Deliverable 2.3. Exploitation Plan
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Executive Summary

This Exploitation Plan deliverable describes the expressed intentions of Connected for Health project consortium members for exploiting the project results.

Keywords
exploitation paths, exploitation strategy

Contents

1 Introduction .................................................................................................................................................. 5

2 Connected for Health project exploitatives ............................................................................................. 6
  2.1 Project exploitatives ................................................................................................................................. 6
  2.1.1 Connected for Health-project expected results to exploit .................................................................. 7
  2.1.2 The common exploitation strategy ..................................................................................................... 8
  2.2 Exploitation towards target user groups ............................................................................................... 9
  2.2.1 Target groups ...................................................................................................................................... 9
  2.3 Exploitation paths .................................................................................................................................. 10
  2.3.1 Publications and Media Relations ..................................................................................................... 10
  2.3.2 Dissemination .................................................................................................................................... 10
  2.3.3 Oral communications ......................................................................................................................... 11
  2.3.4 Education .......................................................................................................................................... 11
  2.3.5 Further Financing ............................................................................................................................... 12

3 Exploitation strategy per partner ............................................................................................................. 13
  3.1 Regional Council of South Ostrobothnia ............................................................................................... 13
  3.2 South Ostrobothnia Health Technology Development Centre ............................................................ 14
  3.3 South Ostrobothnia Health Care District ............................................................................................... 15
  3.4 Seinäjoki University of Applied Sciences ............................................................................................. 16
  3.5 City of Alavus ......................................................................................................................................... 18
  3.6 Kuusiokunnat Primary Social and Health Care District ......................................................................... 18
  3.7 Palacký University Olomouc .................................................................................................................. 19
  3.8 Acreo Swedish ICT ............................................................................................................................... 20
3.9 The municipality of Hudiksvall ........................................................................................................21
3.10 Box Play Alleato AB .......................................................................................................................22
3.11 nWise AB .........................................................................................................................................24
3.12 SICS Swedish ICT AB ....................................................................................................................27
3.13 Region of Southern Denmark .........................................................................................................27
1 Introduction

This Exploitation Plan deliverable describes the expressed intentions of Connected for Health project consortium members for exploiting the project results. The exploitation activities will take place both during, and following the completion of the Connected for Health project. Partners have reported their strategy and concrete activities to disseminate and exploit the project results.

Dissemination is intrinsically linked to exploitation. A more detailed plan for disseminating the project results is the deliverable 2.2 Communication and dissemination plan, which was finalized in project month 5. Exploitation plan, the deliverable 2.3 includes information on the sustainable use of project results in further research activities, including innovation issues conducted in the pilots. The Exploitation Plan is linked to a task 2.2, the exploitation plan and innovation management. Principles for the use of foreground in the project can be found from the Grant Agreement and the Consortium Agreement.

The purpose of the exploitation Plan is to ensure the use and dissemination of the knowledge generated within the project. It also demonstrates the added value of the Connected for Health project to its project partners, and to the European Commission. The preliminary intentions of partners’ exploitation activities are written in the project Description of Action. The originally promised activities are explained more in detail in this Exploitation plan, as well as other channels, plans and ideas identified during the course of the project. Partner specific exploitation strategies show how the impact of the funding granted has been maximized.

The Exploitation Plan is aimed to the European Commission, in order to communicate the consortium’s strategy for exploiting the project results and to the consortium partners as internal notification of the exploitation activities and intentions to further develop the project results in the future.
2 Connected for Health project exploitatives

The Exploitation Plan is a document that summarises the partners' own strategies and concrete actions related to the dissemination and exploitation of the project results. Furthermore, strategies describe the added value what the project has created to the partners own work.

Exploitation activities are in line with the DoA and with the Communication and Dissemination Plan.

2.1 Project exploitatives

Connected for Health-project identifies and tests new and existing eHealth solutions and making new combinations of services using open Fibre to the home (FTTH) in three different Nordic countries; Finland, Sweden and in Denmark. The idea is to find the most suitable, user friendly and cost-efficient combinations of systems for individual needs of patients and clients. Tests will be carried out in four pilots with real end-users in sparsely populated rural areas in Finland and Sweden, with world-class open access FTTH networks, and in Denmark in sparsely populated areas with limited network access as well as in more densely populated areas with high quality network access. The project creates a unique path leading to the exploitation of new working models, new processes, new technologies and recommendations for the European Union how FTTH creates possibilities to health and social care.

Project exploitation approach is accompanied with the following activities:

- Best practices in home care with the help of FTTH will be mapped and their usability and transferability across Europe assessed. The usability of technologies and services will be studied from the point of view of various users and stakeholders. Also cost-savings (in terms of money and time) will be calculated for the FTTH home care. The report will exploited at the project final conference, and will be handed over to the European Union at the end of the project (project month 12).

- Enhancing knowledge on individual patient's health related needs to provide better access to health care services through distance monitoring. The core of the piloting activities will be exploited during and after the project to relevant stakeholders. Personnel will be kept closely informed on the new processes that will be possible integrated in the working methods.

- Increase interaction between home care customers and personnel, creating also new possibilities for communication with family and relatives. During the piloting activities,
home care customers will exploit the results both to themselves, to other patients, and also to personnel.

- Providing better opportunities for citizens to reach the health care services virtually, enabling more regular communication with health care personnel. Pilot examinations will be made for the best use of research results and creating new opportunities.
- Engaging the patients and the personnel to achieve a high degree of exploitation to the services, which makes the handling of video solutions more profitable and financially sustainable, faster and easier. So that the use of tele-medical solutions may become a real possibility for the health professional personnel, where it creates value for the patient.

2.1.1 Connected for Health-project expected results to exploit

The expected results of the project aim at improving safety and confidence of those dependent on healthcare and social services and living at home in sparsely populated areas. This means especially bringing better access to services during the pilot and ensuring lasting effects of actions. This is done by having the stakeholders as equal partners throughout the pilot and by aiming to integrate the eHealth solutions as part of their usual activities.

The goal is to gain and exploit experiences by using a combination of existing and new technologies for home care while paying specific attention to user experiences. Users are both professionals working in services as well as those in need of care or giving informal care. Inclusion of home care nurses, specialized nurses and doctors is valuable since they are a large group potentially benefiting from eHealth services.

As a result of the project, there will be new practical and scientific knowledge on the obstacles and possibilities that are central in taking FTTH into use in home care services. Current home health care working processes and models offering services for the ageing people living at home (home care, home nursing, social services, rehabilitation, church services, and voluntary based services.) are analysed and reported. Reporting includes a comparison of the piloting cases in Denmark, Finland and Sweden and thus making more widely applicable knowledge in FTTH use in home care. Reports indicate the most suitable models for eHealth services based on FTTH with open access. This knowledge will be made available for relevant actors, namely social and healthcare policy makers and practitioners.
The main outcome of the project will be to draft a recommendations report on the use of FTTH open access networks in home care. The report will demonstrate the value of eHealth services in challenging the impacts of ageing population to support decision makers in the development of broadband access based on FTTH networks (ministries, telecommunications market regulators, network operators) and draft a series of recommendations of measures that proved to be effective by enabling the development of such services. The recommendations report will be one of the main exploitable results of the whole project.

It is expected that through the pilots and the studies supporting them, the participating regions will create new models for providing home care by using eHealth services through FTTH networks. These models will be exploited during and after the project in the participating regions, as well as other European regions. The intention of the project partners is to provide transferable information and effectively disseminate the information to different other European regions. Demonstrating the cost effectiveness and the best practises introduced in the pilots is expected to result in models that could be modified to the local needs of other European regions.

Another expected impact of the project is to create eHealth and FTTH awareness in Europe. European countries are lagging behind the USA and certain Asian developed countries in building FTTH networks. The problem is especially evident in the rural European territories. By exploiting the usefulness of the FTTH networks for providing digital care, especially in the areas affected by declining and ageing population, the project results should come to the support of decision makers.

2.1.2 The common exploitation strategy

The Connected for Health project adds value by

- showing how Nordic-Czech collaboration has achieved more than would have otherwise been possible, notably in identifying best practices using FTTH and eHealth solutions, providing information, contributing to new business models and solving societal challenges of ageing population in rural areas;
- investigating whether time, money and other resources can be saved by utilizing the FTTH technology in care, and if customer safety and health can be promoted
• making better use of the project outcomes, by making sure they are adopted and taken up by the relevant target groups, such as decision-makers, companies, health and social care professionals, and the scientific community

The transferability and adoption of best practices in home health care and health care organizations are secured by demonstrating the results and organizational benefits. One of the aims of organisational sustainability is that participating pilot territories maintain the piloted solutions as part of their usual activities in social and health services. The partners are also encouraged to transfer the best practices from one area to another. This way as many as possible elderly persons and individuals with disabilities and illnesses benefit from the results of the pilot even after the pilot is finished.

2.2 Exploitation towards target user groups
The exploitation plan describes the processes to make the Connected for Health-project outcomes straightforwardly usable both by the end users and the partners. The exploitation activities benefit of the results arising from both the research and technological development, and from the demonstration activities aiming to show the feasibility of the piloted eHealth solutions.

The exploitation activities are related to the dissemination activities, and represent the next step with respect to the dissemination activities. In fact, the exploitation activities are allowing to stakeholders to identify and to accept the scientific and technological values of the Connected for Health outcomes.

2.2.1 Target groups

Identified target groups ensure the use and dissemination of the knowledge generated. Exploitation demonstrates the added value of the project and the results. It also maximizes the impact of the funding granted in the market.

The Connected for Health exploitation activities have been mainly addressed towards two main modalities
• exploitation of the project activities and results carried out by the partners of the project
• exploitation and promotion of the project outcomes outside, towards the different end-users, stakeholders, service providers, research and educational institutions, decision makers and communities.

A special focus is to create awareness and interest towards the relevant stakeholder in the EU. The Connected for Health results and activities will be promoted to European Innovation Partnership of Active and Healthy Ageing (EIP-AHA). This promotion action will be implemented by means of placing information to EIP-AHA Market Place and presentations/participation to events organized by the network. One of the project partners, the University of Palacký, is a member of the EIP-AHA. The University of Palacký will keep the EIP-AHA informed about the project activities and results during the project lifetime.

Key stress in exploitation will be placed to exploiting the project and the results to patient, health care professionals and FTTH organizations, which form the key target groups of the project exploitation. Project communication and therefore also exploitation target groups, are more specifically listed in the project Communication and Dissemination Plan (D2.2.)

2.3 Exploitation paths

2.3.1 Publications and Media Relations
All written and published documents, including posters and articles at all levels, from newspapers to scientific journals. Most of the exploitation takes place under this heading, for example press releases, articles in newspapers, interviews in radio and appearances in the regional news.

2.3.2 Dissemination
There are several dissemination material created within the project, that identifies and fosters better exploitation. Project logo is the the general brand of the project to the audience. The project website gives more information to interested parties. The Extranet is a key information source for partners to relevant deliverable reports, meetings’ material etc. Social media is taken into account for exploiting results, and LinkedIn-page has been created. Project presentation and deliverable report template help to create unified visual look, while exploitation the project results.
2.3.3 Oral communications

Spoken communications related to the project that often this takes place in informal events, but also in formal ones where project actors present the project (conferences, meetings, when planning future projects in networks and with colleagues). The magnitude and scope of this type of exploitation is difficult to estimate, due to the often informal nature of it. However, during the project meetings in Stockholm, Odense and Seinäjoki, there have been open seminars where exploitation in the form of oral communication has taken place. All conference presentations can be also put under this heading. Conference presentations that have so far taken place or are planned are included in the Communication and Dissemination Plan.

Under Oral communications can be placed also the discussions that take place with the organisations where the piloting took place. For example, in SOHCD the professionals who participated in the pilots attempt to make it possible to extend the use of virtual diabetes consultations that was piloted during the project.

2.3.4 Education

Two of the project partners, namely SeAMK and PU, are educational institutions where the project results are actively taken into use when teaching Bachelor and Master level social and health service sector students. Education of course takes place in many other places as well, but it is hard to detect. For example, how do the patients, clients and professionals disseminate their experiences with piloted actions in their networks?

It is not possible to reach a very wide audience to the project results since the piloting actions were small in scale and it is difficult to claim that the results are definitely valid if done in large scale or in different settings. However it is possible to give examples what are the benefits of these specific pilots and what are the greatest obstacles when setting up these kinds of eHealth services for home care.
2.3.5 Further Financing

Individual pilots of the Connected for Health project generated valuable information on the usability of different eHealth solutions. Especially compatibility and operability questions were demonstrated by piloting different solutions in the FTTH and mobile environments.

The main deficiency of the pilots was their sample size. Due to short project time, and limited resources in some cases only a limited number of customers were involved in the individual piloting actions. Therefore, one approach could be to select successful actions and to build a new EU project for larger scale testing of the solution.

Larger pilots could be trialled simultaneously in several countries in one or several of the ETC programmes. Testing could be done in cross-border Interreg, or on a macroregional level. Some of the pilots will most likely be used as good practices in future Interreg Europe projects. It could be possible to include them to implementation plans of several European regions and do the further testing in the piloting/monitorin phase of such a project.

In Horizon 2020, there are suitable calls in both Health and in ICT Research and Innovation. For instance, one of the objectives of the Health Programme include such themes as using new technologies for keeping older people active and independent for longer as well as taking up new models of care and new technologies for promoting health and wellbeing.

DG Health and Food Safety’s EU Health Programme has financed several feasibility studies and projects, and the results of the Connected for Health project could be used as basis for further tests and studies.

One of the options could be to adapt the results to local needs and to finance further testing or research based on the pilots by local financing or EU’s nationally distributed structural funds such as the ERDF of the ESF. This approach would be especially suitable, if the objective is not to do international comparison, but rather find best solutions for local challenges.

The Connected for Health project has however demonstrated that some of the actions piloted will continue even without external financing. The actions that proved to be most beneficial and liked by the customers and the health care personnel might well be deployed by any European region and financed by the organizations themselves.
3 Exploitation strategy per partner

The Connected for Health partners’ exploitation strategies are based on the following issues:
Direct involvement of end-users in the project through piloting actions;
- Promotion of the Connected for Health and results to the end-user stakeholders
- Product and service development
- Exploitation of the technological results from the private partners involved in the project
- Promotion of the FTTH
- Promotion of the technological eHealth solutions

In the following sub-chapters partners have described the project has been disseminated, what ideas piloting actions or project itself have created in the partner organizations how the organization will continue the development work related to the subject after the project ends and possibly new ideas that have raised during the project.

3.1 Regional Council of South Ostrobothnia

Regional Council of South Ostrobothnia (RCSO) is the lead partner of the Connected for Health project. RCSO coordinates and manages also administration, communication and dissemination activities of the project. The Regional Council of South Ostrobothnia is a statutory federation of municipalities consisting of 18 municipalities. Achieving the goals set forth by the Regional Strategy and the Strategy for Smart Specialisation, strives the organizations’ international work. Digitalization, eHealth and innovative service development especially to rural regions are important themes in these strategies. Finland has set its own national goals related to the Digital Agenda, which in turn demand regional activities, which RCSO is fostering.

The Connected for Health -project is following the long work of fostering digital and eHealth in the region. RCSO is a part of an expert development network, eHealth for Regions, that acts as an active and cooperation-orientated initiator in eHealth related important development projects. Connected for Health -project involves actors from the network, and project results are exploited to the network regularly. RCSO is also a member in international cooperation related to digitalization, and will continue the work with the network in a new Interreg Europe -funded project in year 2016.
RCSO advises the region’s operators in matters of international project funding. The work for getting funding and international cooperation possibilities related to eHealth, digitalization and FTTH continues and there are already many project ideas fostering these matters in near future.

Piloting actions are the core of the Connected for Health -project. There are two pilots in Finland, which accounts half of the pilots. RCSO has been exploiting these two Finnish pilots efficiently and regularly to the region, using different communication tools. Region’s decision makers and the regional board are keeping updated of the project activities and the results.

3.2 South Ostrobothnia Health Technology Development Centre
During the Connected for Health project, South Ostrobothnia Health Technology Development Center (Eptek) has been coordinating WP3 actions and overall piloting actions in Finland. Furthermore, it has provided technical support services to Finnish pilots. However, it is not a piloting organisation as such, meaning that it doesn’t carry out pilot implementation itself.

During the project, Eptek has gained new experiences in piloting, project coordination and in co-operation with pilot organisations. Also contacts to companies offering eHealth solutions have been developed further. These achievements will be maintained through continued co-operation also after the project period.

In Finland, piloted solutions were implemented within the municipality of Alavus, Kuusiokunnat Primary Health Care District (6tk) and South Ostrobothnia Health Care District (SOHCD). Eptek has tested and familiarized with these eHealth solutions during the pilot and offered technical support to the pilot organisations throughout the project. Knowhow and capacity for providing technical services was thus enhanced. Similar technical support services can be provided also after the project lifetime, should the pilot organisations request it. Such services are available also to other user groups, and can be tailored according to needs.

During the project, new ideas have been discussed. Together with SOHCD, a new care model for the treatment of diabetes patients was designed and piloted. Along this development process, further ideas for new pilots were discussed, and will be considered in future. Also in the pilot of Alavus and 6tk, new care models were tested with very positive results. Furthermore, Eptek has established a relationship with companies and delivers them information on pilot results, thus providing them valuable information on piloted products.
The project results, once fully collected and identified, will be reported and made available to a wider audience. Results and best practices will be presented in conferences and publications, thus benefiting larger user groups. Eptek will share the project experiences and results also within the eHealth for Regions network, in which it is actively involved.

3.3 South Ostrobothnia Health Care District

During the Connected for Health project, South Ostrobothnia Health Care District (SOHCD) has implemented pilots testing and developing electronic health care service portal and distance consultation. As a result, a new kind eHealth supported care method for the treatment of diabetes patients was developed and tested.

This new eHealth supported care method will stay in use in the central hospital of Seinäjoki also after the piloting period and the project lifetime. During the project, the piloted care method has been offered to 20 patients. In the future, the plan is to offer the same solution to a larger group of patients. Through this development, it can be stated that the project results are well sustained and further developed within SOHCD. For example, the data secure correspondence between health care professionals and patients through the electronic health care service portal, the new self-monitoring template for measuring blood sugar levels and activity of patients, as well as the distance appointments between diabetes nurse and patients, which were all a part of the pilot, will remain as usual activities in the treatment of diabetes patients.

Regional expansion of the piloted distance appointment system is also under discussion. Other municipalities in South Ostrobothnia region, as well as larger regions within Finland, have expressed interest to the distance appointment system. Based on the pilot results, it is likely that the distance appointments will be made available to further patients in the region in future. Also expanding the developed system between disciplines is possible, so there are several aspects to be considered once the pilot results are fully gathered.

Currently, it is being discussed whether the procurement for the provider of the distance communication solution for the post-project time should be carried out by the South Ostrobothnia health care district itself, or jointly by a wider national operator. In case the national operator takes the task, further expansion becomes very likely in the near future. Smaller parts of the pilot, e.g. the self-monitoring template, have already been integrated into use also outside the pilot.
The pilot project also raised discussion on new ideas that could potentially be tested in future. In addition to the care method that was developed, alternative possibilities were considered. For example distance consultation between the central hospital and regional primary health centres in diabetes treatment could be further enhanced. Through this, the eHealth services could be offered to a wider group of patients – including those, who do not have either a possibility or skills to participate in distance appointments by themselves from home (e.g. many elderly persons who may lack sufficient IT skills or equipment). Region’s public health care institutions are also equipped with FTTH network, which would make such further development well possible. Another idea worth considering is to transform the self-monitoring template into an app, which would be even simpler as the current template.

The experiences and best practices that were gathered during the SOHCD pilot have been and will be presented in different conferences and newspapers. The results will be included also in the project publications, through which they will be available to European audiences. SOHCD is also actively involved in the eHealth for Regions network, through which it will furthermore provide information on project results and findings.

3.4 Seinäjoki University of Applied Sciences

Seinäjoki University of Applied Sciences (SeAMK) is an educational institution also doing research and development work, hence the exploitation plan focuses on training, education, awareness increasing, research and being part of developing new kinds of eHealth services together with other parties.

The core task of SeAMK is to train professional in social and health care at bachelor and master level. Connected for Health project gives our teachers knowledge related to following issues, which then are used when teaching our students:

- Attitudinal issues related to digital services and use of ICT in service provision. How to create positive stance to professionals towards new technologies and how to approach service users so that they accept and possibly even embrace eHealth, while giving them the freedom to choose.
- Understanding of the overarching process of setting up eHealth. For the social and health care professionals it is important to know what eHealth entails, not only the use of technology in service provision, but what it takes to set up new tools in service provision. A large chain of actors is involved: buying the equipment, installation, training, setting everything up, finding users, solving usability problems etc.
- Ageing and technology still is a difficult match to make. Problems in hearing, seeing, use of hands vis a vis small buttons, screens and unreliability are creating obstacles for eHealth.

- Division of labour and responsibilities as well as management may need changes when technologies are in use in services.

A concrete example is a new study module that starts in the autumn: “Health technology and digitalisation in nursing” at the School of Health Care and Social Work. In this module the connected for Health is used as an example not only of digitalisation of services but also of an international project. Taking part in projects like Connected for Health gives teachers first hand experiences on project work, such as how to apply funding, how to design a project, and how to administer and implement the project all the way to the final report.

SeAMK provides not only degree programmes, but a great amount of further education to professionals who already are working in the field both in social and health care. Connected for Health project serves as an example of doing things in a different way also in the further education trainings.

In addition to this, SeAMK presents the project results in conferences, seminars and meetings. So far SeAMK has had a presentation related to the project in a sociology congress in Helsinki and in a Chinese social policy conference in Beijing. Since the piloting actions are still under way, together with the data collection, most of the results are still yet to come. This means that a great deal of exploitation takes place towards the end of the project and after it.

Conferences and seminars are important places of networking, and through SeAMK is also able to create new development and project ideas. The representatives of SeAMK are constantly keeping their eyes open for possible future funding possibilities to advance the work that has started with Connected for Health. For example, SeAMK has sent an application to the Finnish Ministry of Employment and Economy to get funds from the countryside development funds. The topic concerns digitalization in the countryside as experienced by elderly individuals. The project researchers from SeAMK wish to learn what happens in the elderly people’s everyday life when services disappear and are replaced by eServices and various technologies. This project idea stemmed from Connected for Health activities. The Connected for Health project itself has already extended our network of potential future partners both in training and in future research and development projects.
Spreading out knowledge and experiences is an essential part of the activities of SeAMK. Once the results are got from the pilots, SeAMK shall write some articles that address the promises and pitfall of eHealth. SeAMK aims to write a scientific article, and something that is more understandable for the general audience.

3.5 City of Alavus
The city of Alavus has disseminated the project Connected for Health during client or customer visits to citizens, and also during staff meetings as well as in press articles.

The project has increased the utilization of the organization expertise and customer contacts using technology. The technology has improved quality of the home care visit recording at client’s home, daytime and night-time monitoring and distant wound care. The distant connections have enabled to avoid the hospital visits and freed working hours in this regard.

Based on the positive experiences from the distant wound care piloting, the activity will continue at the health center, as well as developing the work in practice. The project has enabled for the customer an easy way to get good professional care.

The personnel have previously been involved in a number of eHealth projects, which support living at home using technology development. The personnel's expertise, positive attitude and enthusiasm have been an essential factor in the project’s success. The project has given a new way to the personnel to increase the home care treatment efficiency in co-operation with the health care center.

3.6 KuusioKunnat Primary Social and Health Care District
KuusioKunnat Primary Social and Health Care District (the previous abbreviation: 6tk, from 1.1.2016 on: KuusSoTe) has disseminated the project to the public on its website and in the local joint press articles. The personnel have also been informed, at the relevant work units, during different events and workshops. The health centre wound nurses have increased their awareness of health technologies through their own practical examples during piloting actions, and they have presented the operational model for the whole work unit.

Using the technology has proven to be an easy way to save time, and to get the treatment to the patient with good results. In addition, it has added cooperation between health and social
services, and home care. Employees are familiar with each other’s work and understand the conditions and patients better now after piloting actions.

The organization intends to continue development work by expanding the approach to other health centers in the area, so that patients all over the region can benefit from the development work within the Connected for Health -project.

3.7 Palacký University Olomouc
Project Connected for Health (CfH) should provide new information exploitable in strategic and conceptual work in two main domains: role of ICT in healthcare and social care, and development of broadband infrastructure in the country (Czech Republic - CR).

These two domains coexist almost separately in the Czech Republic in 2016. CfH project contains deliverables dealing with evaluation of pilots and Recommendations report. These deliverables will be major tools of Palacký University Olomouc (PU or UP) for communication of benefits that application of FTTH should bring in innovation of healthcare. The information is processed in the project so that it is usable also in other EU countries.

In the CR, as strategic documents are meant e.g. the Czech National eHealth Strategy, which is under development by the Ministry of Health in 2015–2016, and subsequent documents that will further describe concepts of various instances of eHealth, especially telemedicine. In the network domain there is as an example a National plan for next generation networks development.

Capability of FTTH to establish stable bidirectional connection for video is essential for the deployment of new eHealth services for patients. If the use of FTTH as broadband access, in comparison with radio-based access methods (mobile), demonstrates in CfH pilots better results in terms of quality and stability of connections, there will be an additional supporting argument for promotion of FTTH as Czech national broadband infrastructure. Such eHealth services are expected to contribute to maintaining health care and social care systems sustainable in the future, which is characterized by the ageing population with growing prevalence of chronic diseases, drawing significant cost from respective public funds. Broadband eHealth services should have almost an equal position in densely populated areas as well as in rural areas in the CR because distance to the nearest healthcare provider is not a significant issue in most parts of the country.
However, healthcare providers face growing demand for routine services and lack of medical staff. This adverse development can be partly corrected by higher quality eHealth services enabling audio and visual communication for target population of clients and patients.

Effort in exploitation of CfH results will be first targeted to initiation of discussion about justified investment in higher quality broadband networks even in rural areas that will be balanced by provisioning healthcare and social care services that safe workforce and costs on the side providers and public funds. FTTH is a logical candidate for such broadband access infrastructure. It is apparent that this is quite a complex conception of calculation of benefits that should bring investment in FTTH or further technological combination of digital broadband access methods.

The aim of PU in the CfH project is turning at least attention of national stakeholders to this scenario. Investment in broadband is topical in the CR on governmental level in 2016 (use of EU funds) but finalization of a pertinent National plan for next generation networks development is delayed (status 2.2016). Modifications, reforms, or larger innovations of healthcare and social care system based on use of ICT are not yet on the agenda in the CR in 2016.

Relevant stakeholders in ministries (responsible for broadband networks support), health care and social care and many other institutions will be the addresses of the above mentioned deliverables after the documents are approved by the CfH project. Lectures, individual meetings and activities in relevant committees in which National eHealth Centre of UP (NTMC) continually works will contribute to this goal. NTMC will, as a part of project results exploitation, provide further support after CfH ends, and will continue in explanation of the benefits of “broadband digital health” to the stakeholders and other interested parties in the CR and, if agreed, in other EU countries.

As eHealth as a subject is, thanks to effort of NTMC, already integrated in the syllabus on Faculty of Medicine and Dentistry of Palacký University Olomouc, further updating of the curriculum by the broadband eHealth services is planned in the next period in line with respective university procedures.

3.8 Acero Swedish ICT

Acero Swedish ICT is a support partner to the piloting municipality of Hudiksvall, but also a networking partner to nWise and Alleato. The results of the project will represent an asset in
terms of:
1. Preferential relations towards commercial partners
2. Better understanding of the elderly care and administrative functioning in rural municipalities
3. Extended network across the Nordic and Europe with some of the most active public and private actors within e-health
4. The further development of Acreo’s econometric model based on a standard tool like MAST

Acreo will exploit points 2 and 4 to run further targeted studies for municipalities and regions in Europe, hence supporting them to highlight and quantify costs and benefits of eHealth and home care. The point 3 will enable Acreo to participate in future cross-national projects and stay at the fore-front of eHealth and home care technology, while the point 1 will allow Acreo to sell its competence to ensure the sustainability of the organisation as a research institute.

The experience of Acreo in business modeling, including analyzing value chains and profitability will be put to use to support the municipality of Hudiksvall to maintain the piloted solutions as part of the usual activities of the municipality. As a concrete example, a separate project that Acreo is running on behalf of the municipality is currently exploring technical and business options to extend the current municipal broadband network, and home care services are a big part of the profitability equation there.

Finally, the high profile of the project has increased Acreo’s already wide dissemination and awareness on the activity in broadband and digital home care services, especially in Sweden but also elsewhere in Europe (e.g. through the FTTH Council Europe).

3.9 The municipality of Hudiksvall

The municipality of Hudiksvall is convinced that the demographic forecasts especially in combination with large rural areas create a need to change the way of working in the homecare sector and encourage working with eHealth. Hudiksvall is also convinced that a good access to a network is needed to be able to introduce eHealth services in the clients’ homes. To create awareness about the importance about eHealth and FTTH in the care sector, the municipality has decided to hold an open conference in January 2016 called “Sustainable care 2030”.

In Sweden there are laws that regulate that municipalities may not subsidize free internet to selected residents. Within the Connected for Health project the municipality has been able to, in corporation with Acreo and a network supplier, create a welfare broadband enabling the municipality to give homecare clients free access to eHealth services with a secure and prioritized data traffic without allowing them to surf the internet. This is a major step towards reaching a sustainable care 2030 and a solution that the municipality will continue using even after the project.

Even before the project the municipality had a decision from the politicians to procure some kind of a video call service. The pilot has given an opportunity to get more experience in this area so that the municipality will be able to get a better result from the procurement process that will start in the autumn 2016.

With the open platform provided from Alleato one can connect several different eServices from several different suppliers through the same gateway. This way the client is not forced to have a separate gateway for each eService. The benefits for the municipality are that this solution is better from an economical aspect and that the municipality can be more flexible when procuring different eServices. The municipality does not have a political decision about starting a procurement process for this yet, but that will most likely be the result after the project.

3.10 Box Play Alleato AB

The ambition from Box Play Alleato AB’s (Alleato) point of view should be to finalize the offering, resulting in a complete service and a solution creating a safety factor for the individual and relatives as well as a cost saving care solution i.e. better quality.

The intention is to define and develop the packaged solution ready to be commercialized with associated business models and an innovative channel strategy.

Alleato will further develop the mobile M2M connection, the way it works, in order to create redundancy between the mobile broadband and the fiber connection. Furthermore the monitoring of the entire service should be enhanced with certain “polling functions” and measures when problems occur.

Alleato will together with Hudiksvall, and other end customers establish working processes and models regarding incident management and corresponding security levels. Information security
policies shall be classified according to agreed demand specification together with Hudiksvall, which could be indicative to other local governments. Alleato will meet with Swedish local governments and municipalities (www.skl.se) to discuss this futher.

Alleato will continue to support open standards around the Alleato Automation Platform enabling other suppliers to offer their services on a secure and robustious environment.

A business model should be defined within the consortium and presented in order to make it possible to maintain the pilots. The service provider for this should be defined. It could also be an external independent partner. Further cooperation between the parties nWise and Hudiksvall should be negotiated and agreed upon. Alleato sees a demand for more sensors to be supported and applications. A plan for that should be created. The market trend is also that more telemedicine services should be possible to offer from the individual’s home. That could be for various patients suffering from different kinds of diseases. The trend is to enable more hospital services from the home rather than at the hospital. It will also be possible to monitoring the individual and to follow progress or reversion and to have “triggers” depending on the actual situation and how to handle the caring process.

Alleato has since a while been thinking of a package called “Relative cloud service”. In Sweden 80% of the “indirect care” is performed by relatives. The platform is ready for this, and it is also possible for other SMB enterprises to use the same in order to offer their services. Alleato has an open platform enabling other suppliers of different kind of services to connect to the platform. Alleato is also a member of http://www.continuaalliance.org/ which is a coming standard regarding telemedicine solutions and remote monitoring.

Alleato has used a technology based on Vendors ID for identifying which type of IP-address and network a CPE (gateway) should have when connecting to the “city net” and which kind of service for example welfare technology through the local government, other consumer services or “triple play”. These services could be activated “on demand”. This means that it is “very easy” to provide other services on the broadband and the city net which could be procured in an appropriate way according to established demand specification.

A centralized WEB-forum should be deployed taking care of all information and reports for the continuing work after the project. This forum should also be marketed towards strategic channels within health care sector and local governments. A communication and dissemination
plan should be agreed upon within the consortium. It is of importance that "key people" within health care are taking part in this and should be a part of the study within the project.

3.11 nWise AB

nWise is a leading supplier in the field of e-health communication services for the elderly, those in permanent care and users with special needs or disabilities, such as deaf and the hearing impaired, using advanced services for video and text telephony. nWise is a partner to the municipality, but also a networking partner to Acreo and Alleato in a pilot trial, to test and evaluate new features within video telephony and mobile text caption with care givers and care takers. The results of the project will represent an asset in terms of:

- Preferred relationship with the municipality and commercial partners.
- Better understanding of the elderly end-user behavior and early adaption of new technology for video & text telephony services as well as administrative functioning in rural municipalities.
- Optimization of existing services to enhance the quality of service such as dependability, voice and video qualities.
- Extended network across the Nordic and Europe with some of the most active public and private actors within eHealth.

nWise will exploit points 2 and 3 to run further targeted pilots for municipalities and regions in Europe, hence supporting them to highlight and quantify costs and benefits of eHealth and home care. Point 4 will enable Acreo to participate in future cross-national projects and stay at the forefront of eHealth and home care technology, while point 1 will allow nWise to sell company’s SW based solutions to ensure the continuous growth of nWise as an eHealth provider of Video and Text Communications along with sensors together with the partners.

The experience of nWise with the current services of Video & Text Communication services as the largest provider in Europe for users with special needs or disabilities, such as deaf and the hearing impaired, will enable to support Hudiksvall’s municipality to maintain the piloted solution as part of the usual activities of the municipality.

Finally, the high profile of the project has increased the already large dissemination and awareness activity on broadband and digital home care services, especially in Sweden but elsewhere also in Europe (e.g. through the FTTH Council Europe).
nWise has conducted tests with a video app during the project. nWise video apps are currently used in 12 countries by several services that provide remote interpretation, but the apps have been used in a slightly different way by the patients and care givers during the project, has provided with valuable information about how the apps are used in eHealth. A few design improvements have been identified in order to correct these issues, which has been valuable information for the product development.

The piloted solution will be included in nWise offering for eHealth, MMX® Care. The new product program will be integrated into a product life cycle, which includes the following main activities:

- A product description is defined.
- Roadmap and further development of the product is integrated into nWise’s standard development process.
- Release documentation and information for future customers.
- Creation of marketing and sales material, including price lists.

The results of the pilot project have spurred nWise to come up with new ideas of how to optimize the Care app, and further spurred the company to investigate connection new sensors to measure patient wellness and status. The project has also helped to better understand how external equipment and environment affect the technology, e.g. routers, networks, and firewalls. This information is valuable so that the company can provide better support for companies and organizations that are rolling out the technology. The technology from nWise has been exposed to municipalities, potential customers and care givers that provide home care. The aim is to build further in these contacts.

The results of the Connected for Health project will be valuable input for nWise to further develop a Media Engine (nWise Care Platform) for improved Video and Audio Quality and increase client app stability for both care givers and care takers.

The piloted solutions will from now on continue to be maintained to the project end date with the full support from the support, marketing and sales organizations the same way nWise would support its current commercial customers.

The results of the Pilot project has spurred nWise to come up with new ideas of how to optimize the Care Tablet Android App, quicken the development of the Media Engine and further spurred
the company to investigate new sensors as a part of research activities. The whole pilot has inspired with new project ideas to tie in the Connected for Health with the latest advancements within Internet of the Things (IoT) and Smart Homes in General. nWise has come to the conclusion that there is a strong need for Connected for Health services not only in rural areas but also in regional and local areas to better off-load the work load of care givers and prove the quality of life for care takers.

nWise will exploit the results of this project as a very good example of a reference pilot with friendly users in a real setting involving care givers and care takers. This reference pilot will be reused for any future pilots with municipalities throughout the EU Member countries and as a foundation for any upcoming commercial launch. Further, this pilot will be used to create awareness as a reference case at exhibitions, for upcoming proposals with municipalities and medical service providers, and to spread the awareness of this solution amongst EU representatives, media and the eHealth industry in general.

nWise MMX solution has traditionally targeted the Hearing Impaired where High Quality on the visual aspects regarding Video Call between interpreters and hearing impaired has been crucial. Not too long time ago, the nWise MMX has evolved to a full-fledged platform not only supporting the hearing impaired but also the elderly and those with other disabilities or health issues, such as KOL patients.

With this Connected for Health pilot, nWise has gained excellent insight in a real-setting environment where nWise has been able to test the nWise Care platform together with its partners Acreo and Alleato to better understand the end-user behavior of the care givers using nWise’s PC Pro app and the care takers using nWise’s Android Tablet app of the Municipality Care offered services.

The feedback from care givers and care takers has spurred nWise to speed up the development of the next generation of Android Tablet Application and new upcoming Media Engine using the latest Echo Reduction SW and Video Compression to further optimize the video and audio experience for both care givers and care takers. Not only that, it has entized nWise to do further investigations into new sensors that will further help the care takers to execute tests from home while easing the workload on care takers.
This pilot project among other pilot projects conducted together with municipalities and hospitals has enabled nWise to create awareness about the Connected for Health locally, regionally and throughout the European continent where the company has received some requests for bid with major Telco operators and municipalities.

3.12 SICS Swedish ICT AB

SICS Swedish ICT with its unit “Digital Health Lab & Innovation- and Business eHealth Area” is active both nationally and internationally with eHealth related projects and initiatives. A specific feature of the work is to support the government, regions and municipalities with strategic knowledge and projects to develop and transform the way healthcare and care are delivered and organised including the participation of patients, relatives and professionals.

The experience from and the results of the CfH project will be an asset for SICS to strengthen its knowledge regarding the use of broadband and fiber in rural areas for health care and care applications in the homes of older persons. In the view of demographic ageing, which will put severe stress on health care and care institutions, such care and support at home will be of significant value.

The already large experience of SICS regarding ICT and eHealth applications in municipalities will be further strengthened by this project which will support SICS also in international initiatives and projects.

The CfH project has given SICS a valuable extended network of public and private actors. Not the least, the high profile of the CfH project will further strengthen SICS to be involved in government’s initiatives.

3.13 Region of Southern Denmark

The purpose of the Danish pilot (pilot 4) in the Connected for Health project, which is carried out in the Region of Southern Denmark is to test and specify an infrastructure/ecosystem for telemedicine thus investigating how to support implementation and upscaling of telemedicine. As mentioned in the Description of Action this pilot is also collaborating with a larger project “The Digital Pathway” coordinated by the Region of Southern Denmark with participation from a number of municipalities and all the hospital units in the region.
The Connected for Health Project and The Digital Pathway have been administered with separate budgets, deadlines etc. but because there is such a close link with the two projects, naturally there are also some very beneficial synergies. The Digital Pathway is funded directly by the Region of Southern Denmark and the participating municipalities. The two municipalities participating in both projects are Esbjerg municipality and Vejen municipality. The piloting activities will continue after the Connected for Health project ends because the Region of Southern Denmark and the municipalities will continue to fund the activities. The activities are scheduled to continue at least until the end of July and will probably continue beyond this point in time.

The business model created as part of the Connected for Health project will create knowledge in order to make a better decision of actually purchasing all or some of the components of the Digital Pathway in the future, and thus fully implementing the piloting activities carried out in the Connected for Health project. The ambition of the Digital Pathway as well as the contribution of pilot 4 into the Connected for Health project is to support large scale implementation of telemedicine, and the experiences from participating in the Connected for Health project will feed into this for projects and eHealth solutions in the future.

Furthermore the Danish government has decided on an ambitious plan for a nationwide implementation for telemedicine for patients with COPD. The plan is to have this fully implemented in the entire country by 2019. In order to do so this requires an extensive support system for telemedicine in place, in fact it would require an infrastructure or ecosystem for telemedicine. Each region in Denmark is to implement this by themselves in collaboration with the municipalities in the region. Because of the experiences from the Digital Pathway project and having participated in the Connected for Health project, the Region of Southern Denmark is very well prepared indeed to take on this task and has every chance of succeeding with the implementation of telemedicine to patients with COPD by 2019 as required by the government.