



C3-Cloud

**“A Federated Collaborative Care Cure Cloud Architecture for
Addressing the Needs of Multi-morbidity
and Managing Poly-pharmacy”**

**PRIORITY Objective H2020-PHC-25-2015 - Advanced ICT systems and services for
integrated care**

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EXECUTIVE SUMMARY

Deliverable 2.5 is the second of four annual dissemination reports from C3-Cloud.

After continuing the previously reported dissemination strategy for several months of year 2, a more pro-active and stakeholder targeted strategy has been defined and put in place. This was partially prompted by helpful guidance during the first EC project review. This deliverable presents a refreshing of our dissemination strategy with more emphasis on showcasing the importance of multi-morbidity and poly-pharmacy, and making the multi-stakeholder case for the C3-Cloud approach and solution (Chapter 2). This is reflected in new versions of our key stakeholder messages which reinforce more strongly the case for change (Chapter 3), as well as re-explaining the contribution of C3-Cloud to the challenge.

Rather than focusing primarily on the project, this version of the dissemination strategy serves more as an engagement strategy, to focus more upon the needs of patients and clinicians, and the value to other stakeholders such as funders, of making a more proactive healthcare response to multi-morbidity. This is intended to create greater awareness of the needs for informatics solutions such as interoperability platforms, guideline based systems and applications and patient empowerment solutions. C3-Cloud's solutions are therefore be presented as a response to these needs.

The web site is an important tool for conveying key messages to stakeholders and is also an important source of content for other materials such as presentations. Whilst retaining an updated section of the web site about the project, for informatics and ICT visitors, a new significant portion of the site is being developed, dedicated to healthcare and patient visitors. This includes a “lay summary” of the problems being tackled in C3-Cloud. Some extracts of this new content are included in Chapter 4 of this deliverable, as illustrations of the new content being developed. Chapter 5 includes some example screen shots of the web site, again for illustration purposes. The web site itself is being updated frequently.

Chapter 6 summarises the main dissemination activities undertaken in year 2, in the same format as Deliverable 2.3. The next steps for dissemination are summarised in Chapter 7.

1. ENGAGEMENT STRATEGY

1.1. The stakeholder engagement strategy

The strategy described in this Chapter represents an evolution in our approach, as the project is progressing, from dissemination to actively engaging stakeholders to make the C3-Cloud changes happen. In particular, it sets out a more pro-active approach to the key stakeholders whose influence is greatest on the multi-morbidity ecosystem that we wish to change and be successful in. Figure 1 below, Kotter's change model, serves as our frame of reference: having started earlier in the project mainly in the first three steps, and targeting some of our stakeholder communities, we are now working on the first five steps in parallel, on a continuous basis.



Figure 1: Kotter's six step change model for engaging our key stakeholders

1. Making the case for change

Given the anticipated health system and societal burden of multi-morbidity and poly-pharmacy, and the potential contribution of C3-Cloud to this, amongst other initiatives, it is essential for all of the health-related stakeholders to recognise that the existing models of health care delivery have to change. The C3-Cloud partners have included this important message in the introduction to academic papers and within conference presentations. We now need to scale up the potency of this message and reach a wider range of stakeholders. Apart from the audiences we have historically reached, who are potential implementers, purchasers and users of C3-Cloud solutions, we are now extending our dissemination to a wider range of public and professional actors. This means our messages need to be more simple and in language suitable for each actor, and focused on conveying why change is needed – somewhat decoupled from the changes that need to be made and the C3-Cloud contributions. Without appreciating how multi-morbidity risks introducing an unsustainable impact on existing health systems, the value of C3-Cloud could not be appreciated by these stakeholders.

2. Engaging stakeholders to build a common vision

C3-Cloud offers solutions for coping with some anticipated changes, such as better aligned guidelines, joint decision making on care planning goals, methods for patient engagement in self-management and prevention etc. These solutions will not in themselves have an impact unless they are embedded in changed healthcare processes and new attitudes – especially to cross-team collaboration and to patient empowerment. This new vision cannot simply be imposed, in particular not by C3-Cloud partners. It has to be co-created and co-owned as a shared vision. Whilst this has been conveyed, we will now look for opportunities to engage more directly with health professionals and patients to invite them to co-own this common vision for next-generation healthcare.

3. Communicating the vision and plans

We have so far communicated C3-Cloud and its ambition through more traditional academic channels such as conferences in health informatics and integrated care, academic publications etc. Starting with a re-vamped web site, and then extending our outreach via social networks, workshops and other in-person channels, we now seek to communicate the societal challenge, the co-owned vision and the C3-Cloud contributions in more targeted ways. The goal is to increase the interest in C3-Cloud and to strengthen the potential market for taking up the solutions, by going beyond the vendors who might sell our solutions to their customers who might stimulate demand for buying them.

4. Removing barriers, increasing momentum

The three pilot sites are working through the necessary organisational changes to adopt C3-Cloud solutions and to embed them within their healthcare provider and patient networks. They are taking a “Minimum Viable Product” approach to adopting C3-Cloud, admittedly to an ecosystem rather than a product. Their learning is vital to our success: understanding the minimum levels of change and business impact that are needed and how C3-Cloud’s approach and solutions can help to avoid introducing major disruption and avoid requiring significant new resource investments whilst providing better care to patients with multi-morbidity. The formalisation of the minimal change at the pilot sites will be part of how we communicate the low level of the barriers, and help to increase buy-in to the achievability and affordability of better care for multi-morbidity.

5. Short term wins

The pilot site evaluations, late in year 3 and then more in year 4, will give us demonstrable short term wins that can be promoted. This will include examples of the kinds of multi-morbidity we have examined, what the experience has been for health professionals and patients using the solutions. These are the convincing arguments that will favour interest in procuring our solutions, and thereby internal vendor interest in exploiting them and external vendor interest in licensing them.

6. Reinforcing the change

This element of the strategy will need sustainability, in order to continue to promote the challenges, the vision, the solutions and the benefits beyond the life of the project. Some partners are well placed and are willing to sustain the message, and the dissemination plan next year will include more specificity on what sustainable measures they intend to pursue.

1.2. Approach to delivering this strategy

Whilst C3-Cloud will continue to promote the project in a classical (academic) sense, we are shifting the majority of our efforts on promoting our messages into a multi-morbidity ecosystem across

stakeholders. This reflects a scaling up of steps 1-3 of Figure 1 and starting on step 4. (Step 5 will become more relevant once pilot site evaluation findings emerge, later in year 3.)

We are making more use of the web site to target the public, health professionals and other stakeholders. Our key messages to these stakeholders have been updated from last year and are given in Chapter 3 of this report. We will evolve them as we get feedback. We are creating new content about multi-morbidity itself, and explaining the contribution of C3-Cloud, in ways that are attractive and informative for healthcare professionals, patients, health care provider organisations, public health and health ministry visitors, in addition to the ICT and academic sectors that we already cater for. This includes a landscape picture and description of the interdependency among stakeholders to positively disrupt the existing single-condition silo-based delivery of healthcare services. Some examples of this new content are given in Chapter 4.

Additional activities planned for 2018-19

- We will have a steady stream of news articles, not just on the project's internal work but more broad items of interest relevant to multi-morbidity. We are defining some KPIs for the web site and for our overall dissemination strategy.
- Working through a small internal project task force we will define a vision and mission for the multi-condition ecosystem we wish to champion, and conduct a gap analysis (drawing on existing work by our pilot sites and WP4.)
- We will organise a dedicated multi-stakeholder consultation workshop, to be held before or just after the summer, at which we can present and improve our landscape picture. We want to draft and then agree during this consultation workshop a value proposition for each stakeholder, and identify from them the concerns, barriers and success conditions for them to play a stronger role in a multi-stakeholder positive disruption that favours better care for patients with multiple conditions (step 4 of the model). We will also consult with colleagues from the pharmaceutical industry on how multi-morbidity is perceived within industry, which traditionally works in therapeutic area pipelines.
- We will continue to work with these stakeholders in the later part of 2018, and early 2019, to grow an engagement network for each stakeholder group, across Europe. Our primary focus in 2018 will be consultative (i.e. more listening), so that we can be well targeted in a more dissemination oriented 2019.
- We will in parallel promote a small number of selected single country C3-Cloud events during 2018-19, since health systems still operate very much on national levels.
- These efforts will converge in early 2019 at a conference we intend to jointly organise with the European Institute for Innovation through Health Data (i~HD) to showcase the opportunities and initiatives supporting patients with multiple long-term conditions, also emphasising the importance of patient empowerment and joint decision-making towards achieving commonly agreed health goals. C3-Cloud will be presented through that event as an enabler for positively disruptive innovation. This will be our public launch of the multi-condition vision for future healthcare.
- Following that conference, during 2019-20, we will be in a good position to leverage a wider range of channels such as regular newsletters and social media to continue to drive high visibility and a convergence EC and national initiatives to support patients with multiple conditions. We will hold further events, to be determined later.
- We believe that this will put in a good position to have prepared the market to receive products derived from our components, which will be persuasive to the ICT sector and hopefully will strengthen our position towards sustainability and industry exploitation.

2. KEY STAKEHOLDER MESSAGES

Updating the set of stakeholder message points from Deliverable 2.3 last year, this section provides a more narrative story that we are now using to communicate to each of the following stakeholder groups. These stories are explanations of why C3-Cloud is addressing an important stakeholder need and attempts to outline the project's ambition in terms relevant to that stakeholder perspective. They contain much repetition, since they are effectively communicating similar content, but with different areas of emphasis and slightly different language.

As a starting point, these messages are on our web site. We will evolve them in consultation with some of these stakeholders, within and beyond the consortium, during the third year of the project. The web site and other channels such as social networks will be used to convey these evolving messages.

There are many opportunities for academic clinical and informatics research and for education to spin out from C3-Cloud innovations, and in the field of multi-morbidity as a whole. We will update the communications strategy for this stakeholder group during 2018-19, but will deliberately prioritise the other stakeholders first during 2018.

2.1.1. Patients, caregivers

It is increasingly common for patients to have multiple long-term conditions, a situation known medically as *multi-morbidity*. Each condition requires different care from different professionals and teams, has its own treatments, its own pattern of regular blood tests, X-rays and other investigations. Health services often have difficulty in co-ordinating care across diseases, which may lead to duplications of tests, multiple appointments with specialists that might have been merged, limited knowledge of each clinician about the plans being made by other clinicians, and occasionally medicines that clash with each other.

New research is being conducted to help highlight the importance of better care planning and care co-ordination. The C3-Cloud project is demonstrating how better care can be provided by streamlining the recommendations (guidelines) for the treatment of four example conditions. These are diabetes, heart failure, renal (kidney) failure and depression. The project will focus on how best to provide care to patients with at least two of these conditions at the same time. It is developing care planning and teamwork computer systems for healthcare professionals to use, and mobile apps that patients and their caregivers can use to better manage their own health care and illness prevention.

In order to prove how well the C3-Cloud approach works, certain patients will be invited to take part in a study of using the computer system, in parts of the UK, Sweden and Spain. The study has sought ethical approval at each of the three sites. C3-Cloud will publish the results of the study in 2019 and 2020, and will licence the software to IT companies across Europe to help spread the approach.

Patients with any combination of multiple conditions, not just the four in our study, should watch out for the C3-Cloud project progress and results on our web site. We will also offer news and updates about other initiatives helping to improve the care of patients with multi-morbidity.

Via the web site we will periodically be inviting the views of patients on the most important challenges of multi-morbidity feedback, and on our initiative. Please come back regularly!

2.1.2. Healthcare professionals

Multi-morbidity is a growing challenge for healthcare systems, due to the ageing populations across Europe. Care co-ordination is a special problem due to the still poor connectivity between many hospital and GP electronic health record systems. Decision making is more complex because most clinical guidelines and care pathway systems (including computerised systems) have been designed to manage single conditions. These guidelines and systems rarely take into account that the first line treatment choice or management strategy for a patient can be altered by the co-existence of another condition.

Polypharmacy is a well-known patient safety and treatment optimisation concern. Cross-team collaboration is difficult due to poor communications channels within and between healthcare organisations, even if they are geographically close.

C3-Cloud is a European Commission sponsored project that is developing innovative ICT solutions to multi-morbidity. Its starting point is to assess how clinical guidelines published for four long term conditions may be harmonised (for diabetes, heart failure, renal failure and depression). These harmonised guidelines are being embedded within a novel care pathway platform that is capable of integration with a patient's electronic health record so that it can provide patient-specific information to support clinician led decision making and support patients in self-management. The platform contains care pathway software for clinical use, and patient empowerment and self-management software that patients and caregivers can use.

The C3-Cloud platform and applications have been developed with interoperability in mind, and use popular interoperability standards to make it easier to connect with hospital and GP electronic health record systems. State of the art security measures protect patient privacy to an extent that meets information security requirements of health systems across Europe, and complies with the latest data protection legislation (including the GDPR).

C3-Cloud aims to support clinical workflow and workload by making it easier to plan and to document care for patients with multi-morbidity, and to communicate with other care actors involved with a patient through a collaboration platform that supports secure messages and video-links for case conferences. The involvement of patients in more effective, clinician-guided and software supported self-care should reduce treatment complications and we hope it will reduce unscheduled care encounters. C3-Cloud is evaluating its innovative platform via a three-centre study in the UK, Sweden and Spain. Results will be published via our web site during 2019 and 2020. Our web site will also feature regular updates in multi-morbidity medicine and integrated care, starting in 2018.

Via the web site we will periodically be inviting the views of clinicians on the most important challenges of multi-morbidity feedback, and on our initiative. Please come back regularly!

2.1.3. Health and social care provider organisations, healthcare payers, policymakers

Multi-morbidity is a growing challenge for healthcare systems, due to the ageing populations across Europe. It is a problem that taxes the efficiency of most healthcare systems due to the complexity of care co-ordination, the high likelihood of test duplication, sub-optimal treatments due the complications of other conditions, and patient safety risks inherent in polypharmacy. This is especially a safety concern in the elderly, who are also most likely to have multiple conditions.

The consequences of poorly managing multi-morbidity include a higher risk of disease and treatment complications, more frequent clinical encounters, and potentially avoidable hospital admissions and bed days.

C3-Cloud is a European Commission sponsored project that is developing innovative ICT solutions to multi-morbidity. Using four disease areas as commonly co-existing examples (diabetes, heart failure, renal failure and depression), the project has aligned published clinical guidelines to streamline care in the event of a patient having more than one, with better optimised treatment recommendations. The harmonised guidelines are offered to clinicians via a platform and application that integrates data from each patient's electronic health record, making it easier to personalise each care plan to the needs of the patient. Team co-ordination is better supported through a platform that enables secure messaging, voice and video links between clinicians or as a care conference. Joint planning and decision making can be made less disruptive through remote collaboration, and will support a more co-ordinated approach.

C3-Cloud has also factored in the importance of patient self-management, by providing an empowerment platform to patients (and to their caregivers, with patient consent) that present the agreed multi-condition care plan as a step wise visualisation and prompt for self-management inputs (measurements, activities, care actions etc.) as agreed in advance with their clinicians. It is increasingly

recognised that empowered patients who play an active role in self care can have fewer complications and avoid healthcare interventions.

The C3-Cloud platform and applications have been developed with interoperability in mind, and use popular interoperability standards to make it easier to connect with hospital and GP electronic health record systems. State of the art security measures protect patient privacy to an extent that meets information security requirements of health systems across Europe, and complies with the latest data protection legislation (including the GDPR). C3-Cloud is engaging with ICT vendors to examine the most mutually favourable licencing models for industry-wide adoption after the project, in early 2020.

C3-Cloud is evaluating its innovative platform via a three-centre study in the UK, Sweden and Spain. Results will be published via our web site during 2019 and 2020. Our web site will also feature regular updates in multi-morbidity medicine and integrated care, starting in 2018.

2.1.4. Health ICT sector

Multi-morbidity is a growing challenge for healthcare systems, due to the ageing populations across Europe. Electronic health record and care pathways systems handle multi-morbidity variably due to the lack of well-endorsed user requirements in this area, and because most of the knowledge base (including clinical guidelines) do not make adequate provision for multi-morbidity.

C3-Cloud is an EU Horizon 2020 project specifically focusing on multi-morbidity. With a multi-stakeholder consortium, that includes multi-morbidity and polypharmacy expert clinical teams and healthcare provider networks with a strong pedigree in integrated care, C3-Cloud has developed a platform, tools, services and applications to support clinicians and patients with the planning, delivery and monitoring of multi-morbidity care. These include a FHIR-based repository into which relevant patient health data from potentially heterogeneous EHR systems is imported, structurally and semantically harmonised. Clinician-aligned guidelines that cater for multi-morbidity are semantically represented within a care planning system that offers the ability for clinicians and patients to jointly establish goals and management milestones. This includes self-management for patients and caregivers, that is accessed by them via mobile apps. Care collaboration is also supported via a secure messaging and video-conferencing facility.

C3-Cloud is evaluating its innovative platform via a three-centre study in the UK, Sweden and Spain. Results will be published via our web site from 2019. Although some ICT vendors are part of the consortium, we are about to establish an external vendor forum to obtain wider input on potential exploitation and licensing paths that are of interest. We will periodically publish our exploitation strategy, for the holistic C3-Cloud solution stack and for certain components that might be individually re-usable by other companies.

More technical information about the C3-Cloud project and its software development may be found [here](#).

3. SAMPLES OF NEW WEB SITE CONTENT

3.1. Lay summary about multi-morbidity and the contribution of C3-Cloud

C3-Cloud is supporting the care of people with multiple health conditions

Multi-morbidity: a challenge for patients, carers and clinicians

Successes in medical research have meant that people are now living longer. As people live longer they are more likely to be living with different ongoing medical problems. When someone has two or more long-term health conditions, this is called “multi-morbidity”. Finding the best way to support and treat people with multi-morbidity can be challenging for patients, caregivers and clinicians. Multi-morbidity is challenging because clinical guidelines for how best to treat conditions and the ways in which healthcare teams are organised are often designed for caring for individual health problems, but not a combination. Different health conditions, and treatments for different health conditions may interfere with one another. For example a person with diabetes and renal disease might be advised by their healthcare professionals to follow two conflicting food diets; one focused on managing diabetes and another on managing kidney problems.

A special challenge and caring for patients with multiple health conditions is that they often need to take multiple medications, the situation known as polypharmacy. There is a risk that the side-effects of one medicine could exacerbate another condition which the patient has, and so special care is needed to manage multiple medications. It is essential that all of the clinical teams caring for multiple conditions of the patient are aware of each other’s prescribing.

C3 Cloud develops innovative technology solutions to better manage multi-morbidity

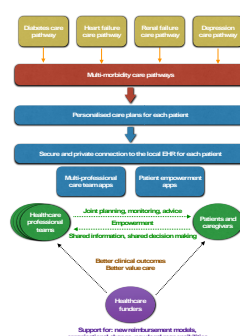
Fortunately, using digital technologies we can help people living with multi-morbidity, and those who look after them. Supporting people with multi-morbidity, caregivers and clinicians is the purpose of the C3-Cloud project. C3-Cloud is developing innovative systems to help to improve the effectiveness, co-ordination and patient engagement in managing patients with multiple long-term conditions. It is a European Union funded Research project looking to better understand how to support people with multi-morbidity (two or more long-term health conditions) and those who look after them.

C3-Cloud is acting as a catalyst to help highlight and address this important healthcare need. We are:

- examining and harmonising published clinical guidelines so that they are better aligned and easier for clinicians and patients to use in combination
- embedding the harmonised guidelines within computerised care pathway systems so that clinicians and patients can follow them easily, and share the monitoring of progress towards agreed health and care goals
- offering patients an app that they can use to record their health status and track their own progress towards health goals.

Find out more about [C3-Cloud’s innovative technology solutions](#).

These solutions must be seen as part of a C3- Cloud multi-morbidity ecosystem in which different personnel collaborate to achieve better outcomes and to deliver better healthcare value to all.



The C3-Cloud multi-morbidity ecosystem (click to enlarge)

C3-Cloud is now making a multi-stakeholder call to action, to put multi-morbidity at the forefront of health and research strategies, so that we can together provide a more effective and safer healthcare service to the growing number of people with multiple health conditions and on multiple medications.

C3-Cloud’s innovative technology solutions

It is a digital system using modern computer technology. In simple terms it has two key parts. The first part is the “**Personalised Care Plan**” and the second part is the “**Patient Empowerment Platform**.” There is of course a lot of computer based research and technology behind the scenes to support these two elements.

The “**Personalised Care Plan**” is a computer based system that allows the clinical recommendations for different medical conditions to be combined into a recommendation made specifically for an individual patient, taking into account their individual medical conditions. That recommendation can help ensure the patient is on the right medication, has the correct monitoring and can establish suitable treatment goals. Different clinical teams who usually specialise in individual conditions can work together to ensure that each care plan is tailored to each individual patient and their wishes.

The “**Patient Empowerment Platform**” ensures that the individual patients’ views, wishes and desires are included in managing their care, especially when they have multiple medical conditions. These views and desires can be shared with the whole team looking after them, be they doctors, nurses or informal care givers. This computer system also helps support patients with different task. For example it can support patents with taking their medication, engaging in exercise and ensuring that the psychological element of living with multiple different medical conditions is looked after.

The C3-Cloud solution will be run on a first set of users by looking at 4 different medical conditions: diabetes, heart failure, renal failure and depression. The first set of users are in 3 different regions of the European Union, namely the Basque Country in Spain, Region Jämtland Härjedalen in Sweden, and South Warwickshire in the United Kingdom; and the results will be shared to hopefully benefit all patients in the European Union and beyond.

You can read more about the C3-Cloud work plan [here](#).

C3-Cloud multi-stakeholder call to action

Improving the care of patients with multiple conditions requires many different groups to work together. Apart from individual clinical teams coordinating their activities in empowered partnership with each patient, we will need clinical professional organisations and patient organisations to work together. They will have to establish and promote good practices in empowering patients and supporting them in contributing to their own health care and meeting their health goals.

IT systems need to be better connected so that they can ensure that every clinician caring for a patient is aware of the other clinicians involved, caring for other conditions which the patient has, their activities including prescribing, and their care plans. Clinical guideline developers, and those involved in clinical research, need to examine the implications on the treatment of each condition if patients have other conditions and treatments at the same time. Educating and support patients better, and coordinating care, take time and it is important for public health authorities, health ministries and health insurers to ensure that the reimbursement to healthcare organisations enable these staff to have adequate time to invest in care collaboration. This is an important investment of time and should not be squeezed into everyone's already pressurised workloads.

Healthcare regulatory bodies, the clinical research community and industries such as pharmaceutical drug development need to be encouraged to more strongly prioritise multi-morbidity in their research and drug development strategies. We need much more scientific evidence of how drugs interact, and which combinations of drugs are the safest and most effective for each combination of conditions.

This is a call to action for all stakeholders connected with healthcare and clinical research, to put multi-morbidity at the forefront of their strategies, so that we can together provide a more effective and safer healthcare service to the growing number of people with multiple health conditions and on multiple medications.

C3-Cloud work plan

The work plan of the C3-Cloud project is divided into a series of work packages which are responsible for different activities in the project.

Work package 1 deals with project management. It looks after making sure the whole work plan proceeds smoothly, troubleshooting any issues that arise, reporting on progress to the European Commission, financial reporting and supporting internal communications amongst the project partners.

Work package 2 coordinates the information and the channels used to communicate about the project, its progress and results to organisations and communities across Europe, and internationally. It looks after the design and content of the website, and supports all of the partners with producing materials for conferences and academic papers. This work package also considers how the results of the project, especially its technology solutions, can be adopted more widely by companies and healthcare systems after the project is over, and how research can continue to improve on the results we produce. This work package make sure that the ownership rights of all of the partners is protected when licensing the C3-Cloud software to other companies and health services.

Work package 3 deals with the design of the C3-Cloud solution (its system architecture). It is responsible for collecting the user requirements from patients and clinicians, from the three healthcare pilot sites in the UK, Sweden and Spain that will test the solutions. It is responsible for constructing the set of individual software components that need to work together to achieve a complete and useful solution, supporting clinicians and patients with care plans for multi-morbidity. It is also responsible for defining the security requirements the C3-Cloud solution must meet.

Work package 4 considers how the health systems in the three pilot site countries, the clinical teams and other professionals working in the hospitals and general practices involved, will need to work differently when using C3-Cloud solutions. It has examined how care for patients with multi-morbidity is carried out today, so it can work out the changes that each site will need to make in order to deliver better, more integrated and more patient empowered care. It will eventually publish recommendations for other health systems wishing to adopt the C3-Cloud solutions, so that they can do so smoothly and make best use of C3 cloud technology.

Work package 5 is responsible for designing and building the patient empowerment platform. This is the application that will be used by patients and their caregivers for self management of multiple health conditions, and for tracking their preventive health and lifestyle activities. It is also responsible for producing educational materials, such as a video, to help explain the problems associated with caring

for patients with multi morbidity and how C3-Cloud is seeking to offer a better way of supporting such patients.

Work package 6 is responsible for developing the software that connects C3-Cloud to the electronic health records at each of the healthcare organisations involved in the study, for developing the software to integrate data from different database representations and terminologies. It is also responsible for building all of the security features needed to ensure that only authorised staff can access the records of each patient, and the audit trail that keeps a record of every access to the system that is made. This work package will also make sure that all of the databases are secured against unauthorised access, and that all of the communications occurring between computer systems are encrypted.

Work package 7 is responsible for building the software that will be used by clinicians to design care plans, personalised in collaboration with patients, and track the progress of each patient whenever their care is reviewed. This work package will also communicate to the patient empowerment platform (developed by work package 5), and is therefore responsible for integrating all of the software that makes up the C3-Cloud solution.

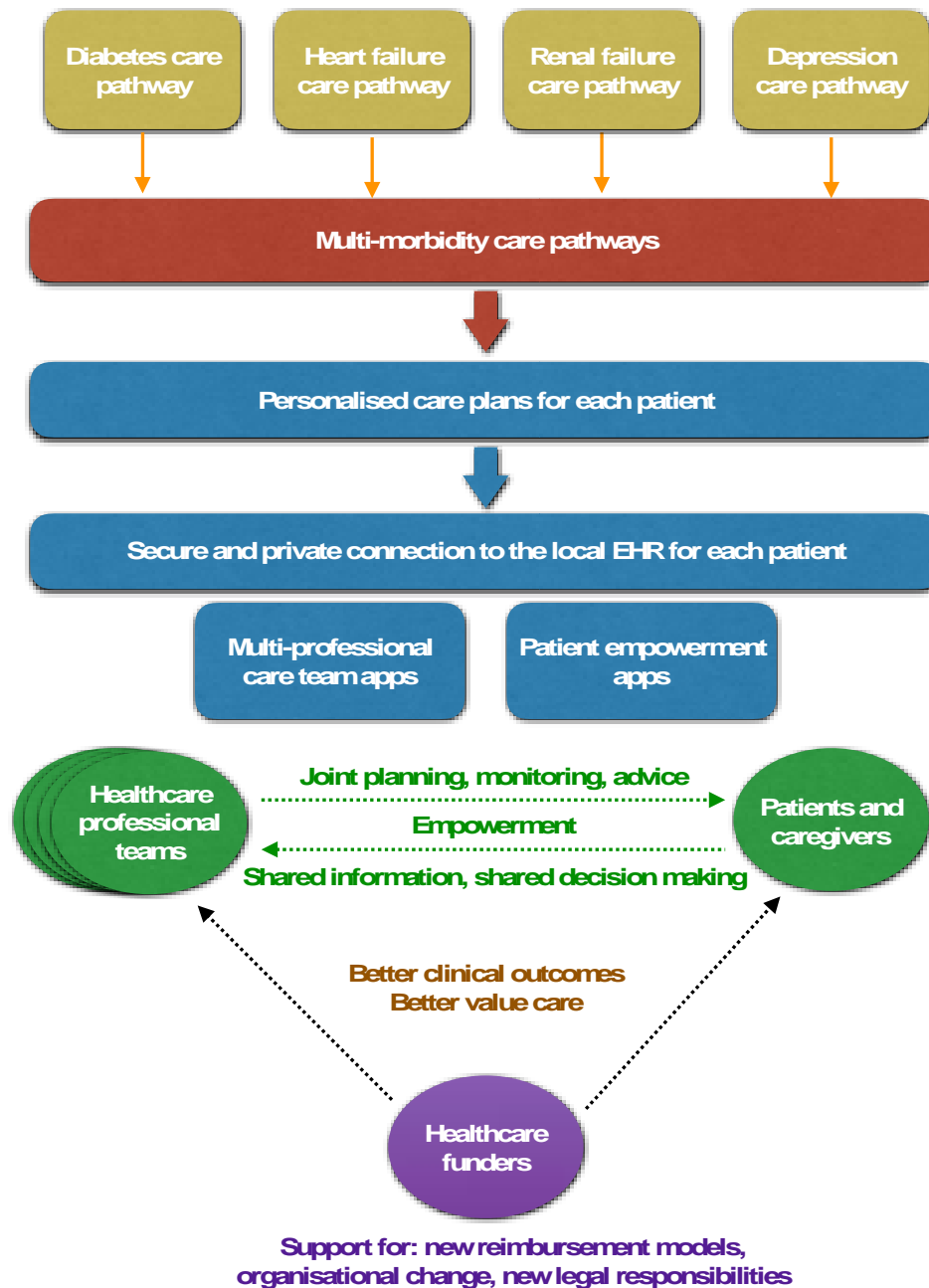
Work package 8 looks after the three pilot sites that are assessing the successful use of the C3-Cloud solutions. There are clinical and technical representatives from each of the three pilot sites, in the UK, Sweden and Spain. The sites have jointly designed the way in which the study will be conducted, and the materials that will be used to train clinicians and patients. They have each organised workshops with patients, and with clinicians, to make sure that their user requirements are well understood and have been communicated to the technical teams developing C3-Cloud software.

Work package 9 is leading the evaluation and impact assessment of the study. It is responsible for designing questionnaires and other assessment methods that will be used to establish the usability and use made of the C3-Cloud solutions at the pilot sites, and how clinicians and patients found the experience of using the applications. The evidence from the studies, analysed through this work package, is essential to help demonstrate the value of C3-Cloud's approach and solutions, to justify wider adoption across Europe.

Work package 10 focuses on ethics. Its role is to make sure that the design of the software, and the design of the pilot studies, meets legal and ethical obligations, and is approved by all of the appropriate bodies, at each site.

These work packages are being undertaken by a consortium of twelve partnering organisations, including universities, healthcare providers and industry. You can find out about these twelve partners [here](http://c3-cloud.eu/consortium-v2). {Link to: <http://c3-cloud.eu/consortium-v2> }

The C3-Cloud multi-morbidity ecosystem



3.2. Planned next areas of lay summary content

The above pages are now being set up as a shadow web site (as illustrated in Chapter 4 below). Prior to making this new multi-stakeholder area live we shall also add lay summary text describing:

- the overall C3-Cloud work plan as a diagram and time line
- a summary of each work package objectives in more detail, with some easily-understood diagrams

- a description of the pilot studies being undertaken at three sites (with limited detail so as not to prejudice the randomisation of subjects within the pilot sites)
- a new look news section with news about multi-morbidity and a wider range of health and health informatics initiatives, not only C3-Cloud.

Once this content is live, we will explore feedback channels to collect the perspectives towards the C3-Cloud approach to multi-morbidity, to inform our exploitation strategy.

4. C3-CLOUD PROJECT WEB SITE

As stated earlier in this report, the C3-Cloud project web site is being redesigned to include an area that is much more approachable to multiple non-academic stakeholders including the public. The three screen shots below are of the new web site, about to go live, and correspond to material presented in the last section.

C3-Cloud is supporting the care of people with multiple health conditions

Multi-morbidity: a challenge for patients, carers and clinicians

Successes in medical research have meant that people are now living longer. As people live longer they are more likely to be living with different ongoing medical problems. When someone has two or more long-term health conditions, this is called "multi-morbidity." Finding the best way to support and treat people with multi-morbidity can be challenging for patients, carers and clinicians. Multi-morbidity is challenging because clinical guidelines for how best to treat conditions and the ways in which healthcare teams are organised are often designed for caring for individual health problems, but not a combination. Different health conditions, and treatments for different health conditions may interfere with one another. For example, a person with diabetes and renal disease might be advised by their healthcare professionals to follow two conflicting food diets: one focused on managing diabetes and another on managing kidney problems.

A special challenge in caring for patients with multiple health conditions is that they often need to take multiple medications, the situation known as polypharmacy. There is a risk that the side-effects of one medicine could exacerbate another condition which the patient has, and so special care is needed to manage multiple medications. It is essential that all of the clinical teams caring for multiple conditions of the patient are aware of each other's prescribing.

C3 Cloud develops innovative technology solutions to better manage multi-morbidity

Fortunately, using digital technologies we can help people living with multi-morbidity, and those who look after them. Supporting people with multi-morbidity, carers and clinicians is the purpose of the C3-Cloud project. C3-Cloud is developing innovative systems to help to improve the effectiveness, co-ordination and patient engagement in managing patients with multiple long-term conditions. It is a European Union funded research project looking to better understand how to support people with multi-morbidity (two or more long-term health conditions) and those who look after them.

C3-Cloud is acting as a catalyst to help highlight and address this important healthcare need. We are:

- examining and harmonising published clinical guidelines so that they are better aligned and easier for clinicians and patients to use in combination
- embedding the harmonised guidelines within computerised care pathway systems so that clinicians and patients can follow them easily, and share the monitoring of progress towards agreed health and care goals
- offering patients an app that they can use to record their health status and track their own progress towards health goals.

Find out more about [C3-Cloud's innovative technology solutions](#).

These solutions must be seen as part of a C3-Cloud multi-morbidity ecosystem in which different actors collaborate to achieve better outcomes and to deliver better healthcare value to all.

The C3-Cloud multi-morbidity ecosystem (click to enlarge)

C3-Cloud is now making a [multi-stakeholder call to action](#), to put multi-morbidity at the forefront of health and research strategies, so that we can together provide a more effective and safer healthcare service to the growing number of people with multiple health conditions and on multiple medications.



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[Home](#) > C3-Cloud's innovative technology solutions

C3-Cloud's innovative technology solutions

It is a digital system using modern computer technology. In simple terms it has two key parts. The first part is the **"Personalised Care Plan"** and the second part is the **"Patient Empowerment Platform"**. There is of course a lot of computer based research and technology behind the scenes to support these two elements.

The **"Personalised Care Plan"** is a computer based system that allows the clinical recommendations for different medical conditions to be combined into a recommendation made specifically for an individual patient, taking into account their individual medical conditions. That recommendation can help ensure the patient is on the right medication, has the correct monitoring and can establish suitable treatment goals. Different clinical teams who usually specialise in individual conditions can work together to ensure that each care plan is tailored to each individual patient and their wishes.

The **"Patient Empowerment Platform"** ensures that the individual patients' views, wishes and desires are included in managing their care, especially when they have multiple medical conditions. These views and desires can be shared with the whole team looking after them, be they doctors, nurses or informal care givers. This computer system also helps support patients with different tasks. For example it can support patients with taking their medication, engaging in exercise and ensuring that the psychological element of living with multiple different medical conditions is looked after.

The C3-Cloud project will be tested by looking at 4 different medical conditions. These medical conditions are diabetes, heart failure, renal failure and depression. This testing will take place in 3 different regions of the European Union and the results will be shared to hopefully benefit all patients in the European Union and beyond.



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[Home](#) > C3-Cloud multi-stakeholder call to action

C3-Cloud multi-stakeholder call to action

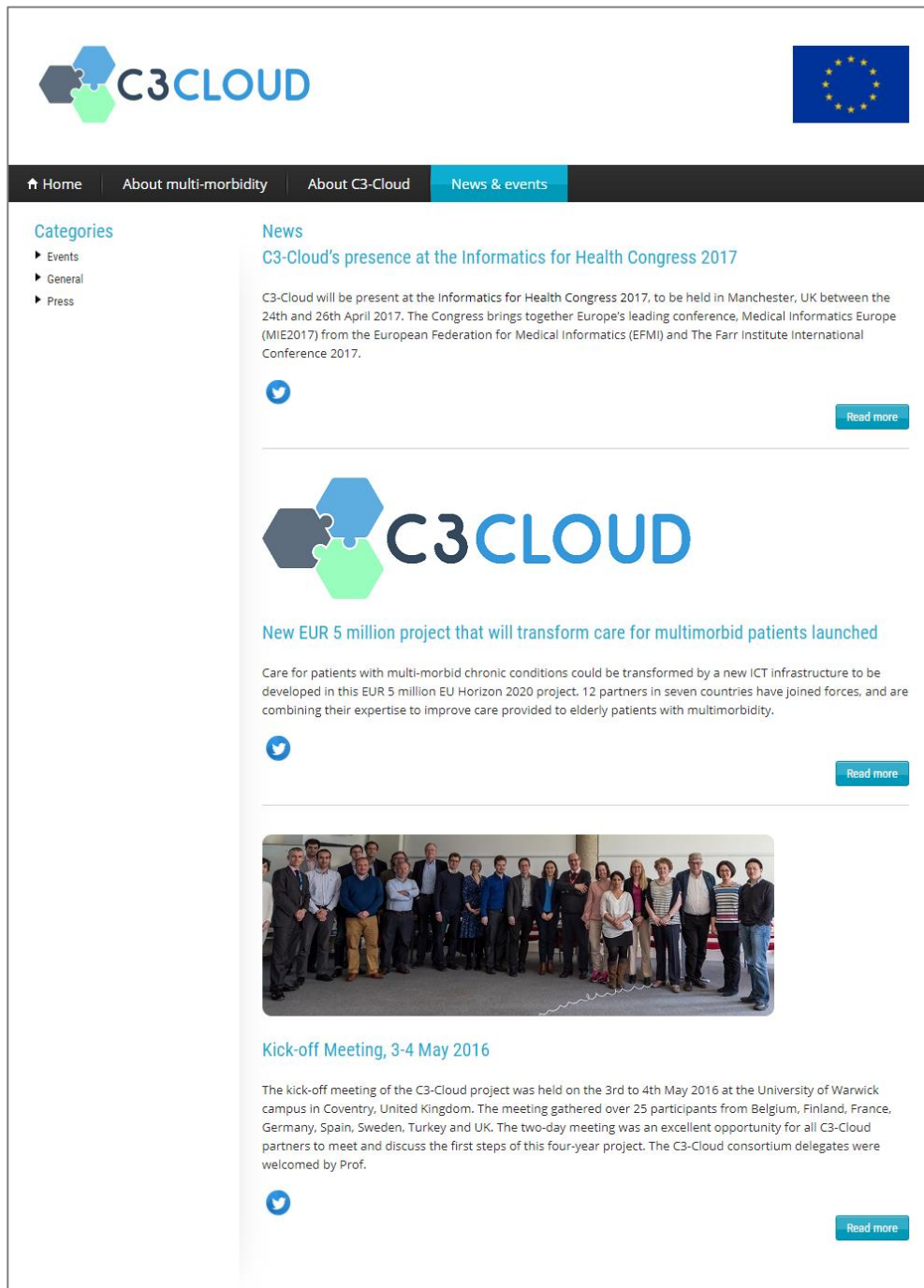
Improving the care of patients with multiple conditions requires many different groups to work together. Apart from individual clinical teams coordinating their activities in empowered partnership with each patient, we will need clinical professional organisations and patient organisations to work together. They will have to establish and promote good practices in empowering patients and supporting them in contributing to their own health care and meeting their health goals.

IT systems need to be better connected so that they can ensure that every clinician caring for a patient is aware of the other clinicians involved, caring for other conditions which the patient has, their activities including prescribing, and their care plans. Clinical guideline developers, and those involved in clinical research, need to examine the implications on the treatment of each condition if patients have other conditions and treatments at the same time. Educating and support patients better, and coordinating care, take time and it is important for public health authorities, health ministries and health insurers to ensure that the reimbursement to healthcare organisations enable these staff to have adequate time to invest in care collaboration. This is an important investment of time and should not be squeezed into everyone's already pressurised workloads.

Healthcare regulatory bodies, the clinical research community and industries such as pharma need to be encouraged to more strongly prioritise multi-morbidity in their research and drug development strategies. We need much more scientific evidence of how drugs interact and which combinations of drugs are the safest and most effective for each combination of conditions.

This is a call to action for all stakeholders connected with healthcare and clinical research, to put multi-morbidity at the forefront of their strategies, so that we can together provide a more effective and safer healthcare service to the growing number of people with multiple health conditions and on multiple medications.

The project news section is also being redesigned, and will feature news relating to multi-morbidity and person centred care as well as project news. A mock example of this design is shown below.



5. DISSEMINATION ACTIVITIES

The dissemination activities in this second year of the project have mainly focused on presenting the project as a whole, the problems of multi-morbidity that it is addressing, its method and work packages, and its anticipated results.

5.1. Summary of dissemination activities during Year 2

Our activities during year 2 of the project have focused on presentations (15 conference and workshop presentations were made during year 2) and 8 smaller meetings with key stakeholder groups. These have included European events such as Medical Informatics Europe conference (MIE), which is Europe's main health informatics academic conference also attended by SMEs, and EC sponsored events such as eHealth Week which reaches policy-makers and a wide range of European representative bodies for patients, professionals and the ICT sector. Others have been large scale national events, for example the largest relevant conferences in the UK and Turkey. Our visibility footprint has also included integrated care events, which attract more healthcare professionals and patient organisations and healthcare payers. More dedicated workshops and stakeholder meetings have included ministry representatives, healthcare professionals and health ICT innovators. In addition to the main project web site, individual partners have promoted the project through recurrent local events and on their own web sites. Social media postings have been occasional this year, and will be scaled up during year 3.

It is not easy to quantify the reach of our dissemination activities across stakeholder groups. Some events have been very focused and targeted just a few key persons intensely, others have reached a hundred or more within a conference plenary session. Web site statistics do not tell us the stakeholder group of the visitors. Summing the numbers we have does not make sense. However, we do know that we have reached each of the following stakeholder groups through our activities.

- Health and social care payers and providers
 - care professionals
 - healthcare provider organisations
 - health insurers
 - health ministries
- Patient and community groups and associations
- Health ICT industry
- Standardisation bodies
- Research
 - clinical research
 - health informatics
- Education
 - health professional education
 - patient education
- Policymakers

5.2. List of dissemination events during Year 2

5.2.1. Conference presentations and panel sessions

Title of the dissemination	Promoting C3-Cloud at a national event, Health and Care Innovation Expo 2017
Date of dissemination	11-12 September 2017
Type of dissemination	Conference presentation Promotional material presented and distributed at event (presentation slides, leaflets, C3-Cloud team member (Sarah Lim Choi Keung) attending to talk to participants)
Description of event, publishing or hosting entity (and city if applicable)	C3-Cloud was showcased at the Health and Care Innovation Expo 2017 national event in Manchester, UK. The Institute of Digital Healthcare at the University of Warwick had a stand at the expo. This event is the main NHS innovation event attended by NHS, industry and academia.
Principal stakeholders targeted, estimated numbers	Health and social care payers and providers Health ICT industry Research Education Health sector, including NHS 5,068 people attended Expo 2017, including more than 300 Chief Executives and Chairs, more than 800 Directors, and more than 500 Heads of Service.
Key messages, viewpoint, and estimated impact	C3-Cloud project was introduced, with highlights of the research and health impact, and 2 UK partners collaborating on a large European project.
Reference, citation, URL etc.	https://www.england.nhs.uk/expo/
Lead partner (if applicable)	WARWICK

Title of the dissemination	Paper in Medical Informatics Congress 2017 Gokce Banu Laleci Erturkmen, Mustafa Yuksel, Bunyamin Sarigul and Theodoros N. Arvanitis. "C3-Cloud: A Federated and Collaborative Care and Cure Cloud Architecture for Addressing the Needs of Multi-Morbidity" ("C3-Cloud: Çoklu morbidite ihtiyaçlarını karşılamak üzere katılımcı ve bütünsel bakım ve tedavi mimarisi"), Medical Informatics Congress 2017 ("Tıp Bilişimi Kongresi"), October 2017. Best Presentation Award.
Date of dissemination	13-14 October 2017
Type of dissemination	Full conference, Peer reviewed publication
Description of event, publishing or hosting entity (and city if applicable)	Medical Informatics Congress is one of the biggest periodic health informatics conferences organized in Turkey. It has very active participation by the Turkish Ministry of Health as well as health and social care vendors in Turkey. It attracts policymaker participation from neighbouring countries as well. This year it was organized in Antalya.

Principal stakeholders targeted, estimated numbers	Turkish Ministry of Health, Healthcare provider organisations, Health ICT industry, Health informatics, Health professional education, Policymakers ~200 participants (conference), ~50 listeners (session)
Topic(s) covered in your content (keywords)	An overview of the C3-Cloud project and some details about the C3DP collaborative care plan management software were presented.
Main message and estimated impact	The importance of ICT support for chronic disease management was the main message, which is also on the agenda of the Turkish Ministry of Health. The paper received the best presentation award.
Reference, citation, URL etc.	http://www.miaconferences.org/program/
Lead partner (if applicable)	SRDC

Title of the dissemination	
Date of dissemination	18 October 2017
Type of dissemination	Conference panel discussion preparatory meeting with Head of Unit eHealth, DG CONNECT
Description of event, publishing or hosting entity (and city if applicable)	eHealth conference in Tallinn
Topic(s) covered in your content (keywords)	eHealth
Lead partner (if applicable)	Empirica

Title of the dissemination	
Date of dissemination	18 October 2017
Type of dissemination	Conference panel discussion
Description of event, publishing or hosting entity (and city if applicable)	eHealth conference in Tallinn
Principal stakeholders targeted, estimated numbers	100, including health ministries, ICT industry, standardization bodies, health informatics research, patient organisations, healthcare professional organisations

Topic(s) covered in your content (keywords)	Interoperability standards, semantic interoperability
Lead partner (if applicable)	EuroRec

Title of the dissemination	Promoting C3-Cloud at a national event, Patient First
Date of dissemination	21-22 November 2017
Type of dissemination	Full conference Conference presentation Promotional material distributed at event (leaflets) C3-Cloud slide deck at the WARWICK stand C3-Cloud team member (George Despotou) presenting C3-Cloud at the session “Safety through Technology” track.
Description of event, publishing or hosting entity (and city if applicable)	Patient First is the UK’s largest patient safety event, supporting those operating within the NHS and independent healthcare sectors, aimed at giving practical advice needed to create action for change. London, UK.
Principal stakeholders targeted, estimated numbers	Health and social care payers and providers Patient and community groups and associations 3700 attendees, 180 exhibitors, 120 speakers NHS and private healthcare providers
Key messages, viewpoint, and estimated impact	C3-Cloud project introduced to a wider audience, including the research impact, collaborators on the project and expertise.
Reference, citation, URL etc.	http://www.patientfirstuk.com
Lead partner (if applicable)	WARWICK

Title of the dissemination	
Date of dissemination	28 November 2017
Type of dissemination	Conference (oral communication)
Description of event, publishing or hosting entity (and city if applicable)	IV FORUM Personalizing the integrated care (The aim is to make an assessment of where we are and what are the challenges and challenges to achieve, in practice, a personalization of comprehensive assistance). Hosting entities: Observatory of Innovative Practices in the Management of Complex Chronic Diseases (OPIMEC) and Andalusian Plan for Integrated Care for Patients with Chronic Diseases (PAAIPEC)

	City: Granada (Spain)
Principal stakeholders targeted, estimated numbers	Professionals with involvement in the care of patients with chronic diseases Executives and heads of Units interested in improving the care for these patients Professionals of the Ministry of Health of the Junta de Andalucía and the Andalusian Health Service with involvement in projects related to chronicity
Topic(s) covered in your content (keywords)	Personalized Care Plans, Coordinative and collaborative Multidisciplinary team, C3-Cloud
Main message and estimated impact	Definition of the personalized care plans. Personalized care plans in the framework of C3-Cloud project. Presentation of C3-cloud project: current status and next steps.
Reference, citation, URL etc.	http://www.opimec.org/media/files/ProgramaIVFOROOPIMEC28noviembre2017.pdf
Lead partner (if applicable)	Kronikgune

Title of the dissemination	
Date of dissemination	5 December 2017
Type of dissemination	Panel discussion
Description of event, publishing or hosting entity (and city if applicable)	Meeting with European Patients Forum (EPF) at the IEEE Summit, Brussels
Topic(s) covered in your content (keywords)	patient empowerment, AHA, clinical decision support, multi-morbidity
Lead partner	Empirica

Title of the dissemination	
Presenting C3-Cloud as part of a conference talk	
Date of dissemination	8 February 8 2018
Type of dissemination	Conference presentation “Adopting Models of Technology: Addressing the Needs of Multimorbidity and Managing Poly-pharmacy – the C3-Cloud H2020 project” given by Theodoros N. Arvanitis.
Description of event, publishing or hosting entity (and city if applicable)	The Digital Healthcare: Cutting Edge Innovation conference is part of a series of conferences, analysing the NHS’s progress in adopting the most up to date technologies, as it evolves towards complete digitisation. At Digital Healthcare: Cutting Edge Innovation an outstanding agenda of speakers will update delegates on the very latest developments happening within the NHS, as it strives to modernise in the digital era. We will hear about the latest

	<p>recommendations that are shaping policy and the subsequent support that is being made available to make advancements. The conference will serve as an opportunity to be updated on some of the latest issues surrounding data protection and security, whilst reiterating the importance of information sharing to achieve interoperability and greater integration. We will learn how technology is now being utilised more effectively in healthcare and how it is providing patients the chance to self-manage their conditions better. The conference will also showcase innovative products, some for the present day, some more for the future, to reveal the true power of technology.</p> <p>London, UK.</p>
Principal stakeholders targeted, estimated numbers	<p>Health and social care payers and providers</p> <p>Policymakers</p> <p>Education</p> <p>Health ICT Industry</p> <p>76 attendees (NHS 42, local gov 2, charity 4, private 17, central gov 2, academic 9)</p> <p>Stakeholder groups include:</p> <ul style="list-style-type: none"> Chairs/Chief Executives Chief Information Officers Chief Technology Officers Clinical Commissioning Groups Clinical/Medical Directors Digital Champions/Digital Managers Digital Strategy Leads Directors of Enterprise and Innovations Directors of Information Management / Informatics / ICT Directors of Social Services Directors/Heads of Business Management/Transformation Directors/Heads of Commissioning/Procurement Directors/Heads of Communications Directors/Heads of Digital Inclusion/Engagement Directors/Heads of Efficiency and Improvement Directors/Heads of Information Assurance/Governance/ IT Security Directors/Heads of Modernisation and Performance Directors/Heads of Policy/Strategy IT Directors/Managers Professors of Informatics / Health Informatics / Medicine Professors of Science / Technology / Research Programme/Project Directors Service Managers Web Directors/Managers
Key messages, viewpoint, and estimated impact	C3-Cloud project introduced to a wider audience, including the research impact, collaborators on the project and expertise.
Reference, citation, URL etc.	https://openforumevents.co.uk/events/2018/digital-healthcare-cutting-edge-innovation/
Lead partner (if applicable)	WARWICK

Title of the dissemination	
Date of dissemination	28 February 2018

Type of dissemination	Conference presentation
Description of event, publishing or hosting entity (and city if applicable)	Conference of Partners of the EIP on AHA
Principal stakeholders targeted, estimated numbers	various meetings with regional authorities, reference sites
Topic(s) covered in your content (keywords)	Blueprint and Capacity building sessions
Lead partner (if applicable)	Empirica

Title of the dissemination	
Date of dissemination	1-2 March 2018
Type of dissemination	Conference (Poster presentation)
Description of event, publishing or hosting entity (and city if applicable)	<p>X National Congress of Care to Chronic Patients (The aim is to debate about integrated care model, to share and discuss experiences and projects with the participations of all stakeholders involved).</p> <p>Hosting entities: Spanish society of family and community medicine (SemFYC) and Spanish Society of Internal Medicine (SEMI)</p> <p>City: Zaragoza (Spain)</p>
Principal stakeholders targeted, estimated numbers	<p>Professionals with involvement in the care of patients with chronic diseases</p> <p>Chronic patients</p> <p>Managers</p>
Topic(s) covered in your content (keywords)	<p>Care models for chronic patients</p> <p>Research in complex chronic diseases</p> <p>New technologies in chronicity</p> <p>Deprescription</p> <p>Necessities and expectations of a complex patient</p> <p>Health and Social care coordination</p> <p>Personalizing health care</p> <p>Individualized care plans</p> <p>Opinion of Spanish society about chronicity</p> <p>Integrated pathways</p> <p>Experience of patients and caregivers</p> <p>....</p>

Main message and estimated impact	<p>System Factors: C3-Cloud requires changes in most domains. The most significant are observed in the decision-making roles, the structure of the incentives and the evaluation of health professionals.</p> <p>Communication: Although in the current scenario many professionals are connected unidirectionally, the new requires an increase in bilateral communication.</p> <p>Activities and tasks per actor: C3-Cloud requires modifying functions and increasing number and type of activities. The activities carried out by the patient increase significantly, reinforcing team work.</p> <p>C3-Cloud components in the organizational model: C3-Cloud will strengthen coordination and social-health collaboration. Greater patient participation is key to the development of the care plan.</p>
Reference, citation, URL etc.	https://www.fesemi.org/congresos/reuniones/x-congreso-atencion-sanitaria-paciente-cronico
Lead partner (if applicable)	Osakidetza and KG (on behalf of C3-Cloud consortium)

Title of the dissemination	<p>Paper in Medical Informatics Europe (MIE) 2018</p> <p>Gokce Banu Laleci Erturkmen, Mustafa Yuksel, Bunyamin Sarigul, Mikael Lilja, Rong Chen, Theodoros N. Arvanitis. Personalised Care Plan Management Utilizing Guideline-Driven Clinical Decision Support Systems. Medical Informatics Europe (MIE2018), April, 2018, Gothenburg, Sweden</p>
Date of dissemination	24-26 April 2018
Type of dissemination	Full conference, Peer reviewed publication
Description of event, publishing or hosting entity (and city if applicable)	MIE2018 is the 29th Medical Informatics Europe conference and marks the 40th anniversary of the MIE conferences. The conference aims to enable close interaction and networking between an international audience of academics, health professionals, patients and industry partners. MIE2018 is co-located in Gothenburg with VITALIS, the largest eHealth event in Scandinavia.
Principal stakeholders targeted, estimated numbers	<p>Health and social care payers and providers, Patient and community groups and associations, Health ICT industry, Standardisation bodies, Research, Education, Policymakers.</p> <p>No data on the number of participants was available at the time of producing this deliverable.</p>
Topic(s) covered in your content (keywords)	The focus of the presentation is on ICT supported collaborative and personalized care plan management by utilizing clinical decision support services for automating recommendations of the evidence based clinical guidelines.
Main message and estimated impact	The main message is to show how medical knowledge in clinical guidelines can be automated to assist care teams in the management of personalized care plans of multi-morbid patients.
Reference, citation, URL etc.	https://mie2018.org/
Lead partner (if applicable)	SRDC

Title of the dissemination	<p>Demonstration in Medical Informatics Europe (MIE) 2018</p> <p>Gokce Banu Laleci Erturkmen, Mustafa Yuksel, Bunyamin Sarigul, Mikael Lilja, Pontus Lindman, Rong Chen, Lei Zhao, Eric Sadou, Marie-Christine Jaulent, Dolores Verdoy, Esteban de Manuel, Nicolas González, and Theodoros N. Arvanitis. Demonstration of C3-Cloud Project: Management of Personalised Guideline-Driven Care Plans supported via Clinical Decision Support Systems. Medical Informatics Europe (MIE2018), April, 2018, Gothenburg, Sweden</p>
Date of dissemination	24-26 April 2018
Type of dissemination	Full conference, Demonstration
Description of event, publishing or hosting entity (and city if applicable)	MIE2018 is the 29th Medical Informatics Europe conference and marks the 40th anniversary of the MIE conferences. The conference aims to enable close interaction and networking between an international audience of academics, health professionals, patients and industry partners. MIE2018 is co-located in Gothenburg with VITALIS, the largest eHealth event in Scandinavia.
Principal stakeholders targeted, estimated numbers	<p>Health and social care payers and providers, Patient and community groups and associations, Health ICT industry, Standardisation bodies, Research, Education, Policymakers.</p> <p>No data on the number of participants was available at the time of producing this deliverable.</p>
Topic(s) covered in your content (keywords)	The focus of the demonstration is on ICT supported collaborative and personalized care plan management by utilizing clinical decision support services for automating recommendations of the evidence based clinical guidelines. Both C3DP and PEP will be demonstrated as the end-user facing components.
Main message and estimated impact	The main message is to demonstrate the benefits of using an online collaborative platform for personalized care plan management, with the involvement of a multi-disciplinary care team, patient and informal care givers.
Reference, citation, URL etc.	https://mie2018.org/
Lead partner (if applicable)	SRDC

5.2.2. Workshops

Patient Participation Group	
Title of the dissemination	
Date of dissemination	7 November 2017
Type of dissemination	Presentation / Engagement Session
Description of event, publishing or hosting entity (and city if applicable)	The SWFT project manager attended a patient forum to talk to them about the C3-CLOUD project and to ask for their feedback and support
Principal stakeholders targeted, estimated numbers	GP practice patients, practice manager and GPs. Approximately 20.
Topic(s) covered in your content (keywords)	High level overview of the project
Main message and estimated impact	Objectives and approach of the project. Requesting input and gauging level of support. Very positive response
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Workshop participation	
Title of the dissemination	
Date of dissemination	23 November 2017
Type of dissemination	Workshop participation
Description of event, publishing or hosting entity (and city if applicable)	Good Practices workshop of Osakidetza (The aim is to know some of the experiences that from Osakidetza Health care Organizations are being performed and the possibility of transferability that they have. To do so it is necessary to know the implementation process, the key factors of success, as well as the necessary conditions for its possible deployment). Hosting entity: Osakidetza City: Vitoria-Gasteiz (Spain)
Principal stakeholders targeted, estimated numbers	Health care professionals from public and private sector and managers from public and private sector
Topic(s) covered in your content (keywords)	Current organizational model in the Basque Country Proposed changes

	Evaluation of the interactions Prototype "proof of concept" to deploy during the Pilot
Main message and estimated impact	The Basque Country has a good health system that meets most of the requirements of the prototype. The organizational and geographical areas and the place for the service of the interventions are defined. The actors of the coordination of attention, activities and interpersonal communication are also prepared. However, there are some identified areas that require specific actions. It is necessary to continue with this work from a perspective of promoting the change management and starting from all the information collected, examine the implications for health care provider organizations and service delivery entities
Reference, citation, URL etc.	
Lead partner	Osakidetza and KG

5.2.3. Stakeholder meetings

Title of the dissemination	
Date of dissemination	6 June 2017
Type of dissemination	Stakeholder meeting
Principal stakeholders targeted, estimated numbers	Meeting with Christoph Westerteicher, former Philips (Motiva), now independent consultant:
Topic(s) covered in your content (keywords)	focus on telehealth, patient empowerment, esp. multi-morbid patients
Lead partner (if applicable)	Empirica

Title of the dissemination	
Date of dissemination	9 June 2017
Type of dissemination	Stakeholder meeting
Description of event, publishing or hosting entity (and city if applicable)	Meeting with representatives of a large GP network in Germany, currently introducing integrated care
Principal stakeholders	Dr. Jedamzik

targeted, estimated numbers	
Topic(s) covered in your content (keywords)	Integrated care
Lead partner (if applicable)	Empirica

Title of the dissemination	
Date of dissemination	26-27 July 2017
Type of dissemination	Stakeholder meeting
Description of event, publishing or hosting entity (and city if applicable)	EC meeting on assessment methodologies to assess the impact of digital health innovations including integrated care pilots
Topic(s) covered in your content (keywords)	Focus on MAFEIP, MAST, ASSIST-tool
Lead partner (if applicable)	Empirica

Title of the dissemination	
Promoting C3-Cloud at a national innovation event, Innovate2017	
Date of dissemination	8-9 November 2017
Type of dissemination	Stakeholder meeting Promotional material distributed at event (leaflets)
Description of event, publishing or hosting entity (and city if applicable)	C3-Cloud has been invited to feature as part of a joint stand operated by Midlands Innovation, Midlands Engine and Midlands Enterprise Universities at the Innovate2017 national innovation event in Birmingham, UK. C3-Cloud will feature as one of the health/medicine projects which is a collaboration between academia, industry and NHS.
Principal stakeholders targeted, estimated numbers	Health ICT industry Research Innovators, research centres, universities, resellers, retailers and investors from the UK and overseas. Over 2,750 innovators, investors and experts attending.
Key messages, viewpoint, and estimated impact	C3-Cloud project will be introduced to a wider audience, including the research impact, collaborators on the project and expertise.

Reference, citation, URL etc.	http://innovate2017.gov.uk/
Lead partner (if applicable)	WARWICK

Title of the dissemination	Presentation to the Deputy Undersecretary of Turkish Ministry of Health
Date of dissemination	5 December 2017
Type of dissemination	Stakeholder meeting
Description of event, publishing or hosting entity (and city if applicable)	SRDC had the opportunity to present their past and present eHealth work, with specific focus of the Deputy Undersecretary of Turkish Ministry of Health on chronic disease management. The meeting was held in Ankara.
Principal stakeholders targeted, estimated numbers	Turkish Ministry of Health 5 participants
Topic(s) covered in your content (keywords)	Among the presented SRDC eHealth work, C3-Cloud was one of the presented projects. SRDC team also had the opportunity to make a demonstration of C3DP.
Main message and estimated impact	The importance of ICT support for chronic disease management was the main message, which is also on the agenda of the Turkish Ministry of Health.
Reference, citation, URL etc.	http://www.saglik.gov.tr/
Lead partner	SRDC

Title of the dissemination	Grand Round
Date of dissemination	9 March 2018
Type of dissemination	Presentation
Description of event, publishing or hosting entity (and city if applicable)	Regular event to present research and medical cases
Principal stakeholders targeted, estimated numbers	Medical staff including junior doctors – approx. 30/40 attendees
Topic(s) covered in your content (keywords)	Half hour presentation on C3-CLOUD.

Main message and estimated impact	Project concept importance of shared care plan and patient empowerment
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Title of the dissemination	West Midlands Research Network Partnership Meeting
Date of dissemination	15 March 2018
Type of dissemination	Presentation
Description of event, publishing or hosting entity (and city if applicable)	Overview of the research being carried out in Warwick, focusing on digital health including C3-CLOUD
Principal stakeholders targeted, estimated numbers	Research leads for Trusts, community trusts and primary care for the West Midlands. University, NIHR and patient representatives. 40-50 attendees
Topic(s) covered in your content (keywords)	Overview of the project particular PEP and direction of travel of the research
Main message and estimated impact	Importance of digital health innovation and patient empowerment
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Title of the dissemination	Information on Region Jämtland Härjedalen's intranet
Date of dissemination	25 April 2018
Type of dissemination	Stakeholder meeting (Participants were invited to the Cambio booth at the Vitalis / MIE exhibition to talk about C3 Cloud as a solution of personalised care plans for multi-morbid patients.
Description of event, publishing or hosting entity (and city if applicable)	At Vitalis & MIE in Gothenburg
Principal stakeholders targeted, estimated numbers	Health ICT industry

Topic(s) covered in your content (keywords)	Presentation of C3 Cloud solution and project
Main message and estimated impact	Awareness to the Swedish and Nordic market about C3 Cloud
Lead partner (if applicable)	Cambio

5.3. Ongoing dissemination activities

These activities are of a continuous or recurring nature.

Title of the dissemination	Information on Region Jämtland Härjedalen's intranet
Date of dissemination	30 April 2018
Type of dissemination	Information on intranet/web page
Description of event, publishing or hosting entity (and city if applicable)	Information about what C3-cloud is and what Region Jämtland Härjedalen does within the project. We will link to the main page: http://c3-cloud.eu/
Principal stakeholders targeted, estimated numbers	Care professionals and administrative staff
Topic(s) covered in your content (keywords)	Information about C3-Cloud – Advantages of C3-Cloud for patients and the care organisations: RJH, Ripan (privately owned Health Care centre), and the municipalities
Main message and estimated impact	Increased level of knowledge about C3-Cloud and Region Jämtland Härjedalen's part in C3-Cloud
Reference, citation, URL etc.	Information on C3-Cloud will be submitted to the RJH intranet as well as www.regionjh.se , and will be a "permanent" feature on both
Lead partner (if applicable)	RJH

Title of the dissemination	Information on Region Jämtland Härjedalen's web page
Date of dissemination	30 April 2018
Type of dissemination	Information on web page
Description of event, publishing or hosting entity (and city if applicable)	Information about what C3-cloud is and what Region Jämtland Härjedalen does within the project. We will link to the main page: http://c3-cloud.eu/
Principal stakeholders targeted, estimated numbers	Care professionals and citizens in Jämtland Härjedalen
Topic(s) covered in your content (keywords)	Information about C3-Cloud – Advantages of C3-Cloud for patients and the care organisations: RJH, Ripan (privately owned Health Care centre), and the municipalities

Main message and estimated impact	Increased level of knowledge about C3-Cloud and Region Jämtland Härjedalen's part in C3-Cloud
Reference, citation, URL etc.	https://regionjh.se/forskningochutveckling.4.15591b8415700f7566b3b361.html Information on C3-Cloud will be submitted to the RJH intranet as well as www.regionjh.se , and will be a "permanent" feature on both
Lead partner (if applicable)	RJH
Title of the dissemination	
Type of dissemination	Stakeholder meetings
Description of event, publishing or hosting entity (and city if applicable)	Participation in Action Group B3 (Integrated Care) of the EIP on AHA empirica is member and one of the coordinators of B3 group
Lead partner (if applicable)	Empirica

Title of the dissemination	
Type of dissemination	Social Media
Description of event, publishing or hosting entity (and city if applicable)	Empirica re-tweets important news from the C3-Cloud dissemination channels
Reference, citation, URL etc.	https://twitter.com/empirica_Bonn
Lead partner (if applicable)	Empirica

Title of the dissemination	
Type of dissemination	Websites
Description of event, publishing or hosting entity (and city if applicable)	Empirica shares the project information on their website
Reference, citation, URL etc.	http://www.empirica.biz/projects/ecare-ageing/details/?projectid=242
Lead partner (if applicable)	Empirica

Title of the dissemination	
Type of dissemination	Websites
Description of event, publishing or hosting entity (and city if applicable)	Empirica features C3-Cloud on other eHealth projects (related to integrated care) in which empirica participates
Reference, citation, URL etc.	http://www.pilotsmartcare.eu/home.html http://beyondsilos.eu/home.html http://carewell-project.eu/home.html http://proempower-pcp.eu/ http://www.valuehealth.eu/
Lead partner (if applicable)	Empirica

Title of the dissemination	
Project Update at the SWFT Management Board	
Approximate planned dates	May 2017 Aug 2017 Jan 2018 Further attendances planned in 2018-20
Type of dissemination	Presentation
Description of event, publishing or hosting entity (and city if applicable)	Regular SWFT Hospital Management Board meeting where C3-CLOUD is tabled as an agenda item on an ad hoc basis
Principal stakeholders targeted, estimated numbers	SWFT Senior Management/Executive team including Chief Executive. Approx 25
Topic(s) covered in your content (keywords)	Update on the progress of the project and escalation of major issues, e.g. resourcing, finances etc.
Main message and estimated impact	Raising awareness within SWFT and securing the support of the various stakeholder departments
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

5.4. Planned or proposed dissemination activities for Year 3

Please note that this section only lists those activities that have already been initiated. Other activities will also be undertaken during year 3.

Title of the dissemination	Management of personalised guideline-driven care plans addressing the needs of multi-morbidity via clinical decision support services
Date of dissemination	23-25 May 2018
Type of dissemination	Full Conference Conference presentation
Description of event, publishing or hosting entity (and city if applicable)	ICIC18 – 18th International Conference on Integrated Care Utrecht, The Netherlands Abstract accepted for oral presentation: Laleci Erturkmen, Gokce Banu; Yuksel, Mustafa; Sarigul, Bunyamin; Lindman, Pontus; Chen, Rong; Zhao, Lei; Bouaud, Jacques; Lilja, Mikael; de Manuel, Esteban; Verdoy, Dolores; de Blas, Antonio; Marguerie, Christopher; Klein, Gunnar; Lim Choi Keung, Sarah N.; Arvanitis, Theodoros N. Management of personalised guideline-driven care plans addressing the needs of multi-morbidity via clinical decision support services.
Key messages, viewpoint, and estimated impact	WP7 work
Reference, citation, URL etc.	https://integratedcarefoundation.org/events/icic18-18th-international-conference-on-integrated-care-utrecht
Lead partner (if applicable)	SRDC

Title of the dissemination	
Date of dissemination	23-25 May 2018
Type of dissemination	Conference (Poster presentation)
Description of event, publishing or hosting entity (and city if applicable)	International Conference on Integrated Care (Value for people and populations: Investing in Integrated care). The aim is to join researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. They will share experience and the latest evidence about integrating Public Health, Health and Social Care and the New roles and Possibilities for Hospitals, producing Positive and Curative Integrated Mental and Physical Care, mobilising key enablers like policy making and Mobile and Digital Health Solutions, and investment in an Integrated Care Workforce, clinical leadership and coproduction with individuals, careers, communities and populations.

	<p>Hosting entities: International Foundation for Integrated Care (IFIC) and supported by Vilans and the National institute of public Health and the Environment (RIVM) and is supported by ZonMw.</p> <p>City: Utrecht (Netherlands)</p> <p>Abstract accepted for oral presentation:</p> <p>Antonio de Blas, Nicolás González, Mikel Ogueta, Dolores Verdoy, Mikael Lilja, Marie Holm Sherman, Christopher Marguerie, Danny Roberts, Marie Beach, Mustafa Yüksel, Gokce Banu Laleci Erturkmen, Theodoros N. Arvanitis, Esteban de Manuel on behalf of C3-Cloud consortium. Organizational And Care Model Analysis For C3-Cloud Deployment Preparation.</p>
Principal stakeholders targeted, estimated numbers	<p>Researchers</p> <p>Clinicians</p> <p>Managers</p>
Topic(s) covered in your content (keywords)	<p>Value-Based Integrated Care</p> <p>Population Health Management</p> <p>Engaging and Empowering People and Communities</p> <p>Funding Integrated Care</p> <p>Vulnerable Populations and Populations at Risk</p> <p>Primary Care in an Integrated System</p>
Main message and estimated impact	<p>The three pilot sites have good health systems that comply with most of the organizational model prototype requirements. Organizational and geographical settings (Primary Care, Hospital, Community and Home Care) and place of service for interventions are defined. Care coordination actors, activities and interpersonal communication are in place. However, several areas as alignment of incentives and involvement of patient require further research and testing in order to enable the C3-Cloud care model.</p>
Reference, citation, URL etc.	<p>https://integratedcarefoundation.org/events/icic18-18th-international-conference-on-integrated-care-utrecht</p>
Lead partner (if applicable)	<p>Osakidetza, RJH, SWFT, KG, SRDC and U. WARWICK (on behalf of C3-Cloud consortium)</p>

Title of the dissemination	Inform Management teams and Politicians
Approximate planned date of dissemination	May-June 2018
Type of dissemination	Information
Description of event, publishing or hosting entity (and city if applicable)	Representatives from the local C3-Cloud team participate in different concerned management teams and political meetings in municipalities of the Östersund, Strömsund and Krokom
Principal stakeholders	Health professionals, administrators and policymakers

targeted, estimated numbers	
Topic(s) covered in your content (keywords)	Regular meetings to inform the leading politicians / policy makers in RJH regarding EU projects, and C3-Cloud in particular, are planned and will start in May. What is C3-cloud, what has been done so far and what will happen moving forward?
Main message and estimated impact	Increase the level of knowledge about C3-Cloud within the concerned organisations
Lead partner (if applicable)	RJH

Title of the dissemination	South Warwickshire GP Newsletter
Approximate planned date of dissemination	Summer 2018
Type of dissemination	Newsletter Article
Description of event, publishing or hosting entity (and city if applicable)	SWFT produce a newsletter to send to the GPs in its catchment area. A submission will be made to this for C3-CLOUD
Principal stakeholders targeted, estimated numbers	GP Practices & federations.
Topic(s) covered in your content (keywords)	Overview of the project, who, when, where, how etc. For general awareness within the SWFT GP community
Main message and estimated impact	Announcing when the project will be starting, how the study will be conducted and where etc.
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Title of the dissemination	Journal Publication
Approximate planned date of dissemination	2018-2019
Type of dissemination	Peer reviewed publication

Description of event, publishing or hosting entity (and city if applicable)	SRDC aims to prepare a journal paper describing the C3DP architecture, its technical approach in collaborative care plan management and utilization of CDS services. A SCI-core and SCI-expanded journal will be targeted.
Principal stakeholders targeted, estimated numbers	Health ICT industry, Health and social care payers and providers, Standardization bodies
Lead partner (if applicable)	SRDC

Title of the dissemination	E-Pulse Newsletter
Approximate planned date of dissemination	Most likely in the summer/closer to the start of the study. Newsletter is released weekly - SWFT will submit as and when appropriate
Type of dissemination	Newsletter
Description of event, publishing or hosting entity (and city if applicable)	ePulse is the weekly email bulletin that is sent to all Trust staff on a Wednesday morning. It includes news stories, useful information, job vacancies and more.
Principal stakeholders targeted, estimated numbers	SWFT staff
Topic(s) covered in your content (keywords)	Overview of the project, who, when, where, how etc. Updates on progress with the project.
Main message and estimated impact	To raise general awareness and maintain visibility of the project.
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Title of the dissemination	Poster in Practice
Approximate planned date of dissemination	May 2018 onwards
Type of dissemination	Poster
Description of event, publishing or	Poster in the Rother House practice waiting room

hosting entity (and city if applicable)	
Principal stakeholders targeted, estimated numbers	Patients and staff at Rother House
Topic(s) covered in your content (keywords)	Project title, objectives, approach, timescales etc. All at high level.
Main message and estimated impact	Awareness that the study is starting and that the practice will be recruiting to it.
Reference, citation, URL etc.	N/A
Lead partner (if applicable)	SWFT

Title of the dissemination	Information to all heads of units and departments within Region Jämtland Härjedalen
Approximate planned date of dissemination	May 2018
Type of dissemination	Information via Region Jämtland Härjedalen's newsletter
Description of event, publishing or hosting entity (and city if applicable)	Information about what C3-cloud is and what Region Jämtland Härjedalen does within the project.
Principal stakeholders targeted, estimated numbers	Heads of units and departments and care professionals within Region Jämtland Härjedalen
Topic(s) covered in your content (keywords)	Information about C3-Cloud – Advantages of C3-Cloud for patients and the care organisations: RJH, Ripan (privately owned Health Care centre), and the municipalities
Main message and estimated impact	Increased level of knowledge about C3-Cloud and Region Jämtland Härjedalen's part in C3-Cloud
Reference, citation, URL etc.	Will use the e-mail channel that directs information to the leadership regarding "what is C3-cloud, what has been done so far and what will happen moving forward"? Beginning of May
Lead partner (if applicable)	RJH

Title of the dissemination	Information to visitors of health care centers
Approximate planned date of dissemination	May 2018
Type of dissemination	Information campaign
Description of event, publishing or hosting entity (and city if applicable)	Information on TV screens in all of the RJH health care centres (includes those not targeted within the project)
Principal stakeholders targeted, estimated numbers	Patients and inhabitants of Jämtland Härjedalen
Topic(s) covered in your content (keywords)	Information about C3-Cloud and the RJH participation Short information sections on C3-Cloud and its content and benefits (as described above) will be shown on all health centre in-house TV screens in waiting areas. Occurs right after the recruitment of patients is (November)
Main message and estimated impact	Increased level of knowledge about C3-Cloud and how it will transform access, participation and better coordinated care for patients
Lead partner (if applicable)	RJH

Title of the dissemination	Interview/Article
Approximate planned date of dissemination	May 2018
Type of dissemination	Interview/Article
Description of event, publishing or hosting entity (and city if applicable)	We will do an Interview/Article about C3-Cloud and post it on the RJH intranet, web page, social media channels and the participating municipalities' channels Channels to be used are the RJH FB page, LinkedIn, YouTube (the PR movie), as well as the RJH eHealth Centre and the Interreg project VålTel (Welfare Technology in a mixed Zone). In May
Principal stakeholders targeted, estimated numbers	Care professionals, administrators and inhabitants of Jämtland Härjedalen
Topic(s) covered in your content (keywords)	Information about what C3-cloud is and what RJH and the participating municipalities do within the project, and the advantages of all concerned as a result of the project
Main message and estimated impact	Increased level of knowledge about C3-Cloud for care professionals, administrators and inhabitants of Jämtland Härjedalen and the participating municipalities

Reference, citation, URL etc.	www.regionjh.se https://www.facebook.com/regionjh https://www.linkedin.com/company/j-mtlands-l-ns-landsting/
Lead partner (if applicable)	RJH

Title of the dissemination	Press release
Date of dissemination (Or approximate planned date)	May 2018
Type of dissemination	Press release
Description of event, publishing or hosting entity (and city if applicable)	Press release to the local media in Jämtland Härjedalen as well as nationally in Sweden Press release for regional and national media. Built on information about what C3-cloud is and what RJH and the participating municipalities do within the project, and the advantages of all concerned as a result of the project. Will provide a “good news angle”. In May
Principal stakeholders targeted, estimated numbers	Inhabitants of Jämtland Härjedalen and Sweden
Topic(s) covered in your content (keywords)	Information about what C3-cloud is and what RJH and the participating municipalities do within the project, and the advantages of all concerned as a result of the project
Main message and estimated impact	The importance of this project and increased level of knowledge about C3-Cloud
Lead partner (if applicable)	RJH

Title of the dissemination	Produce animated movie about C3-Cloud
Approximate planned date of dissemination	May 2018
Type of dissemination	Movie
Description of event, publishing or hosting entity (and city if applicable)	Produce animated information movie about C3-Cloud An animated information movie about C3-Cloud that will tell the story of what C3-Cloud is and show its value for us in Jämtland Härjedalen. A short clip of about 90 seconds. We (Anton Sävström) have made an equivalent clip for the VålTel project that is much appreciated. In May
Principal stakeholders	Care professionals, administrators and inhabitants of Jämtland Härjedalen

targeted, estimated numbers	
Topic(s) covered in your content (keywords)	Information about what C3-cloud is and what RJH and the participating municipalities do within the project, and the advantages of all concerned as a result of the project. Why the project is important and what it is trying to achieve
Main message and estimated impact	The importance of this project and increased level of knowledge about C3-Cloud
Lead partner (if applicable)	RJH

6. CONCLUDING REMARKS

This deliverable has summarised the project activities on dissemination and presented a refreshed strategy for multi-stakeholder engagement to be actioned from now on. We have made good progress on the first three steps of Kotter's model, and we are now enriching the stakeholder engagement of those steps whilst extending to the fourth, and soon the fifth step.

We are designing a new web site to be more attractive and better structured for diverse stakeholders but especially the public and health professionals. We have updated our main target stakeholder key messages and proposed a series of engagement events during year 3 to address these stakeholders. We will importantly listen to their perceived needs and the opportunities for innovation in the area of multi-morbidity care and digital solutions. This will guide our innovation and exploitation strategy.