, a Word version of the survey was made available for download on the project website which could then be emailed directly to the consortium.

The online consultation consisted of questions grouped into three thematic sections addressing core areas of the roadmap for the implementation of mHealth. In total there were 28 questions in the consultation across these three thematic areas. Completing the consultation took respondents on average 30-60mins. This figure varied with the amount of detail respondents were willing to give in answering open questions in the consultation.

The consultation process involved 45 participants, with the following backgrounds:
- 26 Academic/Research
- 8 Health Care Professional
- 6 Health Care Researchers
- 4 Industry / Service Providers
- 1 Other

Stakeholders from a number of different countries responded to the consultation, as detailed below:
- 4 Belgium
- 2 Brazil
- 5 Denmark
- 1 Estonia
- 3 Germany
- 1 Ireland

- 7 Spain
- 1 Turkey
- 8 United Kingdom
- 6 Other

In total the consultation was kept open for two and a half months. An initial invitation letter was followed up with a second reminder email halfway through the consultation. At the beginning of the consultation exercise some respondents expressed a wish to complete the consultation offline. As a result an offline word-version was circulated to these respondents and provided to partners in the project should any stakeholders request an offline version.

As noted above questions were a mix of closed and open questions. The majority of closed questions had however a text box where respondents were encouraged to comment further and to provide more details on their answers. The majority of closed questions were also ranking questions where stakeholders were asked to rank or indicate key issues discussed in the consultation document and scenario. Stakeholders were also asked to provide demographic and contact details, if they consented to being contacted by the project. Stakeholders responding to the consultation were offered, once contact details had been provided, invitations to the final stakeholder conference as important constituents of the collaborative process of producing the final roadmap.

Online results to the consultation were stored and produced utilising the tools provided by SurveyMonkey. As a number of stakeholders responded using an offline version, a master result file was produced incorporating online as well as offline responses. The analysis of the responses is given in D4.3 'Consolidated Roadmap for Mobile Health-care'. The key limitation of the consultation as an engagement exercise with stakeholders was the relatively low number of stakeholders that responded to the consultation. This was due to two reasons. Firstly the timing of the consultation exercise, due to the constraints of time and the DOW, meant that the initial email was sent during the summer holiday period which, due to difference between different European countries, basically covers the months June to September. .

Responses during this initial period were low and infrequent. Internally the consortium agreed to extend the initial deadline and a reminder email was sent to the list of stakeholders. Consequently an increased rate and number of responses to the exercise was generated. As with all consultation exercises more time would have been desirable and would have increased the number of responses but this was unfeasible given time constraints on the project. Secondly, online consultation exercises have their own inherent limitations in respondents committing time to replying to the consultation, which in this case was compounded by stakeholders needing to read and digest material in the form of a consultation document.

Ultimately engaging with stakeholders through the consultation process was a worthwhile, rewarding and important activity in terms of informing the production of the final roadmap of the project. It should be seen as an initial step in engaging with stakeholders on the issues in mHealth implementation and deployments. Further engagement and consultation with stakeholders should be an essential element of future funding and strategies, within for example Horizon 2020, in order to leverage mHealth most effectively to the betterment of health-care systems in Europe.

7 Other activities

A number of activities were conducted by individual members of the consortium which consisted of engagement with stakeholders, or dissemination to stakeholders of the results of the work of the project.

Conferences and meetings

Individual participants from the MovingLife consortium disseminated to and engaged with stakeholders at various conferences and meetings throughout the project.

Apple Executive mHealth and mobility platform presentation , London, 24/11/11

In-Jet was invited in connection with our participation in the MovingLife project to an exclusive briefing at Apple to discuss iPad solutions within healthcare. Apple wanted to show us a wide range of systems, based upon their products, that facilitates and streamlines workflow in healthcare. All systems of-course were based on Apple's technology. The briefing was also a good opportunity for establishing contact with relevant people at the Apple organization, who can help with knowledge of Apple's use of technology in healthcare.

COCIR TELEMEDICINE FOCUS GROUP, Brussels 02/02/2012

The meeting gathered several partners of COCIR (a network of the European Radiological, Electromedical and Healthcare IT Industry) and many experts in the area of telehealth. The MovingLife consortium was invited to present the project as an example for current activities in the area of telehealth. The different aspects of Movinglife, its aims and the furture activities were presented and could be compared with results of finished and on-going other projects in the area of telehealth.

 Radio Spectrum Meeting, London, 29/03/12

This meeting focused on upcoming spectrum frequency allocations and regulations for mHealth in Europe. As a result of stakeholder participation in the socio-economic workshop described earlier an invitation was proffered to the MovingLife project to send a representative to attend the meeting. A report of the meeting was produced for the project. The meeting produced some interesting insights in terms of the future spectrum allocation for mHealth devices as well as international comparisons in spectrum allocation and regulations internationally.

A joint ITU-WHO Workshop on e-Health Standards and Interoperability, Geneva, 26-27/04/12.

This workshop was organised by the UN organisations ITU (International Telecommunications Union) and WHO. The key workshop objective was to start a dialogue towards a comprehensive roadmap on global standards development, interoperability, and adoption for enabling the sustainable development of eHealth services. Towards that end, ITU and WHO invited organisations working on health standards and other stakeholders to the workshop, to take stock of efforts to date, discuss barriers to adoption, and contribute to an ITU-WHO developed roadmap to guide future action.

World mHealth Congress, Boston, 25/07/12

The MovingLife project was asked to deliver an opening keynote address to the conference on the future regulations being considered by the European Commission for mHealth services and devices. A wide variety of stakeholders and experts predominantly with a US background attended the conference. A report on the conference was produced for the consortium and the EC project officer. The conference saw an update from the FDA in how the organisation would approach the regulation of apps and other mHealth devices/services.

8 Conclusion

Engaging with stakeholders has been a pervasive element of the MovingLife project thus far. It is an engagement which will carry through until the end of the project with the organisation and holding of the final stakeholder conference in Brussels. At this conference the final roadmap and action plan will be presented to the European Commission and to stakeholders. It is expected that discussions and responses to the roadmap and action plan will point towards what measures need to be adopted and pursued to ensure the effective implementation of mHealth in Europe.

Stakeholder contributions as reflected in the key deliverables produced by the project have been important ones in detailing expert views, key issues, challenges faced and possible future contours in the use of mHealth in Europe and internationally. Continued engagement with stakeholders as mHealth services and technologies are increasingly visible in European health-care settings should remain a priority.

As evidenced by the work of the MovingLife project sustained engagement with stakeholders requires considerable commitment, by all parties, in order to make both the engagement process and the results of the engagement worthwhile in addressing a set of topics. The MovingLife consortium believes the stakeholder engagement activities conducted as part of the project have achieved their objectives in generating insights from the perspective and viewpoints of stakeholders on the key challenges facing the future uptake and implementation of mHealth solutions, in Europe and elsewhere internationally.