JADE CARE

Joint action on implementation
of digitally enabled integrated
person-centred care

D2.4 FINAL REPORT ON DISSEMINATION

SEMMELWEIS UNIVERSITY (SU)

Date: 30/09/2023
Doc. Version: 1.0

PUBLIC DOCUMENT

www.JADECARE.eu

Title	**Joint Action on Implementation of Digitally Enabled Integrated Person-Centred Care**
Acronym	JADECARE
GA Number	951442
Work Package	WP2 Communication and dissemination
Type of Instrument	Final report on Dissemination
Topic	Dissemination
Date	30/09/2023
Document version	V1.0
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Version history

Revision	Date	Editor	Comments
0.1	02.09.2023	Katrin Tamm, Martina Rimmele, Dora Toth	First draft
0.2	18.09.2023	Yhasmine Hamu, Irati Erreguerena, Federica Vitello, Josep Roca	Coordinator and Consortium peer review
0.3	29.09.2023	Katrin Tamm, Martina Rimmele	Second draft
0.9	30.09.2023	Dora Toth	Final draft
1.0	30.09.2023	Yhasmine Hamu, Ane Fullaondo	Final qulity review and final version

Keywords:

Dissemination, communication, website, social media, stakeholders, target group,

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Executive Summary

The deliverable **D2.4 Final report on dissemination** provides the strategy for internal and external communication and dissemination carried out within JADECARE and the results achieved. This document gives an overview of the aims of the project dissemination and communication activities defined as well as the guidelines for the principles and process flow of dissemination actions of JADECARE for internal project partners: when, who, to whom, how and what partners should disseminate, led, coordinated and regulated by *Work Package 2 Communication and dissemination*. The over-arching ambition of the dissemination strategy was to ensure that, by the end of the 3-year timeline of the project, the relevant European and Member State level stakeholder groups were aware of the tasks carried out in the project as well as the results reached.

The Dissemination and communication strategy and plan presented extensely in the deliverable D2.3 *Dissemination and communication strategy and plan* was transferred to action items (campaigns, events, workshops, webinars, etc.) during the 3-year project period in order to achieve the best diffusion of the project results and impact. The activities were focused on organizing, implementing and coordinating the communication and dissemination actions addressed to make JADECARE's information available to the target audiences. The ambition was to inform on a continuous and timely basis with the most relevant information available at different stages of the project lifetime.

Additionally, the JADECARE Dissemination and communication strategy was put into life in the monthly Editorial Committee meetings set out the main operational bodies of the dissemination and communication processes of the JADECARE project. The Editorial Committee and the Communication Team, led by WP2, have ensured in a continuous manner that all important and relevant tasks, results and knowledge about the project were shared with key stakeholders, target audience and people in general that have been reached through created and available online and social media channels in a timely and orderly manner.

Table of Contents

List of figures

List of tables

Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centered care
EC	European Commission
oGP	Original Good Practice
EEA	European Economic Area
GA	Grant Agreement
JA	Joint Action
NAs	Next Adopters
SC	Steering Committee
WP	Work Package
KPI	Key Performance Indicator
HADEA	European Health and Digital Executive Agency
DG SANTE	Directorate-General for Health and Food Safety
ICT	Information and Communication Technology

2 INTRODUCTION

2.1 Context

The Joint Action (JA) on Implementation of Digitally Enabled integrated person-centred CARE (JADECARE) is part of a series of initiatives the EU has launched to face the challenges of the transformation of health and care in the EU. JADECARE intends to reinforce the capacity of health authorities to successfully address important aspects of health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care in the EU. For this purpose, 16 EU countries with 45 organisations participate in JADECARE.

Deliverable 2.4 presents the strategy that is appropriately planned and executed throughout all communication and dissemination activities undertaken within the JA. The difference between dissemination and communication determines the strategy: communication aims to reach and engage the public and target groups, whereas the main goal of dissemination is to promote and diffuse the results of the project.

Amidst the evolving pandemic situation, the consortium of partners recognized the need to recalibrate the dissemination activities. It was understood that the conventional methods might no longer suffice, given the lingering uncertainties and hesitancies surrounding travel and traditional engagement. Consequently, a quest was embarked on to identify specific and well-suited tools that could facilitate knowledge exchange among the project partners and connect them with the intended audience. For that reason the dissemination strategy put more focus on the online presence, and continued having events and knowledge sharing online. During this time multiple youtube videos were created and the social channels (website, LinkedIn and Twitter) were used to inform the wider audience.

As 2022 unfolded, partners recovered their willingness to get in direct contact with others, accompanied by the return of the possibility of travel. However, intriguingly, there was a discernible reluctance among individuals to simply revert to their old routines. This paradoxical shift highlighted the importance of the JADECARE adapted dissemination strategies, which leveraged innovative tools to navigate the evolving landscape, ensuring that knowledge continued to flow seamlessly among all stakeholders.

This strange effect had a strong toll on the dissemination activities too, as the Works Package 2 (WP2) *Dissemination and Communication* team had to – again – adjust to this situation. With the support of the whole JADECARE consortium then it has been agreed, that while the strong online presence had to be maintained, the team will try to push for more and more face-to-face events, thematic workshops, external conferences. It was soon realized that a good portion of interested stakeholders still preferred their safe surroundings, thus all the JADECAARE events became hybrid, offering both physical presence and online interaction.

The quick adjustment was vital, as the project produced more and more final results on an almost daily basis, and those results had to be somehow presented to the wider audience, thus achieving the project's ultimate communication goal of using these tools to introduce the results of JADECARE.

As the work results became more and more mature the whole consortium and all its members luckily considered the dissemination and communication activities still highly important in terms of the exploitation of the project results, therefore, under the coordination of WP2, not only all partners continuously contributed to dissemination activities (newsletter and website articles, events and workshops, social media posts) but also have been partners in creating a supporting narrative for all assets, which enabled a clearer

communication about the sometimes very complicated results (explanatory videos, articles, real-life workshops).

2.2 Connections with other Works Packages of JADECARE

The dissemination and communication strategy were closely related and connected to all tasks and work packages in JADECARE from the very beginning. WP worked closely together with WP1 *Coordination and Management*, who was setting the communication management of the project (see deliverable D1.1 P*roject Handbook*), as well as managing the internal stakeholders' communication, consisting mainly of the consortium members. WP1 was also managing the JADECARE Publication Policy (Please see complete document in Annex 2 – JADECARE Publication Policy

).

A close relation consisted also between WP2, WP1 and WP4 *Integration in National Policies and Sustainability*. WP2 Task 2.4 *Event Organisation including Stakeholder Forum* was in charge of the organization of JADECARE events in order to enable and foster knowledge generation and exchange within JADECARE, such as "Study visits", "Thematic workshops" and "Workshops on Implementation Key Learnings". Moreover, it supported the organization of JADECARE Annual Consortium Conferences to inform, connect, interact and communicate with stakeholders within and adjacent to the project. In order to prepare relevant and target-oriented Stakeholder forums, Task 2.4. developed a stakeholder matrix for external stakeholders, including key industries/developers and health systems representatives, researchers, scientists, academia, front-line professional, citizens, general public, journalists, as collaborating stakeholders (see chapter 4.1.2 target audience/ stakeholder analysis). In addition, Task 2.4 provided the consortium with a monthly updated scientific events calendar (see section Scientific events).

In adittion, WP4's Task 4.2 *Knowledge Exchange and Generation* created and developed the methodology and the concepts for knowledge generation and exchange events amongst JADECARE partners, namely "Study visits", "Thematic workshops" and "Workshops on Implementation Key Learnings". WP4 supported the conductance and outcome reporting of those events that were held by WP 5-8 (WP5: Basque Health Strategy In Ageing And Chronicity: Integrated Care Good Practice: Transfer And Adoption, WP6: Catalan Open Innovation Hub On ICT-Supported Integrated Care Services For Chronic Patients Good Practice: Transfer And Adoption, WP7: The Optimedis Model Population Based Integrated Care Good Practice: Transfer And Adoption, WP8: Digital Roadmap Towards An Integrated Health Care Sector Good Practice Transfer And Adoption). This turned out to be not only an important information resource for internal communication, but they were also good opportunities for external communication within the regions of the original Good Practices as well as to disseminate interesting topics for external communication or press releases in the regions of the Next Adopters (NAs). Besides providing "Study visits", "Thematic workshops" and "Workshops on Implementation Key Learnings" methodology and support, Task 4.2 of WP4 supported and built a toolbox for internal communication with consortium members, in which relevant methodologies and concepts developed by WP1 and WP3 *Evaluation* were gathered and supplied, that addressed, enabled, furthered and evaluated the implementation process in JADECARE.

An important further communication resource for JADECARE has been treated by WP4's Task 6 *Policy Board*, in which communication strategy and contents were developed to fruitfully communicate with regional, national and international policy stakeholders. The results of this Task are summarized in official deliverable D4.3 *Characteristics of JADECARE practices, leading to sustainability and integration in national policies*.

Furthermore, WP3 *Evaluation* measured the degree of usefulness and acceptance of the stakeholder networks in each participating country. The results of the measurement are analysed and summarized in the D3.2 *Interim Evaluation Report* and D3.3 *Final Evaluation Report*. WP2 and WP3 were connected especially via joint surveys on satisfaction for Stakeholder Forums and exchanging monitoring indicator numbers.

Overall, the dissemination and communication Work Package proved to be an important supporting pillar for all JADECARE partners to ensure full recognition and uptake of project results during the lifetime of the project and beyond that period too (elaborated also in D2.5 *Layman version of final dissemination report*).

On higher scale, the dissemination and communication task of WP2 was dependent on all WPs in disseminating results and outputs to specific stakeholders, thus active input from content related WP partners was claimed and received, not only through their results and deliverables, but also by identifying key audiences of their results.

2.3 Structure of the document

The document summarises the dissemination work of the three years of the project, from 2020 to 2023, and with the indication of the Key Performance Indicators (KPIs), quantified results, looks back at the results of the communication strategy built up over the three years of its operation. This deliverable summarises the dissemination and communication activities that were carried out to fulfil the strategy, which was defined at the beginning of the project described in detail in the official deliverable: *D2.3 Dissemination and Communication Strategy.*

Initially the objectives of the dissemination and communication strategy are presented. After that, in chapter 3, the methodology and workflow for this strategy is explained. Later, the dissemination and communication results and materials are exposed and finally in chapter 6 the results of the assessment of the dissemination and communication work are presented. The conclusions of the document are summarised in chapter 7. Lastly, the Annexes 1 to 4 contain the additional material related to the dissemination and communication work.

3   DISSEMINATION AND COMMUNICATION STRATEGY AND PLAN

This document gives an overview of the aims of JADECARE dissemination activities as well as sets up guidelines for the principles and process flow of dissemination for internal project partners: when, who, to whom, how and what partners should disseminate led, coordinated and regulated by WP2.

3.1   Dissemination strategy and plan

The main and general objectives of JADECARE dissemination activities were the following:

1) Create an effective communication workflow both for internal and external communication.
2) Ensure participation in international and national events, conferences and other meetings which are crucial for the representation of JADECARE results and presentation of deliverables results (in line with the internal and external event calendar, updated on the official JADECARE SharePoint-which was the project main internal platform of work, created by the project coordination team- platform by WP2)
3) Create transparency and visibility of the project results.

The strategy targeted a variety of audiences (relevant scientific community, policy makers, healthcare experts, health professionals and other care providers, municipalities and local health authorities, patients, carers or other social entities working in the field, general population). Channelled messages and contents were continuously customized according to the identified target groups: as the key to JADECARE's success was raising awareness of those who can benefit from the project outcomes. Additionally, as the project spans various sectors having both technical and commercial dimensions, dissemination also focused on promoting the results in a professional, informative and customer-centred way at the right time via the appropriate channel. So, the results of JADECARE were turned into communication materials that helped with both internal and external communication to raise awareness of the project among key stakeholders.

The over-arching ambition of the communication and dissemination strategy was to ensure that, over the end of the 3-year timeline of the JADECARE project, the relevant European Member States' stakeholder groups were aware of the results achieved, they aligned with and supported the project objectives, and engaged in its activities on a sustainable basis. Thus, dissemination was an alive activity and supported multi-stakeholder dialogue on good practices in order to put JADECARE in a central position in the domain of digitally enabled integrated person-centred care.

The main objectives of the dissemination plan were throughout the project lifetime, revolved around the following elements:

- Ensuring coordinated communication of the JADECARE initiative, providing adequate visibility to the various stakeholder groups, through optimised usage of all.
- Delivering and maintaining the communication plan, describing all the global marketing activities performed practically to support stakeholders' engagement, including daily social media presence.
- Organising & rolling out JADECARE events.
- Providing a model for sustainability to ensure that the effort continues beyond project completion.

This plan provided a framework regarding who, why, what, when, whom ("W"s) and how (communication and dissemination plans) to communicate in a unified manner, in order to provide coherent style to assure clear, up to date and valid messages and contents to share with the project members and the wider audience. The "W"s are essential, however how is key to achieve successful communication.

To achieve its objectives, JADECARE guides its target audiences through the following sequence of steps, as stated in the GA:

- **Awareness:** audiences need to be aware of current cybersecurity problems and challenges in multiple sectors. By working with umbrella organizations and multipliers, the aim was mostly to build on existing awareness levels.
- **Alignment:** audiences needed to agree that JADECARE delivers promising solutions. The aim was to amplify this alignment through endorsements by credible institutions and by making it easy for interested parties to access information on the approach and newer developments.
- **Engagement:** audiences need to feel motivated to engage with JADECARE. To that end, JADECARE aimed to tap into (rather than replace) existing law enforcement agency (lea) procedures, in order to facilitate their operational capacity on all three phases of criminal activities: prevention, mitigation, and investigation.
- **Action:** audiences need appropriate incentives in order to take action. JADECARE aimed to provide such incentives to stakeholders across multiple sectors by directly improving their cybersecurity competences and capabilities.

3.2   Communication strategy and plan

The main aim of the communication plan was to ensure a coordinated communication of the JADECARE initiative, providing appropriate visibility to all stakeholders and to describe all the global marketing activities that support stakeholder engagement in a practical way, including daily social media presence, event organisation and promotional activities, and the project's website.

The specific goals of the communication plan during the project

- Ensure coordinated, regular communication of the JADECARE network, providing appropriate visibility to all stakeholders, with the adequate narrative.
- Showcase the benefits of the JADECARE network to the key stakeholders.
- Engage all target audiences and establish close synergies to maximise the visibility of the project outcomes and impact.
- Outputs identification and mapping to stakeholders.
- Ensure regular and continuous social media presence.
- Ensure production of communication collaterals.
- Support organisation and participation to events and conferences.

4 METHODOLOGY AND WORKFLOW

4.1 Methodology: Six "W"s

The dissemination and communication strategy provided a framework regarding who, why, what, when, whom and how (6 "W"s) to disseminate and communicate in a unified manner. This framework provided a coherent style to ensure clear, up to date and valid messages and content about the activities carried out, public deliverables and outcomes achieved among the project members and the wider audience. All the "W"-s are essential, however, evaluation is the key to achieve successful dissemination, as it fills the framework of "W"-s with real content as displayed in the figure below:
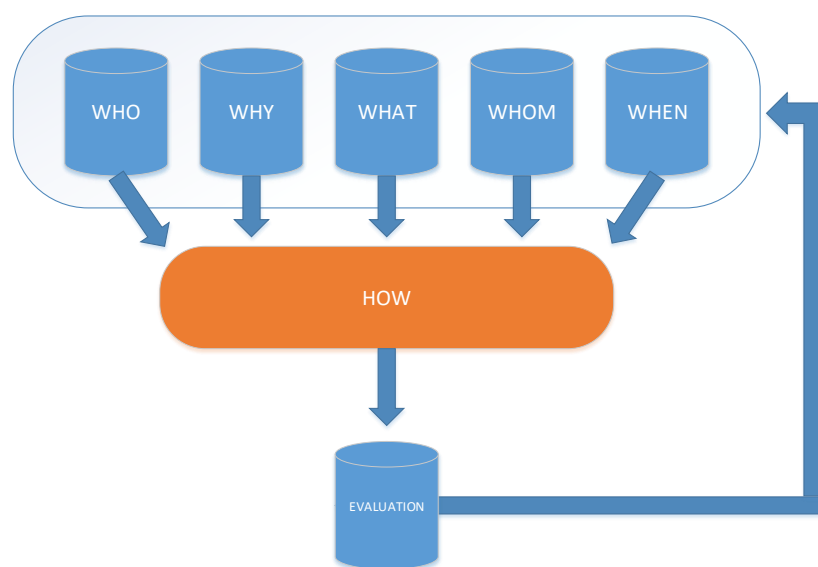
Figure 1: Workflow of JADECARE dissemination and communication

4.1.1 Who

The Dissemination Strategy as described in D2.3 *Dissemination and communication strategy and plan* and the Editorial Committee guidelines (please see complete detail in Annex 1 – Editorial Committee) provided JADECARE partners of how they could disseminate their deliverables, and participate events, news and others. These guidelines set out the strategic and operational details of the communication and dissemination activities and the actual players and project bodies involved at different stages of the process. For timely and effective dissemination results, it was essential that all partners knew and followed the rules and responsibilities set out in the policy.

WP2 was in charge of the Communication Team to support such internal and public activities (content creation, standard slide deck etc.), while project partners were encouraged to contribute to achieve sustainable results (event and conference participation and presentations, news articles, publications etc.).

The summary of the processes and dependencies is pictured on Figure 3 – content creation flowchart below. It is important to notice, that in addition to the above referred two documents this process chart takes into consideration the dependencies and responsibilities of WP1 and the Publication Board set out in the Project Handbook and the JADECARE Publication Policy.
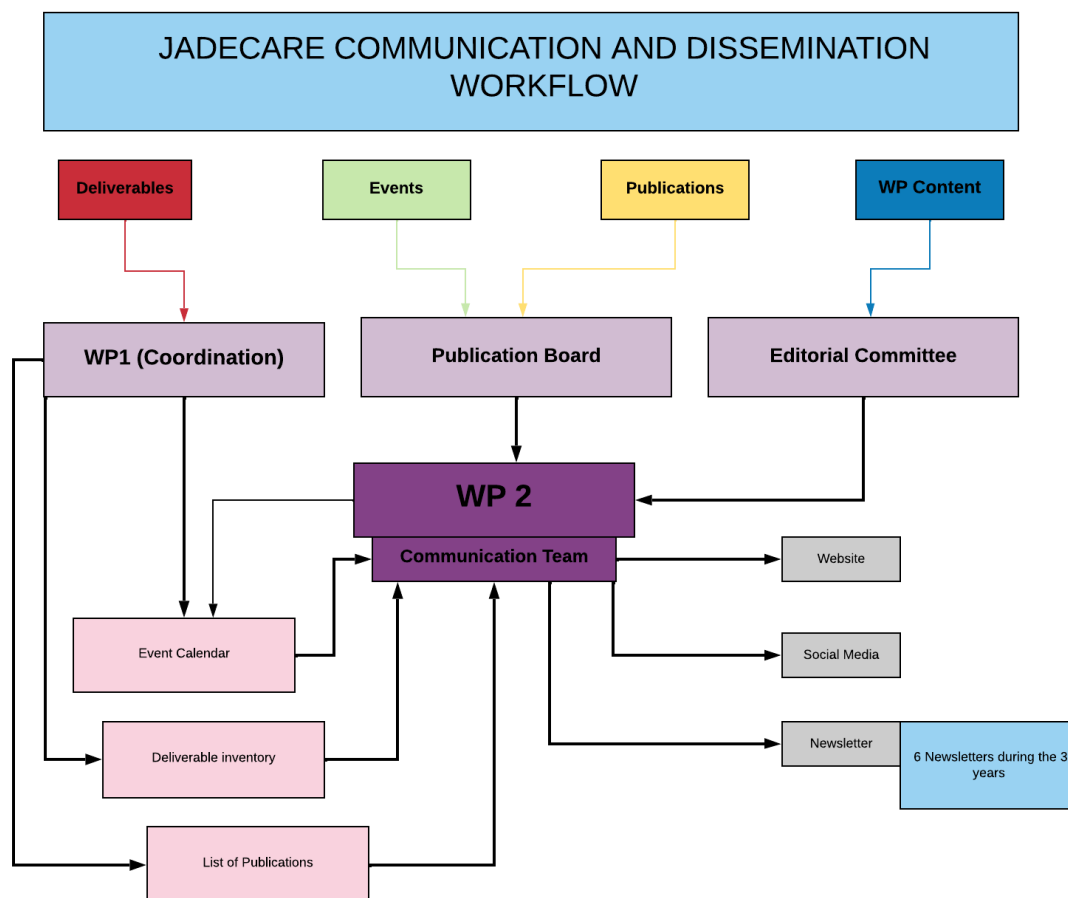
Figure 2: Content creation flowchart

4.1.2   Whom (Target Audience / Stakeholder Analysis)

Effective dissemination can only be realized when the right message at the right time is delivered to the right target audience, therefore knowing whom to target with which message and content is essential. Project stakeholders are people (or groups) who can affect or can be affected by both the activities performed during the life of a project, or/and by the project's output(s) and outcome(s).

As the JADECARE project covered different areas and sectors adjusting channels according to the stakeholders, the target audience was crucial. For JADECARE, three categories of stakeholder groups were defined and continuously updated by the partners responsible for managing each type of stakeholder:

- Internal Stakeholders, identified by WP1: consisted of the consortium members and Next Adopter Working Group members. (Please see Annex 3 – JADECARE Consortium members)

- Policy Board Stakeholders, identified by WP4: Ministries of Health, national focal points for Health Program at EC from those Member states from EU and EEA that did not participate in JADECARE, representatives of DG SANTE and HaDEA, and all other policy-oriented stakeholders that implementers found at their sustainability-related analyses as important, such as Statutory Health Insurance in Bismarckian health systems, were invited by WP4 to take part in the Policy Board of JADECARE. Policy Board members were informed and called in regarding policy related issues. Communication was created with them i.e., through policy dialogues. For complete detail, please see

D4.3 Characteristics of Jadecare Practices Leading to Sustainability and Integration in National Policies.

- <u>External Stakeholders</u>, identification led by WP2. External stakeholders are an important part of the external communication strategy. They were identified by all of the consortium partners from their respective target audience outside the consortium, including EU stakeholders. The main external stakeholders of JADECARE external Stakeholder group are the following:
    - o Regional / Local Health systems
    - o National Health systems/ Ministries-Healthcare decision makers
    - o Health Policy makers and experts
    - o Health professionals and other operators
    - o Patient organizations
    - o Social entities working on the field representing the general population
    - o Industry: Digital health tools/services and platforms developers, ICT health sector.
    - o Scientific community
    - o Specialized media
    - o Universities and training organizations (next generation of healthcare professionals, researchers, engineers, ICT developer)
    - o Third Party Payers, Official Audit Bodies, Health Technology Assessment Agencies and other public or private regulatory or standards organizations

All the information aobut the members of the three categories of Stakeholder groups were compiled in the Stakeholder matrix by Task 2.4. "*Event organisation including Stakeholder Forums*" and were available for all partners in the project SharePoint repository. The Stakeholder matrix sets the aspects that should be taken into consideration when analysing external stakeholders and adjusting channels and messages. Thus, in addition to determining the relevant channel for stakeholders, their influence, power and interest were also taken into account. Furthermore, the effectiveness of the channels and message types needed to be constantly evaluated. Categories of external Stakeholders were identified, as well as their Roles/Actions for JADECARE defined, in order to develop customized communication strategies for each of them. The information to fill the matrix was asked from every Consortium member by Task 2.4. in 2021, and updated in 2022 and 2023.

Stakeholder Matrix information

- Country
- If possible, specification of Organization
- Name and surname of the stakeholder
- If possible, specification of Category
- Position
- Contact details (email, phone)
- If possible, specification of the Stakeholder's Role in the JA (they can be useful for:)
    a) Should be informed about JADECARE (interested in following JADECARE activities), possible Multiplier
    b) Multiplier, that should be invited to also bring in Information from other initiatives into JADECARE

c) Active for JADECARE: could be invited to actively give feed back, engage in and support JADECARE actions (in implementation, scaling up, sustainability)

d) High level contact

e) Other (please specify in brackets)

- Suggested Communication with them:
  - o will get Newsletter
  - o will get Newsletter, will get invitation to Stakeholder forum and Stakeholder Workshops
  - o will get Newsletter, will get invitation to Stakeholder forum & Workshops (could get in part actively involved), will get requests for engagement where required
  - o will only be punctually and individually informed on critical/ institutional issues

To stay most up to date, stakeholder categories were constantly monitored and updated during the lifetime of JADECARE project to provide the best inventory of target groups for the communication and dissemination activities.

4.1.3 What (Deliverables and other results)

Expected deliverables to be created during the project lifetime are defined in the JADECARE Grant Agreement. While these were the main "products" of the project, and WP2 had to put the biggest focus on publishing them, there were other types of project results too.

In the initial phase of the project the focus of WP2 was more on establishing the JADECARE project brand on the EU project scene. Information from the 4 original Good Practices that have been transferred was used along with the original aims of the project to articulate the main project directions. Once the work within the project advanced, and some preliminary or interim results were achieved, the WP2 Communication team started to focus on those achievements and disseminated them among the interested stakeholders.

It was important, that the Works Packages realised the importance of providing timely and accurate information about the progress of their work for WP2. To catalyse this process the project decided to set up an Editorial Committee, where all WPs had high level representation, and the scheduled monthly meetings were aiming to generate relevant content for/from each operational WPs (please see complete detail in Annex 1 – Editorial Committee).

The below template lists the minimum required information that partners provided to WP2 when disseminating project outputs.

- Contact Information:
  - o WP or partner Acronym
  - o Contact person
  - o Institution
  - o Mail
- Type of communication
  - o Due date
  - o Channel
- Content Elements
  - o Keywords
  - o Abstract /summary, conclusions, if applicable
  - o Specific / finalized content to communicate (e.g., twitter message text, etc.)

Further to providing public deliverables to the relevant audience in line with the grant and consortium agreements, JADECARE dissemination also took the form of scientific studies and papers, peer reviewed articles, media content (such as blog posts), publications, books, conference proceedings, videos, public discussions, lectures, workshops and presentations. All dissemination considered the ownership of original outputs, results and open data policies.

4.1.4 When (regular communication)

Timely and regular communication is the key to attract and keep a target audience engaged. To be able to keep the online and offline presence predictable the following principles were followed:

- For regular dissemination content the scheduled meetings of Editorial Committee were used to capture the content and to schedule its dissemination for the best possible reach of the target audience with considering the characteristics of the available online channels.
- For urgent communication needs, WP2 Communication Team provided continuous support outside the meetings of the Editorial Committee, to make sure, that the information had time value, it had not expired, while still looking to approve and validate the content within the consortium.

4.2 Workflow

4.2.1 Content Generation Process

WP2 and WP1 partners realised that the complexity of the project and the need for coordinated communication and dissemination activities required a regulated process. For this reason, the JADECARE partners decided to setup an Editorial Committee as well as a Communication Team for the project. The Communication Team consisted of the WP2 Members and WP1 Coordinaton Members and was in charge of organizing the meeting and ensuring the project content creation workflow. The Editorial Committee served as a Think Tank of the JADECARE project. Regular meetings were used to foster information flow between WPs and the Communication team, so that all WPs had balanced representation, and all project results (interim and final) were disseminated towards the relevant stakeholders in a timely manner.

With the separation of the operative and strategic governance functions it was possible to both provide a solid content collection, generation and approval process, while supporting the timely and relevant daily operations.

4.2.2 Communication and dissemination timeline

Based on existing and foreseen online communication assets WP2 generated a proposed schedule and ideal frequency for the use of the different assets. Below on the chart, you can see the timeline of activities that have been carried out. WP2 team aimed to maximise the use of the available assets and used the support of the Editorial Committee defined in the previous chapter to generate continuous high level and informative content for these channels.

	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar. 21	Apr. 21	May. 21	Jun. 21	Jul. 21	Aug. 21	Sep. 21	Oct. 21	Nov. 21	Dec. 21	Jan. 22	Feb. 22	Mar. 22	Apr. 22	May. 22	Jun. 22	Jul. 22	Aug. 22	Sep. 22	Oct. 22	Nov. 22	Dec. 22	Jan. 23	Feb. 23	Mar. 23	Apr. 23	May. 23	Jun. 23	Jul. 23	Aug. 23	Sep. 23	Oct. 23
Social Media activity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Newsletter																		X				X				X				X				X			X
Leaflet						X																															
Poster							X	X				X							X					X			X			X				X	X		
Presentation												X																									
Press Release																						X															
Website management							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Workshops/ event organization	X												X								X	X		X	X											X	
Third party event participation							X	X																X					X	X	X	X					
Engagement with Network of Interest							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Figure 3: Communication Roadmap

5   DISSEMINATION AND COMMUNICATION RESULTS AND MATERIALS

5.1   Dissemination and Communication Tools and Channels

Communication channels are the means for transporting specific messages to the targeted audiences (the various stakeholder groups specified before) with the aim of reaching the objectives of the JADECARE initiative. To maximise impact of the communication activities, different target groups have been reached via the most appropriate channels and performing the most effective communication activity(ies).

The channels that were used by the JADECARE team throughout the project duration varied depending on the expectations of the audience, as well as on complexity, importance and content of the message to be communicated, and they included:

- Website
- Social media
- Newsletters
- Collaterals such as brochures, leaflet, posters, and flyers
- Other communication materials such as presentations, press releases and information packages
- Webinars and events

The general approach that was adopted for the communication activities on each communication channel is described in the following table:

Communication channel	Usage / purpose	Mapped stakeholders	Principles of communication	Availability (month)
Website	The website will be informative, content-rich and offering an easy access point for different stakeholder groups.	• Regional / local health systems • National health systems/ ministries-healthcare decision makers • Health policy makers and experts • Health professionals and other operators • Patient organizations • Social entities working on the field representing the general population • Industry: digital health tools/services and platforms developers, ict health sector. • Scientific community • Specialized media • Universities and training organizations (next generation of healthcare professionals, researchers, engineers, ict developer) • Third party payers, official audit bodies, health technology assessment agencies and other public	The public website intends to provide an overview of the jadecare project available to the wide audience, promoting jadecare information with clear and simple messaging that leaves no room for ambiguity. It acts as the reference platform for any communication and request for information coming from stakeholders.	M6

Communication channel	Usage / purpose	Mapped stakeholders	Principles of communication	Availability (month)
		or private regulatory or standards organizations		
Social media	As defined in doa jadecare will use twitter and linkedin, complemented by a youtube channel in order to effectively communicate with stakeholders and the general public.	• Research • Scientific community • End-users • Civil activists • Patients	Aside from the general promotion of jadecare, twitter will be mainly used to provide brief real time updates and news and to promote event activities; Linkedin will be mainly used to engage and bring on board new relevant stakeholders, send target messages and to create and follow discussion groups.	M3
Newsletters	Informative newsletters will be sent to inform stakeholders on project's progress while tailored newsletters will be produced to highlight each major jadecare outputs.	• Research • Policy makers • Individual subscribers	Periodical newsletters will summarize in an easy to digest language both technical and general progress of the project, also listing key next activities (events for example) ensuring that all partners & stakeholders are timely informed.	Every 3M
Brochures	Ensuring adequate representation of the jadecare branding to gain visibility across europe.	• Research • End-users • Policy makers	Graphic materials such as flyer and leaflet will help to quickly communicate jadecare in a visually compelling manner.	M12
Presentations	Attractive visual presentations targeting specific stakeholder groups will be used to increase jadecare's visibility especially at third-party events.	• Research • Scientific community • End-users • Civil activists • Policy makers	Straight to the point, informative and visually appealing presentations are key elements for communicating jadecare and can help building trust and credibility across events and workshops.	As necessary

Communication channel	Usage / purpose	Mapped stakeholders	Principles of communication	Availability (month)
Press releases	Press releases will be delivered in conjunction with the main project achievements to ensure timely communication of the progress of the project. In support of jadecare's visibility, a selection of press and media channels will be targeted.	• Research • Scientific community • End-users • Civil activists • Policy makers •	All press releases produced will be clear and straight to the point, avoiding as much as possible scientific jargon while giving interesting insights and using catchy title and language to grab the reader's attention.	M1-M36
Events	Events (online and offline) are organized for their timeliness with jadecare's outputs, topic and audience relevance. For focused and effective communication, specific dissemination and engagement activities will be put in place, with live reporting via twitter, updates and blogs on linkedin.	• Research • Scientific community • End-users • Civil activists • Policy makers	From a communication point of view, jadecare will ensure that on each event a series of pre-event and post - event activities will be carried out. Some examples include: Creation and promotion of the event webpage Social media coverage Post event report	M1-M24
Third-party events	Events will be used to display targeted presentations and promotional material will be generated for focused and effective communication, dissemination and engagement outcomes	• Research • Scientific community • End-users • Civil activists • Policy makers	From a communication point of view, jadecare will ensure that on each event a series of pre-event and post - event activities will be carried out. Some examples include: Creation and promotion of the event webpage Social media coverage Post event report	M1-M36

Table 1: Methodology of the communication channels

5.2   Project Visual Identity

5.2.1   Logo

This visual identity was used in all the dissemination outputs, such as the project website, the online social media platform, the project videos and leaflets, etc. A brand book defining the use of the logo was developed during the first month of the project and made available to all partners for a clear and coherent approach to communication and materials. Partners had to use the rules defined in the brand book for any official publication. JADECARE logo and visual identity aim to describe the project's purpose using the keywords: health systems, person-centred care.

Figure 4: JADECARE logo

5.2.2   Brand Book

The Brand Book defined JADECARE's graphic identity and visual style:

- Font set (Calibri)
- The project logo in various forms; jpg., png., header.
- Colours of the logo and their variations;
- Typographies (also for deliverables and other texts) based on the same font set;
- The core colour palette;
- Standard texts for JADECARE publications and the use of the European flag.

Please see complete detail in Annex 3 – JADECARE Brand Book
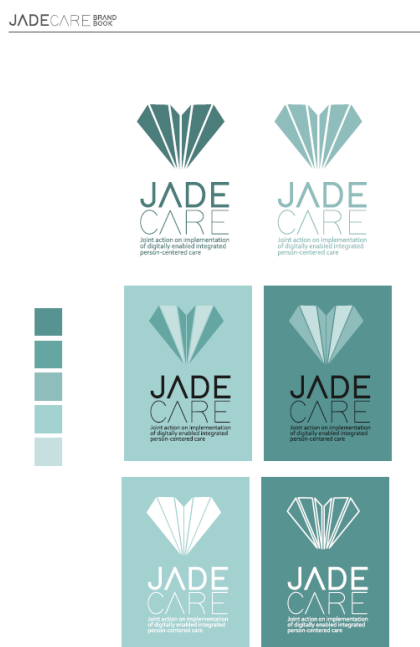
Figure 5: JADECARE Brand Book screenshot

5.3 Promotional materials

5.3.1 Leaflet

General information on the JADECARE project was provided by the project leaflet. The project leaflet presents the JADECARE project in general: short description of the JA, Aims&goals, expected outcomes, partners' logos, and a short description of the oGPs transferred to Next Adopters. It presented the main dissemination material to stakeholders or at project's events, 500 English leaflet have been printed and used at events. The leaflet was made available in the 16 official languages of the JADECARE countries uploaded in the official webpage of the JA (https://www.jadecare.eu/resources/#translated-leaflets.) (Please, see complete leaflet in English in Annex 3 – JADECARE Leaflet (English). (Please, see complete leaflet in English in Annex 3 – JADECARE Leaflet (English)
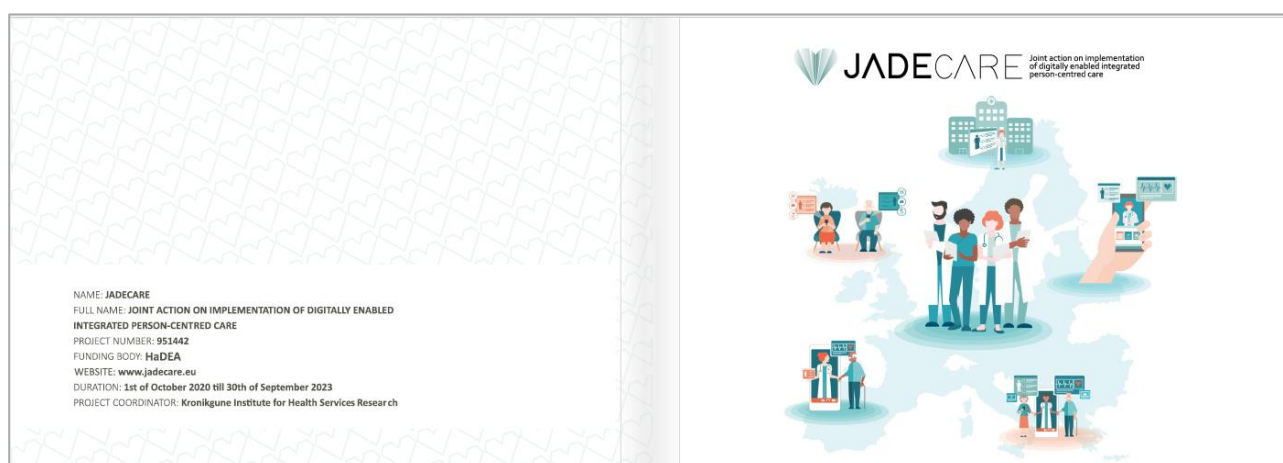
Figure 6: Inner page of the leaflet

5.3.2 General presentation

In order to provide a homogeneous image of the project to the external actors, especially towards the research community and academic networks, a standard presentation of the project was prepared to be used by partners in internal meetings and external events.

The presentation introduces the JADECARE objectives, consortium, main activities and main expected/realised results. It also provides all the information to access the project's website, interactive platform and to contact the project's representatives. The presentation was updated regularly in order to reflect the activities performed and the achieved results as well as update any change of the partners that have been part of the consortium. (Please, see complete presentation in Annex 3 – JADECARE General presentation.)

Figure 7: Figure 7: JADECARE Presentation slides

5.3.3 Rollup

Various roll ups were prepared to be used in in-person conferences. In the beginning, two rollups with the general information about the JA were preared. Later, at the end of the project, another rollup was prepared that included the main JADECARE design elements, and a short, easy remember summary of the project goals, the main milestones and the logos of the partners involved in the project.
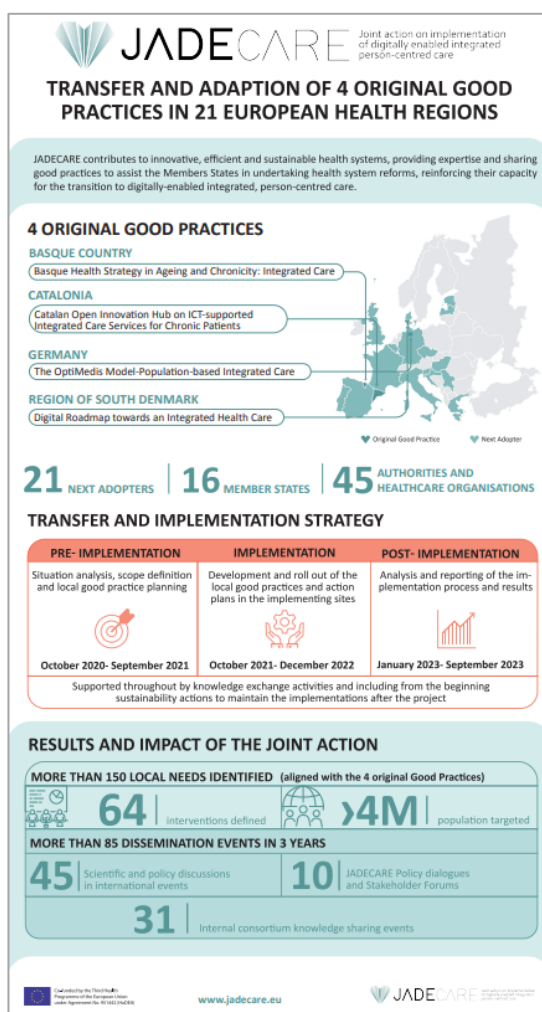
Figure 8: JADECARE Final Rollup

5.3.4 Flyer

A one-page project description in the form of a flyer has been designed for the JADECARE project, including the context and concept of the project, a short description of the oGPs and the key aims.
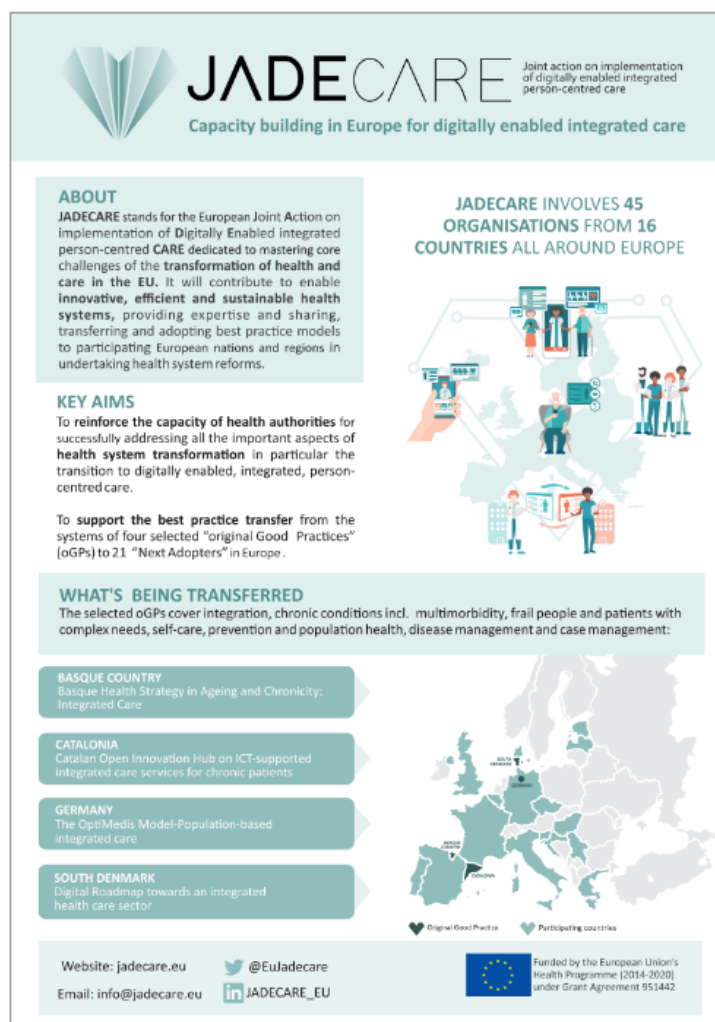
Figure 9: JADECARE Flyer

5.4 Website

The website was essential to fulfill the overall objectives of WP 2, i.e., to disseminate high quality information on all deliverables of JADECARE and hence to contribute to the development of a sustainable mechanism of advancing/ providing high quality services of integrated care in Europe. Hence, the project website was a focal point of all dissemination activities, corresponding with all WP and continuously providing information on public events, press/publications etc.

Figure 10: Website header

The website was implemented in two phases:

- PHASE 1: 9 Feb 2021 (month 5 of the project): JADECARE Landing Page (registered and connected domain "jadecare.eu", a fully branded page providing a comprehensive project summary);
- PHASE 2 30 March 2021(in month 6 of the project): Full JADECARE website (https://jadecare.eu/) including navigation, description of all work streams (static content), display of dynamic content (event calendar and project news). The initial template and functionality were transformed into a living communication platform, meaning the website was filled with news and reports, event announcements and many other resources.

Therefore, through the live website, the website team managed various achievements:

1. Materialize the JADECARE Communication Strategy, both for external and internal communication.
2. Implementation of the visual identity and branding of the project, for example embedding the jointly developed JADECARE logo+key slogan, which welcomes visitors to the homepage in a visually very appropriate way (see picture above).
3. Publish project achievements, e.g. workshops reports. Publication of results decided mainly in the Editorial Committee. Co-participation resulted in event announcements, reports and other news articles being published on the website in a timely manner. Since March 2021, 44 web news items have been published on the website.
4. Intertwin website and social media communication activities, i.e. mirroring and extending dissemination in social media through the website and vice versa.
5. Served as a central reference point for announcing events, Stakeholder forums, etc. by publishing dynamic content such as event announcements that highlighted the importance and contribution of JADECARE on the website. Since March 2021, 35 events have been published on jadecare.eu.
6. Serve internally and externally as a central reference point for static informations and promotional materials, here newsletters, multilingual leaflets and accepted public deliverables.
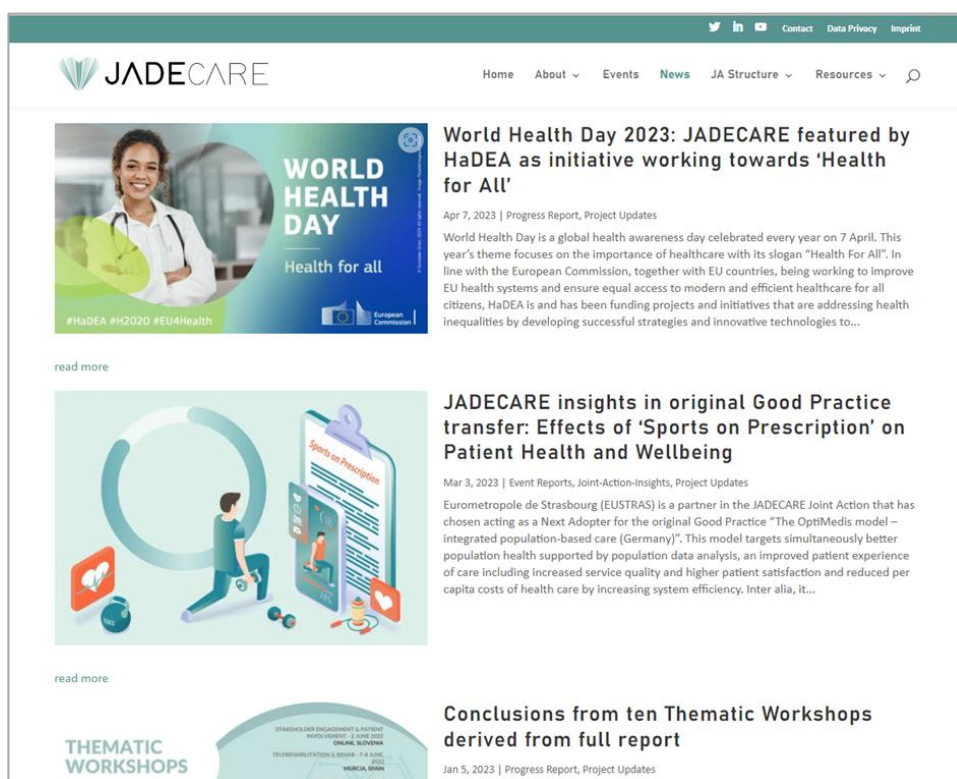
Figure 11: Website News section
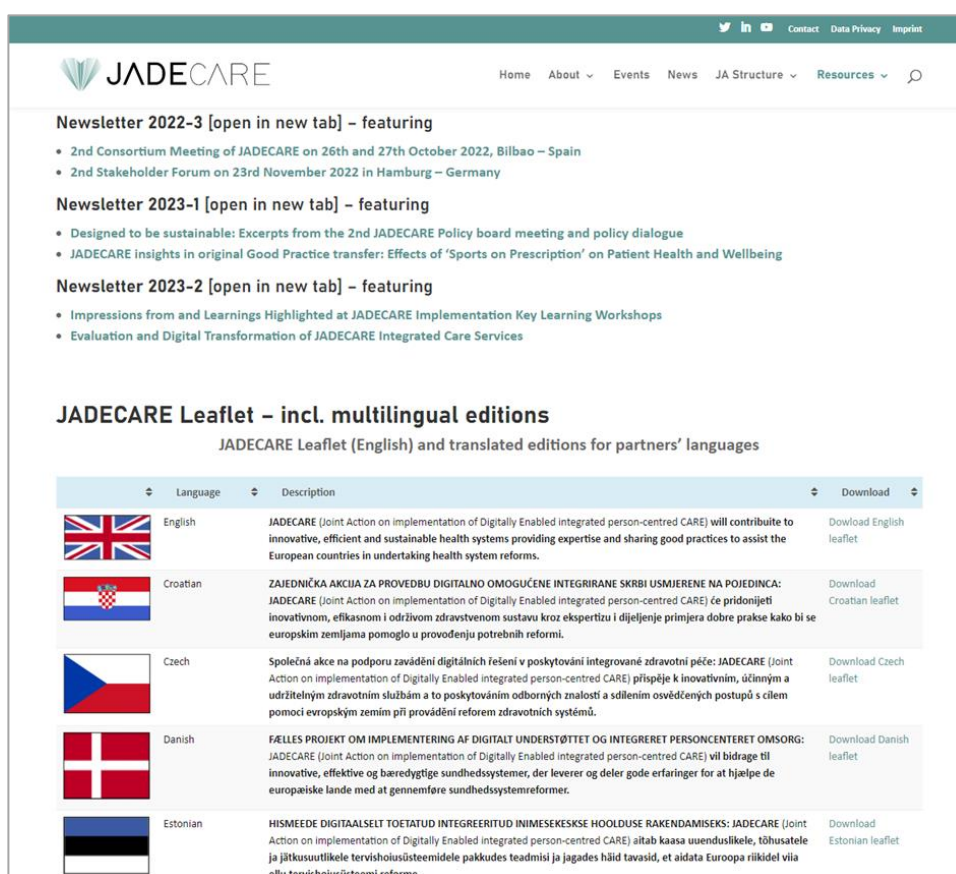
To comply with the dissemination and communication plan of JADECARE, the following Content Map (Navigation) was prepared:

Top Navigation	Dropdown/Subentry	Section & subsection content
Homepage	**About** **Events** **News** **JA-Structure** **Resources** **Search**	-Logo with JADECARE key slogan -Short description of project + briefly adressing of oGPs -Centrally positioned paragraph for "hot news"/news update (events, achievements…) + paragraph for upcoming events -Social Media mirrored in website through LinkedIn & Twitter feeds -Header: social media buttons, link to contact form, Privacy statement, Imprint -Footer: Imprint, Privacy statement, funding, contact information and link to contact form, social media buttons, link for Subscribing the newsletter
About	**About JADECARE Project Factsheet and Flyer Consortium**	-About: EU health policy context as context of project mission, ambition and aims of digitally enabled integrated care -Factsheet: Start Date, end date, duration, co-funding… + download for JADECARE Flyer -Consortium: List of partners with URLs to partner homepages
Events	**2nd level = List of upcoming and previous events**	Internal and External Events (of relevance); Structured event Announcements (title, lead image, data, venue, host, agenda, registration supported by maps, URLs and contact data.
News	**2nd level = Overview**	Current/previous, sorted by publication date 2nd level overview: images, teasers, read more
JA-Structure	**Transfer WPs / GPs; Next Adop-ters**	Joint Action overall description (government mandate, oGPs, NAs etc.) -Transfer Work Packages/oGPs WP5, WP6, WP7, WP8

	Horizontal WPs	-Next Adopters with choice of oGP and S-M-A-R-T Implementation -Generic Work packages WP1, WP2, WP3, WP4

Resources	**Newsletters**
	Translated Leaflets
	Public Deliverables
		Central reference point for Promotional materials
		   -leaflets (English reference version incl. multilingual editions) for download
		-Project publications of any type
		   -JADECARE Newsletter repository and direct links to focus articles
		   -accepted public deliverables for download

Table 2: JADECARE Website Content Map (Navigation)

Accordingly, the project website has acted as an open space in constant flux to keep all target groups informed of the project's progress, and to provide the guide for content development over time.

Figure 12: Newsletters and translated leaflets on the website

5.5 Social Media

During the project, the primary focus of social media communication across all three JADECARE social media channels (LinkedIn, Twitter, and YouTube) revolved around extensively promoting the project's outcomes. A pivotal method for achieving this objective was to organically expand the page followers by sharing content genuinely interesting for theaudience. Recognizing that post popularity hinges not solely on conveyed information but significantly on human elements, also directed attention was paid to portraying the collaborative work of JADECARE partners as a cohesive team. This approach yielded positive results, as the

follower count demonstrated a substantial and continuous growth throughout 2022. Notably, LinkedIn proved particularly effective, garnering more engagement for professional content compared to Twitter and enjoying heightened popularity among the target audience circles.

Significant attention was devoted to external European Conferences, where JADECARE was presented by numerous colleagues. The course was registered on the official website and extensively promoted across the social media platforms.

The cornerstone of the 2023 communication strategy centred on the presentation of JADECARE products. Furthermore, strong emphasis was placed on both pre- and post-communication for self-organized workshops, policy dialogues and external events.

Key themes and campaigns within social media for 2020-2023 encompassed:
- Presenting the project's three-year body of work, focusing on the potential application of JADECARE results.
- Promoting project deliverables and published materials.
- Highlighting JADECARE events on the social channels.
- Promoting JADECARE-organized workshops and presentations showcasing the products.
- Amplifying both internal and external events, with particular attention to those featuring JADECARE presentations.
- Ensuring comprehensive post-event communication, incorporating highlights, visuals, and concise summaries.
- Executing campaigns such as International Women's Day or Interview with experts.
- Reporting on the ongoing efforts of the JADECARE team.
- Promoting news, articles, and newsletters from the JADECARE website.
- Producing newsletters, posters, rollups and visual elements for articles

5.5.1   Linkedin JADECARE account

https://www.linkedin.com/company/jadecare-eu

Figure 13: JADECARE LinkedIn page

5.5.2 Twitter JADECARE account

https://twitter.com/EuJadecare?s=20
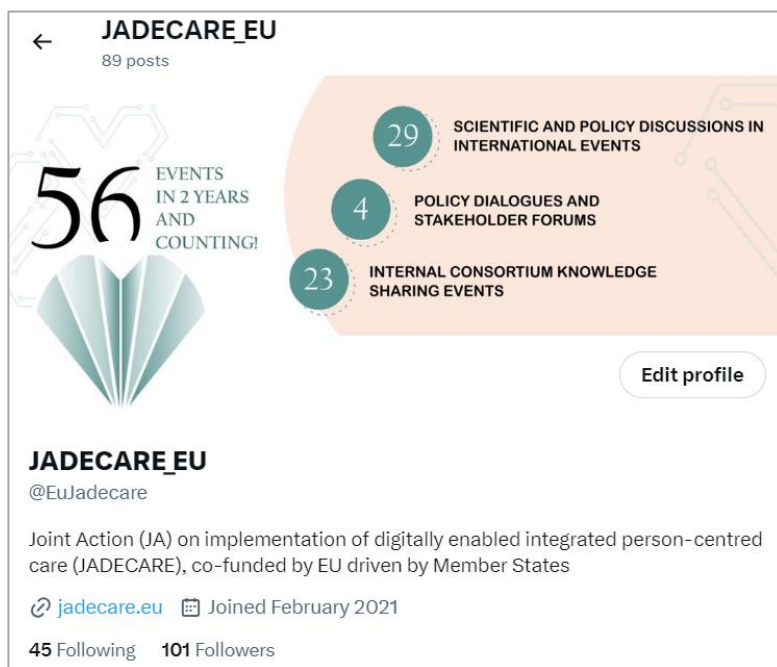
Figure 14: JADECARE Twitter page

5.5.3 Youtube JADECARE channel

https://www.youtube.com/channel/UCs_K33SCi5yAvPjCsgstOpQ/videos
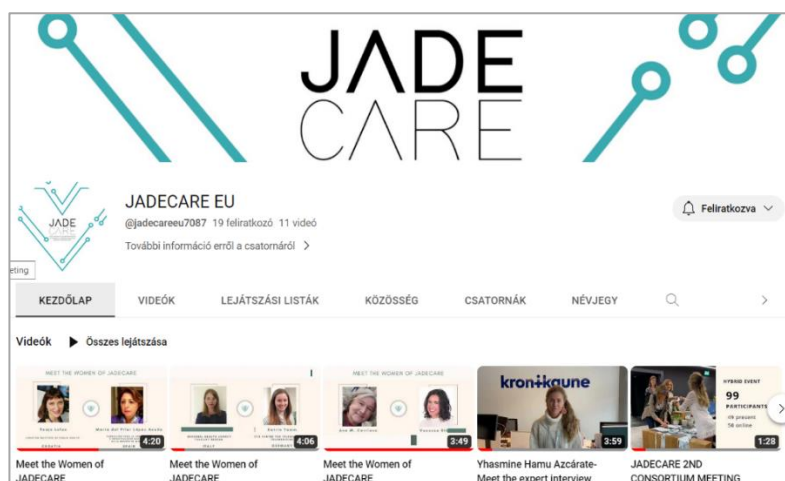
Figure 15: JADECARE Youtube channel

5.6 Publications

Scientific publications have been an important element of the dissemination strategy of the JADECARE project. A part of the stakeholders - the scientific and academic community – was and continues using peer

reviewed articles and conference poster presentations to gather the latest developments of the digital integrated health sector.

The following list encompasses the current status of publishes, submitted and planned scientific publications:

Article 1
TITLE: Role of Co-creation for Large-Scale Sustainable Adoption of Digitally Supported Integrated Care: Prehabilitation as Use Case
Authors: Josep Roca et al.
JOURNAL: International Journal of Integrated Care (IJIC)
STATUS: Published 2022
DOI: https://doi.org/10.5334/ijic.6503

Article 2
TITLE: Actionable Factors Fostering Health Value Generation and Scalability of Prehabilitation
Authors: Josep Roca et al.
JOURNAL: Annals of Surgery
STATUS: Published 2022
DOI: https://doi.org/10.1097/sla.0000000000005662

Article 3
TITLE: Prospective cohort study for assessment of integrated care with a triple aim approach: hospital at home as use case
Authors: Josep Roca et al.
JOURNAL: BMC Health Services Research
STATUS: Published 2022
DOI: https://doi.org/10.1186/s12913-022-08496-z

Article 4
TITLE: The Value of Admission Avoidance: Cost-Consequence Analysis of One-Year Activity in a Consolidated Service
Authors: Josep Roca et al.
JOURNAL: BMC Cost effectiveness and resource allocation
STATUS: Submitted 2023
PREPRINT: medRxiv
DOI: https://doi.org/10.1101/2023.01.05.23284217

Article 5
TITLE: The Assessment of Medical Device Software Supporting Health Care Services for Chronic Patients in a Tertiary Hospital: Overarching Study
Authors: Josep Roca et al.
JOURNAL: Journal of Medical Internet Research (JMIR)
STATUS: Published 2022
DOI: http://dx.doi.org/10.2196/40976

Article 6
TITLE: Prevention of Unplanned Hospital Admissions in Multimorbid Patients Using Computational Modelling: Observational Retrospective Cohort Study
Authors: Josep Roca et al.
JOURNAL: Journal of Medical Internet Research (JMIR)
STATUS: Published 2023
PREPRINT: NA
DOI: http://dx.doi.org/10.2196/40846

Article 7
TITLE: Five years of Hospital at Home adoption in Catalonia: impact and challenges
Authors: Josep Roca et al.
JOURNAL: BMC Health Services Research
STATUS: Submitted 2023
PREPRINT: medRxiv
DOI: https://doi.org/10.1101/2023.01.25.23284997

Article 8
TITLE: A Practice-Proven Adaptive Case Management Approach for Innovative Health Care Services (Health Circuit): Cluster Randomized Clinical Pilot and Descriptive Observational Study
Authors: Josep Roca et al.
JOURNAL: Journal of Medical Internet Research (JMIR)
STATUS: Published 2023
DOI: https://doi.org/10.2196/47672

Article 9
TITLE: Toward adoption of health risk assessment in population-based and clinical scenarios
Authors: Josep Roca et al.
JOURNAL: International Journal of Integrated Care (IJIC)
STATUS: Submitted 2023
PREPRINT: medRxiv
DOI: https://doi.org/10.1101/2023.08.02.23292593

Article 10
TITLE: A Co-Creation Process Toward Sustainable Adoption of Integrated Care for Prevention of Unplanned Hospitalizations
Authors: Josep Roca et al.
JOURNAL: International Journal of Integrated Care (IJIC)
STATUS: Submitted 2023
PREPRINT: medRxiv
DOI: https://doi.org/10.1101/2023.08.03.23293537
Article: 11

TITLE: JADECARE - Implementierung digital unterstützter, integrierter, pa-tientenzentrierter Gesundheitsversorgung in Europa
Authors: Rimmele M., Ewert T.(LGL)
BOOK: Regensburger Beiträge zur Digitalisierung des Gesundheitswesens, eds. Weber K et al., Digitale Technik für ambulante Pflege und Therapie II, pp 183-198
STATUS: Published August 2023
ISBN: 3-8376-6727-8

Article 12
TITLE: *Evaluation of the impact of Joint Actions (JA) of the European Union (EU) health program: conceptual frameworks, methodologies, obstructive and facilitating factors*
Authors: J.M. Castellano-Garcia (AQuAS), M. Espallargues (AQuAS-RICAPPS), V. Serra-Sutton (AQuAS-CIBERESP), M. Rimmele (Bavarian Health and Food Safety Authority, Germany)
JOURNAL: xx
STATUS: Article in reviewing process
PREPRINT:

Article 13
TITLE: *General description of JADECARE, oGPs, transfer approach and implementation experience of NAs*
Authors: KG
JOURNAL: xx
STATUS: in preparation
PREPRINT:

Article 14
TITLE: *Digitally enabling integrated person-centred healthcare*
Authors: KG
JOURNAL: Eurohealth
STATUS: Submitted
PREPRINT:

Article 15
TITLE: Article on the implementation strategy, including the impact assessment
Authors: AUTH
JOURNAL: xx
STATUS: in preparation
PREPRINT:

Article 16
TITLE: *Multiprofessional and multidisciplinary teleconsultation for the management of multimorbidity: preliminary results from the Joint Action JADECARE*

Authors: ARS Tuscany
JOURNAL: BMC Health Services Research
STATUS: Submitted
PREPRINT:

Article 17
TITLE: *Applicability of the Adjusted Morbidity Group algorithm for healthcare programming: results of a pilot study in Italy*
Authors: ARS Marche (Roberta Papa, Francesco Balducci, Giulia Franceschini, Marco Pompili, Marco de Marco, Josep Roca (to add other co-authors from IDIBAPS?), "on behalf of the JADECARE Consortium"
JOURNAL: BMC Public Health?
STATUS: Article in reviewing process, to be submitted shortly

PREPRINT:

PhD Thesis 1
TITLE: Evaluation and digital transformation of integrated care services
AUTHOR: Erik Baltaxe
STATUS: Submitted 2023
UNIVERSITY: Doctoral program in medicine and translational research, Faculty of medicine, University of Barcelona

PhD Thesis 2
TITLE: An adaptive case management approach to prevent unplanned hospital admissions in a care continuum scenario
AUTHOR: Carmen Herranz
STATUS: Submitted 2023
UNIVERSITY: Doctoral program in medicine and translational research, Faculty of medicine, University of Barcelona

PhD Thesis 3
TITLE: Predictive modelling for personalised multimorbidity management
AUTHOR: Rubèn González-Colom
STATUS: Submitted Sept 2023
UNIVERSITY: Doctoral program in medicine and translational research, Faculty of medicine, University of Barcelona

As the publications contain the important fresh results of the project, prepared as a cooperation of the consortium partners, it is important to regulate the process and protect both the project and the consortium partners' interest at the same time. For this purpose a Publication Policy document has been developed by WP1 and approved by the consortium for JADECARE (Please, see complete detail in Annex 2 – JADECARE Publication Policy.)

5.7 Newsletter

The JADECARE newsletter has been the tool that collect news and highlighted articles related to the work and activities carried out during the project life. The objective of the newsletter has been to highlight and arise the interested of the stakeholders and audience to read and inform more in depth about JADECARE activitites. The online newsletters have been generated twice a year making a total of 6 newsletters by the end of the project. In order to maximize the impact among stakeholders, JADECARE database/Stakeholder matrix was built (see Section 4.1.2 Whom (Target Audience / Stakeholder Analysis)) gathering and regularly updating all contacts from the consortium network taking advantage of the variety of their connections. The content proposal for each newsletter was discussed and decided in the JADECARE Editorial Committee meetings.

The newsletters were distributed by the WP2 Editorial Team using the stakeholder address list of the project. A newsletter subscription was included in the website through a banner. By entering the email address, users were added to the JADECARE database to receive regular communications.

- Newsletter 1
- Newsletter 2
- Newsletter 3
- Newsletter 4
- Newsletter 5
- Newsletter 6: is under preparation at the time of submission of this document and will be sent during October 2023 to compile the information about the final JADECARE Consortium events: 3rd Consortium Meeting+3rd Stkaholder Forum /26th of September 2023) and Final Connferece (28th of Septmeber 3034)

Email marketing industry benchmarks for education/research was used for sending the newsletter: https://www.sendinblue.com/wp-content/uploads/2020/11/Industry_Benchmark_EN_2020.pdf

5.8 Events and workshops

One important pillar of the dissemination and communication strategy of JADECARE have been the participation in events, and the organization of workshops and Stakeholder forums.

5.8.1 Scientific events

Scientific events, in addition and separate from the JADECARE-dedicated Workshops and Stakeholder Forums, were addressed and attended where appropriate by JADECARE partners. A regular calendar with the most relevant (scientific) events in the integrated health care context was developed by WP2 Task 2.4 "Event organisation including Stakeholder Forums" and was shared with the consortium partners in advance via the SharePoint. The calendar was updated monthly.

The processes of registering the intention to attend a scientific conference, of attending scientific conferences and of disseminating JADECARE results on scientific conferences had been regulated by the Consortium members in the Publication policy of WP1, together with the processes of disseminating results in scientific publications.

Events, where JADECARE was aiming to take part and where JADECARE had participated actively, were published in addition via the website, and were also included in the newsletters as well as posted in social media. Tables 5, 6 and 7 document the scientific events, JADECARE has been attending in 2021, 2022 and 2023.

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
15.04.2021	Success Stories from the Third EU Health Programme 2014-2020			Oral	The Joint Action JADECARE	WP1 Esteban de Manuel (Kronikgune)
17.05.2021	ICIC21 21st International Conference on Integrated Care - Virtual Conference	online	IFIC (Intl Foundation for Integrated Care)	Oral	Implementation and transfer of successful digitally enabled integrated person-centred care solutions across Europe – The JADECARE Joint Action	WP1 Jon Txarramendieta (Kronikgune)
24.05.2021	ICIC21 21st International Conference on Integrated Care - Virtual Conference	online	IFIC (Intl Foundation for Integrated Care)	Workshop	Digital initiatives to support person-centred, integrated care: Key learnings for their deployment in Europe	WP1 Jon Txarramendieta (Kronikgune)
15.06.2021	Health IT Conference "Health Informatics in the Covid-19 Period"	Greece		Oral	The Joint Action JADECARE	WP3 Fivos Papamalis (AUTH)
15.07.2021	High-level Conference of the Slovenian Presidency of the Council of the EU on Implementing Innovative Solutions			Oral	The Joint Action JADECARE	WP1 Ane Fullaondo (Kronikgune)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
	for Resilient Health Systems					
08.09.2021	European Respiratory Society (ERS) 2021 Symposium on Digital transformation in practice, Online: "Enabling Next Generation medicine"	online		Oral	Presentation of JADECARE at 3 out of the 4 lectures	WP1 Filip Domanski (Project officer of the European Commission at the moment)
09.09.2021	VIII Digital Congress on Digital health, "The San Sebastian International Digital Health Congress (e-health Donostia)": Value-based digital health	Donostia, Spain		Oral	The Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)
10.09.2021	Person-centred Integrated Care Intl. Conference in the Viljanen County	Viljanen County, Estonia		Oral	ICT solutions to support human-centered comprehensive services in Catalonia in the context of JADECARE	WP6 Josep Roca (IDIBAPS)
15.09.2021	EHMA 2021 Annual Conference	digital, through lens of Lisbon, Portugal	European Health Management Association EHMA (Bruxelles, Belgien)	Oral	The Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
22.09.2021	9th Bavarian Congress for Public Health Services		Bavarian Health and Food Safety Authority, Society for Hygiene, Environmental Medicine and Preventive, German Gesundheitsdienst Bayern e.V.	Poster and Oral	Implementierung digital-unterstützter, patientenzentrierter, integrierter Gesundheitsversorgung und -förderung in Europa – das Projekt JADECARE	WP2 Martina Rimmele (LGL)
11.10.2021	17th European Geriatric Medicine Society EUGMS, GROWING OLD IN BETTER HEALTH - BUILDING SYNERGIES ACROSS EUROPE	Athens, Greece, and online	EuGMS, European Geriatic Medicine Society	Poster	The Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)
11.11.2021	14th EPH Conference 2021 "Public health futures in a changing world"			Oral	Implementation of digitally enabled integrated person-centred care solutions – JADECARE Joint Action	
23.11.2021	Digital Health: NOW!	online	German Society for Telemedicine, Innovation Center Digital Medicine of the University Hospital RWTH Aachen, ZTG Center	Oral	The Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
			for Telematics and Telemedicine GmbH.			
26.11.2021	Curso Medicina de sistemas	online	IDIBAPS	Oral	Critical factors for the deployment of Integrated Care: the European Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)

Table 3: Scientific events, JADECARE attended in 2021

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
26.04.2022	*DMEA 2022 Connecting Digital Health (Industry and Science)*	Berlin,	bvitg, Bundesverband Gesundheits-IT e.V.	Oral	Transfer and adoption of digitally enabled integrated person-centred care solutions across Europe– the JADECARE Joint Action	WP1/2 Jon Txarramendieta (Kronikgune) and Martina Rimmele (LGL)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
23.05.2022	ICIC 2022 Conference https://integratedcarefoundation.org/	Odense, Denmark, Campus Odense and Destination FYN	The conference is a partnership with Healthcare Denmark in cooperation with Odense University Hospital, University of Southern Denmark (SDU), Municipality of Odense	Workshop	The Joint Action JADECARE	WP 5-8 Jon Txarramendieta (Kronikgune)
23.05.2022	ICIC 2022 Conference https://integratedcarefoundation.org/			Workshop	A workshop to explore the challenges and opportunities for transferring good practices, build capacity and scale up integrated care	WP1/3Jon Txarramendieta (Kronikgune)
24.05.2022	ICIC 2022 Conference https://integratedcarefoundation.org/			Oral	The Joint Action JADECARE	WP1 Jon Txarramendieta (Kronikgune)
17.06.2022	EHMA 2022. 'From people to systems: leadership for a sustainable future'	Brussels, Belgium	European Health Management Association	Workshop and Poster	The Joint Action JADECARE	WP 5-8 Jon Txarramendieta (Kronikgune)
29.06.2022	First Bavarian E-Health Congress	Augsburg and online	Bavarian State Ministry of Health, Germany	Oral	The Joint Action JADECARE	WP2 Dr. Thomas Ewert of LGL, the supervisor of Martina Rimmele (LGL)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
07.07.2022	Kongress of the DeinHaus 4.0 –Projekt in Regensburg "Digitalisation in Healthcare"	Regensburg, Germany	Bavarian State Ministry of Health, Germany, and Bavarian Technical University Regensburg	Oral	The Joint Action JADECARE	WP2 Dr. Thomas Ewert of LGL, the supervisor of Martina Rimmele
15.09.2022	Regional italian Webinar on Jadecare's Joint Action on transforming healthcare delivery in Europe		Webinar is organized by PROMIS	Workshop	The Joint Action JADECARE	WP5-8 PROMIS
26.09.2022	Italian national workshop on hospital area integration and risk stratification	online	Ministry of Health, Italy, and AGENAS	Workshop	Italian Workshop on Hospital-Land Integration and Risk Stratification Workshop Italiano su Integrazione Ospedale territorio e Stratificazione del rischio	WP5-7 AGENAS
27.09.2022	High level conference of the Central Administration of the Portuguese Health System „ACSS summit 2022 (Re)think commissioning models"	in person, Lisbon	ACSS (Administracao Central do Sistema de Saude Ip)	Oral	Basque oGP	WP5 Juan Manuel Sanzo (Basque Country)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
08.11.2022	ARS Tuscany webinar "Taking care of hte complex patient: the contribution of Joint Action on implementaiton of digitally enables integrated person-centred care (JADECARE)"	online		Webinar	La presa in carico del paziente complesso: il contributo della Joint Action on implementation of Digitally Enablers integrarted person-centred care (JADECARE)	WP5 ARS Tuscany
09.11.2022	15th EPH Conference 2022 "Strengthening health systems: improving population health and being prepared for the unexpected."	Berlin, Germany,	EPH Conference	Workshop	Transfer and adoption of digitally enabled integrated person-centred care good practices in different European contexts: the JADECARE Joint Action	WP5-8 Jon Txarramendieta (Kronikgune)
11.11.2022	DigiHealth Day 2022 "Global digital health - today, tomorrow, and beyond"	Rottal-Inn, Pfarrkirchen, Germany, and online	DigiHealthDay	Oral	The Joint Action JADECARE	WP2 Martina Rimmele (LGL)
24.11.2022	2nd Portuguese Conference on Integrated Care (II Encontro Nacional de Integraçao de Cuidados-ANICII)	Aveiro, Portugal		Oral	The Joint Action JADECARE	WP1 Esteban de Manuel (Kronikgune)

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
25.11.2022	Curso Medicina de sistemas	online	IDIBAPS	Oral	The JADECARE Join Action and implementation strategies	WP1 Yhasmine Hamu (Kronikgune)
28.11.2022	Primary Care International Conference	Madrid, Spain		Oral	The Joint Action JADECARE	WP1 Esteban de Manuel (Kronikgune)

Table 4: Scientific events, JADECARE attended in 2022

Date	Title of conference	Location	Organizing Society	Type of presentation	Title of the abstract	WP involved/ Presenter(s)
16.02.2023	NEVES Health care Research & Development programm	Semmelweis University, Hungary	SU-HSMTC		The Joint Action JADECARE	WP2 Dora Toth (SU-HSMTC)
24.03.2023	Coordination meeting of the Joint Action ImpleMENTAL, invited JADECARE WP2	Semmelweis University, Hungary	SU-HSMTC	workshop	WP2 of JADECARE presented its communication and dissemination co-creation methods	WP2 Dora Toth (SU-HSMTC)
23.05.2023	23.05.2023: 23rd Intl. Conference on Integrated Care (ICIC 2023) Workshop JADECARE	Antwerp, Flanders		Workshop		

Date	Event	Location	Organisation	Type	Topic	WP/Contact
24.05.2023	24.05.2023: 23rd Intl. Conference on Integrated Care (ICIC 2023) Session Care Transition: JADECARE Pilot in Andalusia was presentd "Improving healthcare at home for complex chronic patients (CCPs)"	Antwerp, Flanders	integratedcarefoundation.org	Session/Workshop	How to ensure the sustainability of good practices transfer to heterogeneous contexts? Sharing the results of the JADECARE Joint Action	WP 1,4,5,7- Yhasmine Hamu (Kronikgune)
24.05.2023	24.05.2023: 23rd Intl. Conference on Integrated Care (ICIC 2023) JADECARE in EU-session	Antwerp, Flanders		Panel discussion invitation		
06.06.2023	EHMA 2023: Health management: sustainable solutions for complex systems	Rome, Italy	The European Health Management Association (EHMA) and ALTEMS – Advanced School of Health Economics and Management, Catholic University of Sacred Heart	Oral and poster	How to support ensure the sustainability of good practices transferred to heterogeneous contexts? Sharing the results of the JADECARE Joint Action	WP1,2,4, 8 Yhasmine Hamu (Kronikgune)
07.06.2023	HIMSS Europe 2023: Health that connects+Tech that cares	Lisbon, Portugal		Oral	The Joint Action (JA) on implementation of digitally enabled integrated person-centred care (JADECARE)	WP7 Ulrik Appel (RND)
08.06.2023	EIE2023, Implementation – the translation, uptake and integration of research findings within the daily routines of human services "Creating a new normal: Enhancing	Basel, Switzerland	European Implementation Collaborative and IMPACT – the Swiss Implementation Science Network.	Oral	The Implementation strategy for the transfer and adoption of successfully proven good practices on digitally enabled	WP1 Yhasmine Hamu (Kronikgune)

	the relevance of implementation science for society"				integrated person-centred care to heterogeneous contexts	
12.06.2023	Implementation research Scientific Conference, Bilbao	Bilbao, España	Research in Dissemination and Implementation Sciences in Health Services	Oral		WP1 Ane Fullaondo (Kronikgune)
23.06.2023	National Seminar "Possibilities of applying JADECARE model practices"	Prage, Czech Republic	MoH, Czech Republic	Workshop		WP5-8 Zdenek Gütter (MZCR)
06.07.2023	Health Services Research HSR-UK Conference 2023	Birmingham and online	Health Services Research UK (HSR UK)	Oral	Implementation of digitally enabled integrated person-centred care solutions – JADECARE Joint Action	WP1 Yhasmine Hamu (Kronikgune)
12.07.2023	2nd Bavarian E-Health Kongress, Augsburg, Bavaria			Booth: Poster, Roll-up	JADECARE: Joint Action on Implementation of digitally enabled integrated person-centred care	WP2 Martina Rimmele (LGL)
05.09.2023	Epidemiology for planning the future – Joint Portuguese-Spanish Epidemiology Congress 2023, Spanish and Portuguese Conference for Epidemiology (SEE/APE)	Oporto, Portugal		Poster		WP3 Jose Maria Castellano (AQuAS)

12.09.2023	The contribution of the JADECARE Joint Action in health systems transformation: integrated care and digitization	Ancona, Marche region		Workshop		WP6, Roberta Papa (MARCHE)
20.09.2023	Italian national event to disseminate the results of the JADECARE project	Rome, Italy	AGENAS	Workshop		WP4-8 AGENAS and italian Nas
26.09.2023	10th Bavarian Congress for Public Health Services	Wuerzburg, Germany			Das Eu-Projekt Jadecare: Nachhaltige Transformation Zu Digital Un¬Terstützten Integrierten Gesundheitssystemen In Europa	WP2 Stefan Brunner (LGL)
26.09.2023	EHFG (European Health Forum Gastein) - "Digital Health"-theme	Bad Hofgastein, Austria	European Health Forum Gastein (EHFG)	Final conference		WP1-8 JADECARE Consortium

Table 5: Scientific events, JADECARE attended in 2023

5.8.2 JADECARE Workshops

The aim of the workshops was mostly to enhance internal communication on knowledge generation and exchange and to support implementation success.

Study Visits in 2021: Study Visits were organized by WP 5-8 leaders supported by WP4 Task 4.2 "Knowledge exchange and generation" and WP2 Task 2.4 "Events organisation including Stakeholder Forums", before local Good Practices and Action Plans were prepared. The aim of the in total 4 several-days Study visits was to share in detail and from the experience of the involved experts the original Good Practices (oGP)-specific core features, core context characteristics and core characteristics of the implementation and sustainability process with the NAs, that were interested in implementing some of the oGPs features and characteristics. The Study visits provided a fruitful exchange of practical information on how the discussed core feature(s) were (successfully) implemented in the oGP site from the beginning and how they could realistically be implemented in different Next Adopters contexts. A detailed report of the Study visits is represented in Milestone 15. In total, more than 600 participations could be counted in the Study visits online (some of the Consortium members participated in several Study visits).

Please find more info in the MILESTONE M15 (WP4 - TASK 4.2) and Report on Study Visits (T4.2 Knowledge exchange and generation)

Thematic workshops in 2022: During the first months of the implementation period of JADECARE, a maximum of three thematic workshops were organized at three next adopter sites per WP5-8. In total, ten Thematic Workshops were organized in nine European countries hosted by Denmark, Italy, Spain (2 thematic workshops hosted here), Croatia, Estonia, Hungary, France, Slovenia, and the Czech Republic. All countries are characterized by different health systems, political regulations, structures, and challenges. Each workshop focussed on a limited number of specific core features of the respective oGP, with the aim to bring visibility to next adopters at local/regional/national level & to boost communication with stakeholders, that are important for sustainability. Another aim of the thematic workshops was to foster (self-) evaluation of the progress of the implementation with a potential to start a next PlanDoStudyAct cycle, as well as to give structured feed back to the JA leadership regarding the success of the implementation. More than 320 participants joined the Thematic Workshops either onsite or online.

Please find full article in the JADECARE neswsletter:
https://www.jadecare.eu/jadecare-newsletter-july-2022-focus-articles/#22july1

Table 6: JADECARE Thematic workshops

Workshops on Implementation Key Learnings in 2023: The Workshops on Implementation Key Learnings were scheduled during the post-implementation phase being an important milestone. The main objective of the workshops was to share learnings and experiences between internal stakeholders involved in the implementation of a given core feature and the local teams of NAs. In total, 4 Workshops on Implementation Key Learnings were organized (May, June 2023) in three European countries hosted by oGPs from Spain (2 workshops) Germany and Denmark. All countries were characterized by different health systems, political regulations, structures, and challenges.

Prior to the workshops a detailed concept was elaborated to give the events a consistent format and to ensure a meaningful comparison of the valuable insights on the implementation process, key learnings, and key statements for sustainability. Based on that concept note, all workshops were conducted with the same goals, topic structures and intentions of discussions, but in some few cases they differed in organization and procedure. More than 80 participants joined the workshops either onsite or online.

Please find full article in the JADECARE newsletter:

https://www.jadecare.eu/jadecare-newsletter-2023-issue-2-focus-articles/#2023-issue2-article1

Figure 16: JADECARE Workshop on implementation key learnings organised by Optimedis Good Practice

5.8.3   Stakeholder Forums of JADECARE

The Stakeholder Forums were intended to facilitate the exchange of experience between the organizations participating in the Joint Action and relevant external stakeholders and to discuss the current status of the local implementation of best practices, emerging problems, but also further ideas and solutions. Knowledge transfer, exchange and networking activities were conducted during the forums in different formats (lectures with invited speakers, workshops, panel discussions, surveys).

JADECARE invited external stakeholders, as identified by consortium members and list repeatedly updated (methodology of stakeholder matrix described in chapter 4.1.2 of this document), including key industries/developers, to consider how to enhance the competitiveness of EU industry to create economic growth opportunities. Also, health system representatives and researchers interested in collaborating with the JA were invited to the Stakeholder Forums.Stakeholder Forum participants will have access to JADECARE deliverables. The Stakeholder Forums supported the production of a roadmap of JADECARE for changes needed to introduce integrated care.

Three Stakeholder Forums were planned and conducted during the JADECARE project, one per year. In the first year 82 Stakeholders attended (19 of which were active presenters and panellists), in the second year 76 Stakeholders attended (15 of which were active presenters and panellists), in the third year 102 – 110 Stakeholders attended (15 off which were active presenters and panellists).

Please find full articles in the JADECARE newsletter:

https://www.jadecare.eu/jadecare-newsletter-december-2022-focus-articles/#22december2
https://www.jadecare.eu/3rd-jadecare-stakeholder-forum-sustainability-of-implementations/
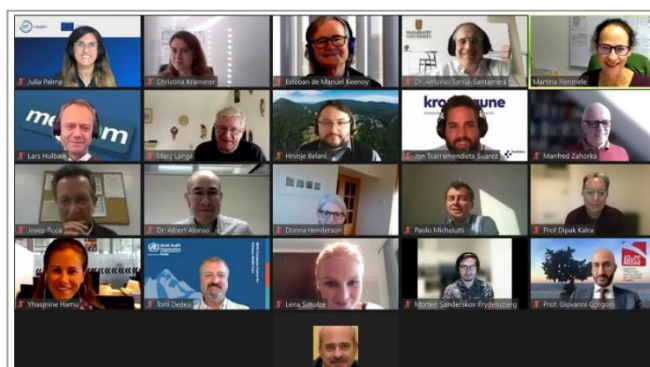
Figure 17: JADECARE 1st Stakeholder forum (online)

The following table gives an overview of the Kick-off, Consortium meetings, Study Visits, Thematic Workshops, Workshops on Implementation Key Learnings, Stakeholder Forums and Final Conference performed in and by JADECARE (see also deliverable D1.1. Project Handbook for reference).

In addition, Work Package 4 Task 4.6 "Policy board" performed 3 Policy Board meetings and 3 Policy Dialogues, as described in D 4.3 "Characteristics of JADECARE practices, leading to sustainability and integration in national policies".

Meeting	Chair	Dates	Format	Locations	Number of attendees
Kick-off	Project Coordination KG	3-5.11.2020	Online	Bilbao, but online	151 online
Consortium meetings	Project Coordination KG	26.-27.10.2021 26.-27.10. 2022 26.09.2023	Online Hybrid hybrid	2021: online 2022: Bilbao 2023: Budapest	2021: 162 2022: 99 2023: >80
Study Visits in 2021	original Good Practice Leaders (methodology provided by Task 4.2 leader)	At least one Study visit per original Good Practice: 4 several-days Study visits were performed in April – Sept 2021, as planned, in preparation of implementation period	Due to Covid: online	Organized online through the oGP-sites: oGP Basque country: Bilbao oGP Catalunya: Barcelona oGP OptiMedis: Hamburg oGP RSD: Odense	WP5 (99+77+57) WP6 (62+54+42) WP7 (45+45+45) WP8 (42+39+39) in Sum: 646 (added participations, not individuals)
Thematic workshops in 2022	10 selected Next Adopters (methodology provided by Task 4.2 leader)	10 Thematic Workshops from June to July 2022, during first months of implementation period	On sites, some hybrid parts	WP5: RND_20-21 June, ARS Tuscany _30 June-1 July, CIPH_27-28 June WP6: ÖKFO_4-5 July, VH_14-15 June WP7: ZZZS_2 June, EUSTRAS_4-5 July WP8: CSFJA, FPS_9-10 June, FFIS_7-8 June, UHO_20-21 June	Sum of all days: 137 Sum of all days: 59+ Sum of all days: 60 Sum of all days: 179 **in Sum: 435** (")
Workshops on Implementation Key Learnings (in 2023)	Organized at the oGP/WP 5-8 Leader-sites:	WP5: 3-4.05.2023 WP6: 12.05.2023 WP7: 11.05.2023 WP8: 1-2.06.2023	Hybrid Hybrid	WP5-Bilbao, WP6-Barcelona WP7-Hamburg WP8-Odense	WP5: 20 WP6: 26 WP7: 11 WP8: 21 **in Sum: 78**

Table 7: JADECARE events and workshops

6 EVALUATION

The results of the dissemination strategy were constantly monitored in order to assess their effectiveness and progress and identify and formulate change requirements where necessary. For this means, the following Key Performance Indicator (KPIs) and the relative objectives were defined in the Dissemination and Communication strategy and Plan:

Dissemination tool	KPI	Targeted	Achieved
Website	Number of visitors (per project year)	500	Please see complete detail below the table
	Pages visited	1000	
	Average time spend on the website (min)	2	
Leaflet	Number of copies distributed	500	500
Newsletter	Number of newsletters published (per project year)	2	2
	Number of recepients	300	367
	Number of newsletters openings (%per issue)	10%	31,1%
Peer reviewed publications	Number of publications (per project year)	5	Up to the present day (18.09.2023), 7 peer-reviewed publications have been published, 6 have been submitted, and 4 are in preparation to be submitted soon. This will extend the planned peer-reviewed publications of 15 in the three-year period of the project
Artciles in specialised media	Number of articles (per project year)	3	Please see complete detail below the table
Presentations in conference	Number of international conferences, workshops attended (per project year)	5	Please see complete detail below the table
	Number of national conferences, workshops attended /per project year)	5	
Press releases	Number of issues (per project year)	1	1
Social media	Number of followers on Twitter (by M36)	500	106
	Number of followers on LinkedIn (by M36)	500	430 (Please see complete detail below the table)
	Number of Social media posts (per project year)	100	2021: 40 2022: 67 2023: 93

Table 8: JADECARE Planned Dissemination and Communication KPIs targeted and achieved

6.1 Website

The utilization of the website was assessed through various KPIs. These were arranged by quarted in the table and chart below, as this helps to interpret and compare the different periods. For an extended anlaysis, the number of visits was also included.

Quarter	Unique visitors	Visits	Page views
22-q1	2205	4253	11796
22-q2	2813	4202	11274
22-q3	3259	6726	15721
22-q4	3223	6788	15083
23-q1	2826	8866	16534
23-q2	5029	21703	33270

Table 9: Website visits
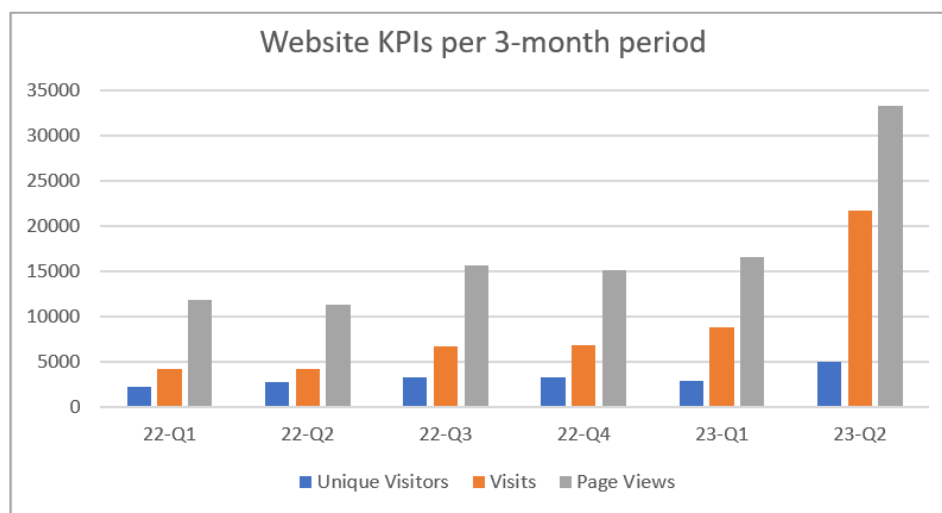
Figure 18: Website KPIs per 3-month period

In general:
- The number of unique visitors in 2022 (Jan-Dec) was 34.503, in 2023 (Jan-Aug) 31.842.
- In 2022, 161.622 pages were visited, in 2023 a total of 200.005.
- Around 92% of all visitors stayed on the website for up to 2 minutes, 8% for longer.

6.2 Newsletter

The impact results of the newsletter were the following:

	Average data 2020-2023	Industry benchmarking
Sent to	367	
Opened	107	
Clicked	40	
Open rate	31,1%	22,4%
Click rate	11,6%	1,26%

Table 10: Impact results of the newsletter

6.3   Articles in specialised media

- PhD theses: two have been submitted and one is in the final reviewing before being submitted at the end of September 2023
- Poster submissions to conferences, published in Conference Abstract books: 5

The Articles in specialised media, WP2 has been made aware of, amount to eight. Nine had been planned for the 3-year period.

6.4   Presentations in conference

The results of the presence and presentation in conferences, internal knowledge exchange events, external policy events are shown per year in the table below:

	External Scientific meetings/events	Internal (knowledge exchange)	External Policy Events
2020		1 (Kick-off)	
2021	13	5	3
2022	16	11	3
2023	16	5	4 (if Final JA-Conference on EHFG is included here)
TOTAL	45	22	10

Table 11:Number of presentations in conferences, internal knowledge exchange events, external policy events

The number of attended Scientific events of the planned KPI of 5 per year could be exceeded by 3-fold.

6.5   Social media

The LinkedIn account achieved the following results by the end of the third year:

Number of followers	430
Number of posts	210
Number of likes	2734

Table 12: JADECARE Linkedin account results

7   CONCLUSIONS

With the latest update of the Dissemination Reports, the WP2 team's journey is approaching its culmination. Describing the partnership among over 45 collaborators and more than 300 experts from 2020 to 2023 as an exciting ride accurately portrays the dynamic nature of this venture.

From the inception of the JADECARE initiative, partners came together for a formidable objective: enhancing Europe's capacity for digitally enabled integrated care and establishing a sustainable network that promotes the sharing of information, cultivates new knowledge, and nurtures strong trust among collaborators.

What initially began as a well-coordinated group effort featuring productive workshops and face-to-face meetings had to swiftly transition into successful online sessions. While certain virtual events were equally effective, others presented difficulties that led to reduced efficiency. However, the devoted contributions of WP1 Coordination, individual leaders of WP2, and the JADECARE partners ensured that these challenges did not compromise the ultimate outcomes or products of JADECARE.

Adjusting to the ever-changing landscape demanded WP2 to continually adjust strategies not just annually, but even on a daily basis. This flexibility empowered JADECARE to synchronize communication and dissemination endeavours with the rapidly evolving context. Physical events shifted to virtual platforms nearly overnight, and individuals increasingly turned to swift social media outlets for information.

Fundamentally, the WP2 team strongly believes that through vigilant monitoring of advancements within JADECARE's professional working groups, through continuous intense networking and information exchange within and, at least as important, also between the different WPs of JADECARE, and through swift adaptation to the dynamic environment, the communication and dissemination tasks of WP2 have contributed significant value. These initiatives have facilitated potential stakeholders and users of JADECARE in comprehending the tangible implementation of its results and products, thereby further propelling collaborative initiatives within the European Union.

8 ANNEXES

8.1 Annex 1 – Editorial Committee

The setting-up of an Editorial Committee as the main governance body, and the Communication Team as the execution body, were instrumental as a platform for jointly collecting and developing high quality and at the same time agreed content for the JADECARE communication platforms (website, social media, newsletters, etc.). This document summarized the

- Formation process of the Editorial Committee

- Operation and responsibilities of the Editorial Committee

- Standard procedures and templates for content generation and how they were processed by the Communication Team

1. Formation of the Editorial Committee A short action plan outlined the operative steps taken to set up the committee:

    - An e-mail was sent with a detailed description and the concept note of the Editorial Committee (this document) to all the WP Lead teams and Partners.

    - WP leaders had to appoint one member to the committee – name, WP, organization, e-mail address.

    - A mailing list with the appointed people was set up.

    - The meeting schedule for 6 months in advance was sent out by WP2 management.

    - The standard template for the dissemination of content was sent out to all committee members.

2. Operation and responsibilities of the Editorial Committee

    - Primary members of the Editorial Committee were the Work Package Leaders. WPs / WP Leaders could delegate another person to represent the Work Package in Editorial Committee Meetings. The Communication Team contained members of WP2 partners who were responsible for carrying out daily communication and dissemination activities, as well as posting the content approved by the Editorial Committee on the relevant online and social media channels. WP1 representatives were also part of the Communication Team.

    - The Editorial Committee / Communication Team was convened by the WP2 leader, supported by the WP2 partners. The meeting schedule foresaw meetings approximately once per month. The schedule was flexible according to the online communication platform needs for contents and according to the website progress. The dates of the monthly meetings were preset for at least 6 months to allow timely planning of the other WPs.

    - The Editorial Committee also served as a Think Tank of the JADECARE project. Regular meetings were used to foster information flow between professional WPs and the Communication team, so that all WPs had balanced representation, and all project results (interim and final) were disseminated towards the relevant stakeholders in a timely manner.

    - During the first year of the project, while fewer results were available, the communication channels were used to establish the JADECARE brand and attract stakeholder attention. Thus,

the Editorial Committee aimed to foster the generation of content to support these activities (project goals, mission, OGPs, etc.).

- • WP2 team was responsible for setting the agenda of each meeting, sending the links of proposed content templates to Communication Committee members 1 day before the scheduled meeting, as well as for writing the meeting minutes. • The chairing of the committee was mainly the responsibility of WP2 lead (SU), but there was a preset substituting partner in case SU members were not available (emergency, planned vacation, etc.).

3. Standard procedures and templates for content generation Draft for the collection/submission process:

- • In order to get timely and professional content from each WP and partner to secure a good level of dissemination of the project results, all WPs and project partners appointed one "Dissemination Lead" as a contact within their respective organization.

- • For sharing content, WP2 team provided standard templates on Sharepoint (a folder/subfolder was prepared and should have been monthly updated by WP and partner contacts no later than 2 days before the scheduled Editorial Committee meeting). Similarly, WP2 prepared a series of general interest contents to be disseminated at each meeting.

- • Communication was supported by a dedicated eMail distribution list (both for Communication Committee and content contact points, two separate email lists).

- • WP2 team sent out monthly reminders to these specific WP/partner contacts for content provision. Online dissemination process: • WP2 Communication team received approved content from the Editorial Committee. • WP2 Communication team determined online platforms based on the content providers' markings in the smart templates. • WP2 Communication team created the monthly content planner/schedule (standard monthly template). WP2 Communication team executed online posting on all platforms according to the preset monthly planner.

Compulsory content elements: For content to be published on the JADECARE online communication platforms (website, social media, newsletter, etc.), these content elements were required (proposal):

- • Contact Info:
    - o WP or partner acronym
    - o Contact person
    - o Institution
    - o Mail
- • Type of communication
    - o Due date
    - o Channel
- • Content Elements
    - o Keywords
    - o Abstract /summary

This list will be finalised by WP2 from the information provided by each WP for the online template during the preparation process.

8.2   Annex 2 – JADECARE Publication Policy

8.2.1   Purpose

The purpose of this document is to:

- Promote active and successful dissemination of knowledge acquired and JADECARE achievements.
- Optimize quality publications in scientific journals and conference presentations/posters and other fora.
- Establish rules and procedures for publication for the JADECARE to facilitate decision making on publication planning, contribution, authorship and reviews.
- Ensure that individuals working within JADECARE are appropriately included as recognized authors or contributors to dissemination materials, such as journal publications, events or conferences.
- Safeguard against untimely dissemination of material that can jeopardize other publications or IPR issues.
- Ensure compliance with the dissemination-related terms of the JADECARE Grant Agreement and the Consortium Agreement and complement its regulations.

The guidance and rules outlined in this document will be applied to ALL scientific publications, presentations and posters that involve data collected and information generated as part of the JADECARE project. It will ensure that the JADECARE program of work adheres to criteria for authorship promulgated by the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/).

All investigators who wish to use and publish data from JADECARE are required to follow the rules outlined in the publication policy document.

8.2.2   Publication Board

The role of the Publication Board (PB) is to:

- Foster, review, comment on and approve or reject proposals for scientific and other publications (manuscripts, abstracts, and presentations) according to the dissemination goals set within JADECARE.
- Oversee procedures in relation to publication, including writing-up, authorship, co-author contribution, adherence to timelines, and the actual submission process.
- Ensure that any disputes are resolved timely, fair, effectively and permanently.
- Approve of scientific and other publications prior to final submission and/or re-submission post-revision.

The Publication Board will advise on the suitability of publication plans and will have final editorial responsibility for implementing decisions regarding approval for submission to a journal or conference, etc. In addition, the PB will coordinate activities between publications to avoid duplication, contradictory statements or overlap of submissions/publications.

The Publication Board will comprise at least one member from each beneficiary (Competent Authority or delegated affiliated entity) and a representative from each of the original Good Practices (oGPs) in JADECARE. The Scientific Coordinator of JADECARE, Ane Fullaondo, will chair the PB. Other representatives may be included later as needed, or be invited to contribute to discussions on an ad hoc basis.

The Project Manager team of JADECARE (Jon Txarramendieta/Yhasmine Hamu), will be in charge of the publication workflow, receiving proposals from authors, distributing them to the board and ensuring that procedures are followed and decisions are made within deadlines. WP2 Lead will be also involved in the management of the publication procedures.

Members of the JADECARE Publication Board by the end of the JA (September 2023):

	Beneficiary	Acronym	Country	Name	Surname
1	Asociación Instituto De Investigación En Servicios De Salud- Kronikgune	KRONIKGUNE	Spain	Ane	Fullaondo
3	CROATIAN INSTITUTE OF PUBLIC HEALTH	CIPH	Croatia	Tanja	Lelas
3.1	Croatian Health Insurance Fund	CHIF	Croatia		
4	MINISTRY OF HEALTH OF THE CZECH REPUBLIC	MZCR	Czech Republic	Zdenek	Gütter
4.1	University Hospital Olomouc	UHO	Czech Republic		
5	NORTH DENMARK REGION	RND	Denmark	Ulrik	Appel
5.1	Region South Denmark	RSD	Denmark		
6	ESTONIAN MINISTRY OF SOCIAL AFFAIRS	MSAE	Estonia	Ivar	Sikk
6.1	Viljandi Hospital	VH	Estonia		
7	EUROMETROPOLE DE STRASBOURG	EUSTRASS	France	Remy	Banuls
8	BEHÖRDE FÜR ARBEIT, GESUNDHEIT, SOZIALES, FAMILIE UND INTEGRATION HAMBURG	BAGSFI (LGL)	Germany	Martina	Rimmele
9	4th REGIONAL HEALTH AUTHORITY OF MACEDONIA	4THYPE	Greece	Christina	Plomariti
10	ORSZAGOS KORHAZI FOIGAZGATOSAG	OKFÖ	Hungary	Dora	Toth
11	AGENZIA NAZIONALE PER I SERVIZI SANITARI REGIONALI	AGENAS	Italy	Giovanni	Baglio
12	National Health Service	NVD (CCUH)	Latvia	Ieva	Lejniece
14	CENTRAL ADMINISTRATION OF THE HEALTH SYSTEM	ACSS (ENSP)	Portugal	Rui Paulo	Santana Boto
15	MINISTRY OF HEALTH OF REPUBLIC OF SERBIA	MoHRS	Serbia	Ljubica	Pakovic
16	NATIONAL INSTITUTE OF PUBLIC HEALTH	NIJZ	Slovenia	Rade	Pribakovic
18	DIENSTSTELLE DER DEUTSCHSPRACHIGEN GEMEINSCHAFT FÜR SELBSTBESTIMMTES LEBEN	SELBM	Belgium	Guillaume	Paquay
oGPs		**Organization**	**Country**	**Name**	**Surname**
1	ASOCIACIÓN INSTITUTO DE INVESTIGACIÓN EN SERVICIOS DE SALUD- KRONIKGUNE	KRONIKGUNE	Basque Country	Yhasmine	Hamu

2	Institut d'Investigacions Biomèdiquest August Pi i Sunyer	IDIBAPS	Catalonia	Josep	Roca
3	Optimedis	Optimedis	Germany	Manfred	Zahorka
4	Region South Denmark	RSD	Region of South Denmark	Juno Kulian	Strand

Table 13: JADECARE Publication Board members

8.2.3 Authorship

Authorship is defined according to published ICMJE guidelines: http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Authorship has to fulfil the following four conditions:

- Substantial contribution to the (a) conception and design of the study and/or (b) acquisition of data and/or (c) analysis and interpretation of data.

    AND

- Drafting the work and/or revising it critically for important intellectual content (NB. correction of grammatical or typing errors is not sufficient).

    AND

- Final approval of the version for publication.

    AND

- Public responsibility for appropriate sections of the content.

In addition to individuals meeting each of the above criteria, the following individuals are expected to be contacted and invited to be acknowledged co-authors or contributors, as each prefers:

- The leader and team members designated by the Work Package Leading Executive Organization in which the most substantive content of the publication is anchored.
- The leader and the team members designated by each Competent Authority involved in JADECARE, when international results are included in the paper.
- For international publications and publications with data from more than one country or region, it is important to have at least one formal participant/co-author from each of the participating partners that contribute their national/regional data.

The following is not permitted, also according to ICMJE:

- Gift authorship, i.e. putting down names of people who took little or no part in the research.
- Ghost authorship leaving out names of people who did take part.

To further support publication activities, visibility and identity of the JADECARE Consortium, a group authorship for JADECARE will be created, as per guidance published by JMIR (https://support.jmir.org/hc/en-us/articles/115001449591-What-is-a-group-author-collaborative-author-and-does-it-need-an-ORCID-).
Creating this group authorship identity will be advantageous because:

- JADECARE publications will easily be identifiable

- JADECARE consortium members can be collaborators of papers in the group name

- Individuals with contributions below the ICMJE requirements for publication will still have indexed publications linked to their name

The list of authors shall end with the phrase "**on behalf of the JADECARE Consortium**". In case a journal deems this acknowledgement unacceptable, the phrase "within the framework of the JADECARE Consortium" shall be included in the acknowledgements section of the publication.

8.2.3.1 Contributions

Several scientific journals ask for explicit information on "authors' contribution" to a manuscript. The disclosure of each co-author's individual contribution provides clear information and avoids inconsistent interpretation of authorship and its order. For JADECARE-related publications (or presentations if requested), this option should be used whenever required.

Those individuals whose contributions do not justify authorship or membership of the group authorship listing may be acknowledged individually or together as a group under a single heading (e.g. "Clinical Investigators" or "Participating Investigators" or "Collaborators"). In these cases, people's contributions should be specified (e.g., "served as scientific advisors", "collected data", "participated in writing or technical editing of the manuscript").

8.2.3.2 General rules for authors

General rules for authors are as follows:

- The first author is the lead author. He/she takes responsibility of the manuscript/abstract/presentation/poster and will usually also be the corresponding author.
- The "percent-contribution-indicated" approach will be followed to decide on the order co-authors are credited in publications/abstracts. As outlined previously, there is a trend for many scientific journals to detail each author's contribution. In case a decision on authorship order cannot be reached by the authors, the publication board will decide on the order. Each member of the Board shall have one vote, and voting shall be by simple majority.
- Co-author contribution will be based on the following criteria:

    o Study Conception and Design

    o Collection and Assembly of Data

    o Data Analysis and Interpretation

    o Manuscript Writing

    o Final Approval of Manuscript

- To expedite submission processes, all Consortium Members are required to complete and maintain their affiliation details on the Affiliation Details Master Spreadsheet available on the JADECARE SharePoint site. These details will be used to submit publications/abstracts, so it is essential that each member of the Consortium take responsibility for updating and maintaining these.

8.2.3.3 Duties and responsibilities of lead author

The lead author's duties and responsibilities are as follows:

- The lead author is the leader of the writing group.

- The lead author is responsible for drafting the initial version of a manuscript/abstract/presentation/poster.
- The lead author is responsible for proper and clear communication within the writing group. When circulating a draft, he/she should explain clearly the conditions of writing the manuscript according to the target Journal / conference guidelines and instructions for authors, explain the feedback required, and give clear timelines and a submission deadline.
- The lead author is responsible for monitoring progress and quality and ensuring that co-authors actually satisfy the full conditions of authorship at the end of the writing periods.
- The lead author corresponds with the Journal's Editor(s) (unless otherwise negotiated) and coordinates the required work during and after the reviewing-process.
- The lead author is responsible for informing the PB and the writing group of the final approval of the submitted publication by the Journal's Editor(s).
- The lead author is responsible for forwarding the published version of the paper to the PB and the writing group.
- The lead author is typically the named corresponding author on the manuscript.
- The lead author ensures timely review of manuscripts and abstracts.

8.2.3.4   Duties and responsibilities of co-authors

- Co-authors are required to deliver their contribution (e.g., comments, sections, data analysis output) to the lead author within the given deadline.
- Co-authors are required to review and approve the final draft of the manuscript prior to submission to the Publication Board and the target Journal.
- Co-authors are required to take public responsibility for the content of the publication/interpretation of the results.

8.2.4   Publication Board Review Process

All lead authors are responsible for generating JADECARE-related publications and presentations in collaboration with assigned JADECARE co-authors/collaborators in a timely manner and in accordance to Publication Board review procedures is described as follows:
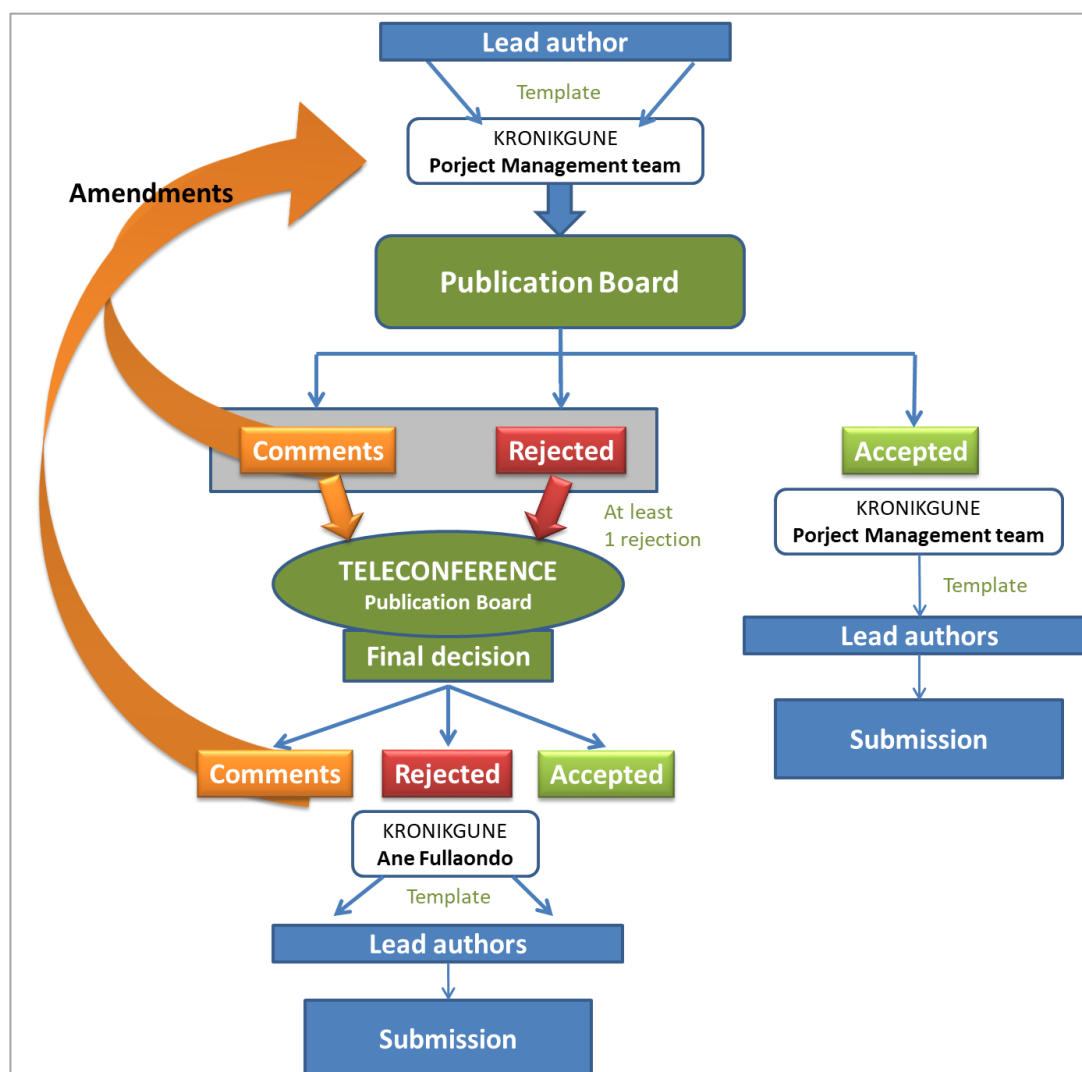
Figure 19: JADECARE Publication Board Review Process

All manuscripts/abstracts/presentations/posters utilizing information deriving from JADECARE are to be submitted to the Publication Board for review prior to submission.

The review process is as follows:

1. As early as possible in the planning or preparation of a manuscript/abstract, the lead author will be required to complete the dissemination request form:
   o Annex I for original articles, part (a)
   o Annex II for Conference/Workshop/Congress/Other, part (a)
2. The lead author needs to send the completed dissemination request form via e-mail to the JADECARE Project Manager team (Jon Txarramendieta/Yhasmine Hamu), who will do a first pass review of the form to ensure all the necessary information is completed and at a minimum, and will submit it to the Publication Board within 5-7 days.
3. The Board members will evaluate the proposal individually and submit a decision in the part (b) of the templates (grey area of the template) to the Project Manager within 5 – 7 working days after initial submission of the dissemination request form. Review and feedback is required from at least

50% of the Publication Board in the stipulated review period, including the JADECARE Scientific Coordinator. The PB can:

- o Accept
- o Accept with comments.
- o Reject.

4. In case the proposal is accepted, the Project Manager team (Jon Txarramendieta/Yhasmine Hamu), transmits the decision to the lead author.
5. In case of one or more major comments and/or one or more rejections from the Board, a teleconference will be organized to reach an agreement. Where it is not possible to hold an online meeting, email discussions will instead be held. Comments will be redirected to the lead author for amendment before taking a final decision. In this case, the amended proposal will start the procedure again. Ad hoc meetings and email communications will be arranged and managed by the Publication Board Chair that will also notify the final decision to the lead author.

Following approval by the Board, if and where appropriate depending on the focus of the publication, the lead author will contact WP leads about the proposed publication and invite them to act as co-authors themselves or name a suitable co-author from within the respective WP. At a minimum, the JADECARE Group Authorship / 'on behalf of the JADECARE Consortium' statements should be applied to the publication.

Failure by WP Leads or Lead Investigators to confirm acting as co-authors or name a co-author within 5 – 7 working days after initial invitation (and following a reminder sent one week later) will result in the removal of WP Leads or Lead Investigators as the co-author.

Lead authors will be required to keep track of all procedures following Publication Board approval of their proposed publication.

8.2.4.1   Specific rules for original scientific articles

Publication Board review is mandatory for all manuscripts. Full manuscripts will be reviewed by two members of the Publication Board. This will be coordinated by the Chair of the Board. The focus of the paper and rotation of review contribution will be considered so workload is equally distributed amongst Board members. There are three rounds of review by the Publication Board (proposal, first draft of the manuscript and pre-final version prior submission to the journal).

Each beneficiary must ensure open access to all peer-reviewed scientific publications relating to its results. Open access refers to the practice of providing online access to scientific information that is free of charge to the end-user. To meet this requirement, beneficiaries must, at the very least, ensure that any scientific peer-reviewed publications can be read online, downloaded and printed.

Co-authors must participate in the writing and/or review process in a timely manner. If a co-author does not participate, he/she may be removed from the manuscript at the discretion of the Publication Board:

- The lead author should circulate a draft copy of the manuscript to all co-authors and incorporate co-author comments. Once the manuscript is approved by all co-authors, it will follow the review process described in section 4.
- At each stage in the manuscript review by co-authors, comments and suggestions should be provided within 5 - 7 working days of distribution of the manuscript for review. If a co-author does not post a review by the 5 – 7 working days deadline (and following a reminder one week after initial review invitation), their participation as co-authors will be revisited and their names potentially removed.
- Exceptions to this will include cases where a co-author is physically absent (e.g. on annual leave, study leave, sick leave) within the designated time period. In such cases, the co-author will be given the opportunity to review the manuscript and return their comments within one (1) week after the initial 5 – 7 day period or suggest another suitable co-author from within their respective WP.

Each publication shall include the standard acknowledgement text:

"JADECARE Joint Action has received funding from the European Union's Health Programme (2014-2020) under grant agreement No. 951442. The content represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

8.2.4.2   Specific rules for Conference/Workshop/Congress/Other

If a person is invited to present the project or its results in an international event in EU[1], he or she shall acquire prior consent of the Publication Board. In case an abstract is required, the person invited shall follow the rules for oral/poster/workshop presentations, see chapter 4 Publication board review process.
If a person is invited or applies to a national or regional event, he/she does not have to get consent from the Board but must inform KRONIKGUNE by filling out JADECARE intention to disseminate template (Annex I).

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[1] For events outside the EU, HaDEA should be informed and only those events previously authorized will be included as a direct cost in the JADECARE financial reporting. The lead author should include this information in the template for the PB review.

Final abstracts, presentations and posters must adhere to the following guidelines:

- Publication Board approval is required for abstracts prior to submitting to a scientific meeting/conference. Abstracts must be submitted to the Board (with co-author approval) at least five business days prior to the scientific meeting/conference submission deadline.
- JADECARE-wide abstracts require co-author participation from each JADECARE Work Package.
- If applicable, co-authors should be the same as the ones assigned for a manuscript.
- Abstracts must be provided to co-authors before the abstract is submitted to the Board for review and approval. Co-authors must be given at least five (5) business days to review and approve the abstract before it is submitted to the PB for review and approval. If a co-author does not respond within the designated period of five (5) business days, the submitting investigator/lead author can assume approval and proceed with submission to the PB for review and approval. If a co-author wishes to be removed from the abstract, the submitting investigator/lead author should indicate this to the PB.
- Once the abstract is accepted for an oral presentation, workshop or poster, the presentations and/or posters will need to be approved by WP2 and the coordinator. The lead author will send the document and the review process will be done by email.
- Each publication (poster, presentation, etc.) shall include the EU emblem and a standard acknowledgement text:

Co-funded by the Health Programme of the European Union

"This [insert appropriate description, e.g. presentation, conference, poster, workshop etc.] was funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442.The content of this [insert appropriate description, e.g. presentation, conference, poster, workshop etc.] represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

- Protection mechanisms for the presentations and posters: "© – [year] – JADECARE Joint Action. All rights reserved. Licensed to the European Health and Digital Executive Agency (HaDEA) and the European Union (EU) under conditions."

8.2.4.3 Special/urgent requests to the PB

In cases where urgent decisions from the Publication Board are imperative in order to avoid losing an opportunity of disseminating or communicating JADECARE, dissemination request forms should be submitted by email to the Board marked Urgent! and indicate the deadline for submission in the subject line, and tick the appropriate box in the template and describe the essential details of the dissemination opportunity. The PB will adapt to this extraordinary urgent situation by adjusting the review time as required.

8.2.5 Duration of the publication policy

These publication rules are written within the Joint Action, in order to facilitate the publication and Intellectual Property Right processes. During the Action (October 2020-September 2023) and for a period of 18 months after the end of the project (March 2024), the dissemination of own results by one or several

Parties including but not restricted to publications and presentations, shall be governed by the procedure of Article 19 of the Grant Agreement.

8.2.6 Annex I (part a) – Scientific articles - Intention to disseminate template

LEAD AUTHOR ONLY		
☐ Urgent/Special request Reason: _____		
☐ Proposal	☐ First draft	☐ Pre-final
ORIGINAL ARTICLE		
Type of Journal (please tick): ☐ Scientific journal ☐ Open-access ☐ No-scientific journal ☐ Peer-review		
Name of the Journal: _____ Impact factor (if applicable):_____ ☐ European Journal ☐ American Journal ☐ International Journal		
Date of proposal (DD/MM/YYYY): _____	Deadline date for submission (DD/MM/YYYY): _____	
Lead person coordinating the content and submission (Country): _____ Lead organisation: Lead Work Package (if applicable): _____ _____		
Proposed title:		
Main OBJECTIVES/ANALYSIS intended to be covered within the content: • _____ • _____ • _____ • _____ NOTE: please also send (by email, with this template) a draft version of any materials that are already available, or provide a link to the Sharepoint resource if it has already been uploaded. Link Sharepoint:		
Any issues or queries needing Publication Board advice? _____		
Intended authors: _____ NOTE: this must comply with the JADECARE Publications Policy Remember to include: "on behalf of the JADECARE Consortium"		
Intended acknowledgements: _____ NOTE: The standard EU project acknowledgment text must always be included: "JADECARE project is a research and innovation project funded by the European Union´s Horizon 2020 Research and Innovation programme under grant agreement No. 951442. The information reflects only the authors´ view and the European Commission is not responsible for any use that may be made of the information it contains."		
Proposed abstract:		

8.2.7 Annex I (part b) - Scientific articles – Response from PB template

PUBLICATION BOARD ONLY
Proposed title (copy/paste from the proposal above):   _____ Date:_____
Name of the Publication Board member: Email address: Date (DD/MM/YYYY):
After reviewing the proposal I have decided to: ☐ Accept   ☐ Accept with   ☐ Reject (comments)   comments
Comments: ☐ Major comments   ☐ Minor comments   _____   _____   _____
Publication board meeting (teleconference):   ☐ Yes   ☐ No
If yes: Date of the meeting (DD/MM/YYYY):   Decision: ☐ Accept   ☐ Accept with comments   ☐ Reject (comments)   Comments: _____   _____   _____   FINAL DECISION: ☐ Accepted   ☐ Rejected   Date (DD/MM/YYYY):

8.2.8 Annex II (part a) – Conference/Workshop/Congress/Other Intention to disseminate template

LEAD AUTHOR ONLY		
☐ Urgent/Special request Reason: _____		
☐ Proposal	☐ First draft	☐ Pre-final
CONFERENCE / WORKSHOP / CONGRESS / OTHER		
Nature of dissemination opportunity (please tick): ☐ Full conference ☐ Conference or panel presentation ☐ Conference proceedings ☐ Workshop participation ☐ Poster		
Full description of the dissemination opportunity, including cost, travel, conference rates: _____		
Hosting organisation, event: _____ Location of the opportunity (city and country): _____ ☐ European ☐ National/Regional		
Date of the event (DD/MM/YYYY): _____	Deadline date for submission (DD/MM/YYYY): _____	
Lead person coordinating the content and submission (Name, Organization): _____		
Lead partner organisation: _____	Lead Work Package (if applicable): _____	
Main OBJECTIVES/ANALYSIS intended to be covered within the content: • _____ • _____ • _____ NOTE: please also send (by email, with this template) a draft version of any materials that are already available, or provide a link to Sharepoint resource if it has already been uploaded. Link Sharepoint:		
Any issues or queries needing Publication Board advice? _____		
Intended authors: _____ NOTE: this must comply with the JADECARE Publication Policy. Remember to include: "on behalf of the JADECARE Consortium"		
Intended acknowledgements: _____		

8.2.9 Annex II (part b) - Conference/Workshop/Congress/Other- Response from PB template

PUBLICATION BOARD ONLY
Full description of the dissemination opportunity (copy/paste from the proposal above):   _____ Date:_____
Name of the Publication Board member: Email address: Date (DD/MM/YYYY):
After reviewing the proposal I have decided to: ☐ Accept   ☐ Accept with comments   ☐ Reject (comments)
Comments: ☐ Major comments   ☐ Minor comments   _____   _____   _____
Publication board meeting (teleconference):   ☐ Yes   ☐ No
If yes: Date of the meeting (DD/MM/YYYY):   Decision: ☐ Accept   ☐ Accept with comments   ☐ Reject (comments)   Comments: _____   _____   _____   FINAL DECISION: ☐ Accepted   ☐ Rejected   Date (DD/MM/YYYY):

8.3 Annex 3 – JADECARE Consortium members

Country	Organization	Accronym	First and last name
Spain	Kronikgune institute for health services research	KRONIKGUNE	Ane Fullaondo
Spain	Kronikgune institute for health services research	KRONIKGUNE	Esteban de Manuel
Spain	Kronikgune institute for health services research	KRONIKGUNE	Jose Mari Aguirre
Spain	Kronikgune institute for health services research	KRONIKGUNE	Jon Txarramendieta
Spain	Kronikgune institute for health services research	KRONIKGUNE	Yhasmine Hamu Azcárate
Croatia	Croatian Institute of Public Health	CIPH	Bojana Raičković
Croatia	Croatian Institute of Public Health	CIPH	Danijela Štimac
Croatia	Croatian Institute of Public Health	CIPH	Ivana Brkic
Croatia	Croatian Institute of Public Health	CIPH	Karmen Bradvica Kelava
Croatia	Croatian Institute of Public Health	CIPH	Marija Bubas
Croatia	Croatian Institute of Public Health	CIPH	Marina Milaković
Croatia	Croatian Institute of Public Health	CIPH	Tamara Radošević
Croatia	Croatian Institute of Public Health	CIPH	Tanja Lelas
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Alena Steflova
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Martin Svanda
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Martin Zeman
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Martina Hejdova
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Tomas Hruza
Czech Republic	Ministry of Health of The Czech Republic	MZCR	Zdenek Gütter
Denmark	North Denmark Region	RND	Bente Koch
Denmark	North Denmark Region	RND	Ulrik Appel
Estonia	Ministry of Social Affairs	MSAE	Ivar Sikk
France	Eurometropolis of Strasbourg	EUSTRAS	Fanny LOUX

Country	Organization	Accronym	First and last name
France	Eurometropolis of Strasbourg	EUSTRAS	Laura Forestier
France	Eurometropolis of Strasbourg	EUSTRAS	Rémy BANULS
France	Eurometropolis of Strasbourg	EUSTRAS	Corinne Bildstein
France	Eurometropolis of Strasbourg	Optimedis (subcontracted)	Justin Rautenbergo
France	Eurometropolis of Strasbourg	Optimedis (subcontracted)	Manfred Zahorka
France	Eurometropolis of Strasbourg	Optimedis (subcontracted)	Oliver Gröne
Germany	Ministry of Labour, Social and Family Affairs and Integration of Hamburg	BAGSFI	Kai Schnackenberg
Germany	Ministry of Labour, Social and Family Affairs and Integration of Hamburg	BAGSFI	Rachel Stenner
Germany	Ministry of Labour, Social and Family Affairs and Integration of Hamburg	BAGSFI	Kai Fritze
Greece	4th Regional Health Aythority of Macedonia - Thrace	4THYPE	
Greece	4th Regional Health Aythority of Macedonia - Thrace	4THYPE	DIMITRIOS TSALIKAKIS
Greece	4th Regional Health Aythority of Macedonia - Thrace	4THYPE	
Hungary	National Healthcare Service Center	OKFÖ	Bezzegh Péter
Hungary	National Healthcare Service Center	OKFÖ	István Csizmadia
Hungary	National Healthcare Service Center	OKFÖ	Vilmos Keszthelyi
Hungary	National Healthcare Service Center	OKFÖ	Láng Róbert
Hungary	National Healthcare Service Center	OKFÖ	Brigitta Pál
Hungary	National Healthcare Service Center	OKFÖ	Töll Ágnes
Hungary	National Healthcare Service Center	OKFÖ	Dora Tóth
Hungary	National Healthcare Service Center	OKFÖ	Gergely Mikesy
Italy	The National Agency for Regional Health Services	AGENAS	Giovanni Baglio
Italy	The National Agency for Regional Health Services	AGENAS	Lisa Baldini
Italy	The National Agency for Regional Health Services	AGENAS	Stella Lanzi
Italy	The National Agency for Regional Health Services	AGENAS	International relation and Research Office

Country	Organization	Accronym	First and last name
Italy	The National Agency for Regional Health Services	AGENAS	Federica Vitello
Italy	The National Agency for Regional Health Services	AGENAS	Sara Incorvati
Latvia	National Health Service	NVD	Inga Milasevuca
Latvia	National Health Service	NVD	Liga Gaigala
Latvia	National Health Service	NVD	Sarmite Kokina
Portugal	Central Administration of the Health System	ACSS	Gabriela Maia
Portugal	Central Administration of the Health System	ACSS	Pedro Monteiro
Portugal	Central Administration of the Health System	ACSS	Victor Herdeiro
Portugal	Central Administration of the Health System	ACSS	Vanessa Ribeiro
Serbia	The Ministry of Health of the Republic of Serbia	MoHRS	Danijela Urosevic
Serbia	The Ministry of Health of the Republic of Serbia	MoHRS	Ljubica Pakovic
Serbia	The Ministry of Health of the Republic of Serbia	MoHRS	Mersiha Omeragic
Slovenia	National Institute of Public Health	NIJZ	Claudia Adamic
Slovenia	National Institute of Public Health	NIJZ	Denis Opresnik
Slovenia	National Institute of Public Health	NIJZ	Jelka Zaletel
Slovenia	National Institute of Public Health	NIJZ	Anja Brunec
UK	Health and Social Care Board (HSCB) Northern Ireland	HSCB	Martin Hayes
UK	Health and Social Care Board (HSCB) Northern Ireland	HSCB	Sinead Malone
Belgium	Office of Autonomous Living	DSL	Guillaume Paguay
Spain	Regional Ministry of Health and Consumers Affairs of Andalusia	CSCJA	Ana María Carriazo
Spain	Cantabrian Health Service	SCS	Abraham Delgado
Spain	Cantabrian Health Service	SCS	Veronica Garcia
Spain	Cantabrian Health Service	SCS	Carlos Ferandez viadero
Spain	Cantabrian Health Service	SCS	David Herrán Castellanos

Country	Organization	Accronym	First and last name
Spain	Cantabrian Health Service	SCS	Santiago García Blanco
Spain	Cantabrian Health Service	SCS	Lourdes López de Munain
Spain	Cantabrian Health Service	SCS	Raul Martinez Santiago
Spain	Castilla León Regional Health Authority	SACYL	Carmen Maria
Spain	Castilla León Regional Health Authority	SACYL	Maria Antonia Martin
Spain	Castilla León Regional Health Authority	SACYL	Pilar Herrero Gil
Spain	Castilla León Regional Health Authority	SACYL	Raixa Noemí Pérez Martín
Spain	Castilla León Regional Health Authority	SACYL	Elena Ramos
Spain	Health Service of Murcia	SMS	Pedro Perez Lopez
Spain	The Agency for Healthcare Quality and Evaluation of Catalonia	AQUAS	Gemma Cabré
Spain	The Agency for Healthcare Quality and Evaluation of Catalonia	AQUAS	Josep María Castellano
Spain	The Agency for Healthcare Quality and Evaluation of Catalonia	AQUAS	Mireia Espallargues
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Carme Hernández
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Isaac Cano
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Juan Carlos Contel
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Jordi Piera
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Josep Roca
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Haritz
Spain	August Pi i Sunyer Biomedical Research Institute	IDIBAPS	Ruben Gonzalez
Spain	Andalusian Public Foundation Progress and Health	FPS	Rafael Rodríquez Acuña
Spain	Andalusian Public Foundation Progress and Health	FPS	Sonia Basulto Pardo
Spain	Marques de Valdecilla Research Institute Foundation	IDIVAL	Galo
Spain	Marques de Valdecilla Research Institute Foundation	IDIVAL	Paloma González Álvarez
Spain	Marques de Valdecilla Research Institute Foundation	IDIVAL	Natalia Puente

Country	Organization	Accronym	First and last name
Spain	Marques de Valdecilla Research Institute Foundation	IDIVAL	Lorena
Spain	The Foundation for Health Training and Research of the Region of Murcia	FFIS	Pilar López Acuña
Spain	The Foundation for Health Training and Research of the Region of Murcia	FFIS	Rosa Tarazaga
Hungary	Semmelweis University	SU-HSMTC	General
Hungary	Semmelweis University	SU-HSMTC	Kis Márton
Hungary	Semmelweis University	SU-HSMTC	Nikolett Kiss
Hungary	Semmelweis University	SU-HSMTC	Szögi Melinda
Hungary	Semmelweis University	SU-HSMTC	zsofia szoldatits
Hungary	Jahn Ferenc Dél-pesti Kórház és Rendelőintézet	JFDPK	Andras Kulja
Hungary	Jahn Ferenc Dél-pesti Kórház és Rendelőintézet	JFDPK	Vilmos Keszthelyi
Hungary	Jahn Ferenc Dél-pesti Kórház és Rendelőintézet	JFDPK	Molnár Gallatz Zsolt
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Alessandro Ferrari
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Andrea Capasso
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Carmela Capasso
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Domenico Daniele
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Maria Femiano
Italy	Azienda Sanitaria Locale Napoli 2 Nord	ASL NA2	Salvatore Flaminio
Italy	Lombardy	LOMBARDIA	Alessandra Piatti
Italy	Lombardy	LOMBARDIA	Alessandro Amorisi
Italy	Lombardy	LOMBARDIA	Carolina Maffezzoni
Italy	Lombardy	LOMBARDIA	Cristina Coppi
Italy	Lombardy	LOMBARDIA	Francesca Sapio
Italy	Lombardy	LOMBARDIA	Livio De Nardi
Italy	Lombardy	LOMBARDIA	Luca Augello

Country	Organization	Accronym	First and last name
Italy	Lombardy	LOMBARDIA	Mara Mondani
Italy	Lombardy	LOMBARDIA	Marcello Melgara
Italy	Lombardy	LOMBARDIA	Marcello Melgara
Italy	Lombardy	LOMBARDIA	Nicolo Bondioli
Italy	Lombardy	LOMBARDIA	Salvatore Speciale
Italy	Lombardy	LOMBARDIA	Nicole Genovese
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Benedetta Bellini
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Chiara Ferravente
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Giulia Chiarini
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Luigi Rossi
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Marco Farnè
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Marco Farne
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Manjola Bega
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Paolo Francesconi
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Silvano Posi
Italy	Regional Health Agency - Toscana	ARS TOSCANA	Svaldo Sensi
Italy	United Local Health Authority	UMBRIA	Daniela Ranocchia
Italy	United Local Health Authority	UMBRIA	Fabrizio Papalini
Italy	United Local Health Authority	UMBRIA	Francesco Gioia
Italy	United Local Health Authority	UMBRIA	Giovanni Gentili
Italy	United Local Health Authority	UMBRIA	Marco Fabiani
Italy	Azienda Regionale Salute Marche	MARCHE	Giulia Franceschini
Italy	Azienda Regionale Salute Marche	MARCHE	Laura Romoli
Italy	Azienda Regionale Salute Marche	MARCHE	Liana Spazzafumo
Italy	Azienda Regionale Salute Marche	MARCHE	Marco De Marco

Country	Organization	Accronym	First and last name
Italy	Azienda Regionale Salute Marche	MARCHE	Marco Pompili
Italy	Azienda Regionale Salute Marche	MARCHE	Roberta Papa
Italy	Marche	MARCHE	Francesco Balducci
Italy	PROMIS - Azienda Ulss n. 4 Veneto Orientale	PROMIS	Lisa Leonardini
Italy	PROMIS - Azienda Ulss n. 4 Veneto Orientale	PROMIS	Monica Manfrin
Italy	PROMIS - Azienda Ulss n. 4 Veneto Orientale	PROMIS	Paola Semisa
Italy	Italian Ministry of Health	MhH	Modesta Visca
Italy	Italian Ministry of Health	MhH	Maria Donata Bellentani
Latvia	Childrens Clinical University Hospital	CCUH	Ieva Lejniece
Latvia	Childrens Clinical University Hospital	CCUH	Iluta Riekstina
Latvia	Childrens Clinical University Hospital	CCUH	Valts Ābols
Portugal	NOVA University of Lisbon	NOVA/ENSP	Paulo Boto
Portugal	NOVA University of Lisbon	NOVA/ENSP	Rui Santana
Portugal	Shared Services of the Portuguese Ministry of Health	SPMS	Inês Lourenço
Portugal	Shared Services of the Portuguese Ministry of Health	SPMS	Cátia Pinto
Slovenia	Health Insurance Institute of Slovenia	ZZZS	Mrs Anka Bolka
Slovenia	Health Insurance Institute of Slovenia	ZZZS	Martina Zorko Kodelja
Croatia	Croatian Health Insurance Fund	CHIF	Jelena Curac
Croatia	Croatian Health Insurance Fund	CHIF	Gusić Sanja
Croatia	Croatian Health Insurance Fund	CHIF	Konig Tomislav Tomislav
Czech Republic	University Hospital Olomouc	FNOL-UHO	Antonin Hlavinka
Czech Republic	University Hospital Olomouc	FNOL-UHO	Cenek Merta
Czech Republic	University Hospital Olomouc	FNOL-UHO	David Kula
Czech Republic	University Hospital Olomouc	FNOL-UHO	Michal Stýbnar

Country	Organization	Accronym	First and last name
Czech Republic	University Hospital Olomouc	FNOL-UHO	Milos Taborsky
Czech Republic	University Hospital Olomouc	FNOL-UHO	Monika Stanikova
Czech Republic	University Hospital Olomouc	FNOL-UHO	Petr Struk
Czech Republic	University Hospital Olomouc	FNOL-UHO	Tereza Norbertova
Czech Republic	University Hospital Olomouc	FNOL-UHO	Zdislav Dolecek
Denmark	Region of Southern Denmark	RSD	Anne Bach Stisen
Denmark	Region of Southern Denmark	RSD	Kenneth Pedersen
Denmark	Region of Southern Denmark	RSD	Kuno Julian Strand Kudajewski
Estonia	Viljandi Hospital	VH	Liis Puis
Estonia	Viljandi Hospital	VH	Andres Anier
Estonia	Viljandi Hospital	VH	Saima Hinno
Germany	Bavarian Health and Food Safety Authority	LGL	Martina Rimmele
Germany	Bavarian Health and Food Safety Authority	LGL	Stefan Brunner
Germany	Bavarian Health and Food Safety Authority	LGL	Thomas Ewert
Germany	Competence Center for Telematics in Health Care	ZTG-GmBH	Karinna Dittrich
Germany	Competence Center for Telematics in Health Care	ZTG-GmBH	Katrin Tamm
Germany	Competence Center for Telematics in Health Care	ZTG-GmBH	Stephan Schug
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Panagiotis Bamidis
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Christina Plomariti
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Phoivos Papamalis
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Panagiotis Psomas
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Stella Spyrou
Greece	School of Medicine, Aristotle University of Thessaloniki	AUTH	Smaranda-Nafsika Ketseridou

Country	Organization	Accronym	First and last name
Hungary	National Healthcare Service Center	OKFÖ	Eva Karpati

Table 14: JADECARE Consortium members

8.4 Annex 3 – JADECARE External Stakeholders

Country	Organization	First name	Last name	Position
Spain	Ministry of Health	Marian	Ibarrondo	Director of Health Research and Innovation. Basque Ministry of Health
Spain	Health Institution, Health Technology Assessment Agency	María Rosario	Villa Carcedo	Nurse
Spain	Health Institution, Health Technology Assessment Agency	Pedro Francisco	Dr. Arnillas Gómez	Family doctor. Emergency technical director
Spain	Health Institution, Health Technology Assessment Agency	Eva	Puebla Nicolás	Nurse. Head of service: Comprehensive emergency care
Spain	Health Institution, Health Technology Assessment Agency	José Antolín	Castellanos González	Nurse. Head of service: Cares
Spain	Health Institution, Health Technology Assessment Agency	Gloria	Sánchez Antolín	Medical specialist. Technical director of hospitals
Spain	Health Institution, Health Technology Assessment Agency	María Yolanda	Manchón Díez	Nurs,. Primary care
Spain	Health Institution, Health Technology Assessment Agency	Miguel	Villa Arranz	Technical director of information technology
Spain	Health Institution, Health Technology Assessment Agency	Mónica	Robles García	Medical specialist. Head of service: Innovation and research
Spain	Health Institution, Health Technology Assessment Agency	María Pilar	Herrero Gil	Jurisdiction
Spain	Professional/Patient/Elderly Care Association	Pablo	García Carbó	
Spain	Professional/Patient/Elderly Care Association	Victoria Elena	Dr. Ramos Macías	

Country	Organization	First name	Last name	Position
Spain	Health Institution, Health Technology Assessment Agency	Mª Inmaculada	Mesa	Deputy Director of Healthcare Management
Spain	Health Institution, Health Technology Assessment Agency	Víctor M.	Ortega	Head of unit Health Information System
Spain	Health Institution, Health Technology Assessment Agency	Sebastián	Tornero	Head of unit Operational Planning
Spain	Professional/Patient/Elderly Care Association	Carlos	Fernandez-Viadero	Physician
Spain	MoH	Santiago	Garcia-Blanco	General Director
Spain	Health Institution, Health Technology Assessment Agency	Abraham	Delgado	Nurse
Spain	Other (please specify in brackets in next column)	Sarah (Research Institute)	Berrocoso	Communication / project manager
Czech Republic (MZCR)	Health insurance/Society	Martin	Vydra	Economic section
Czech Republic (MZCR)	Health Institution, Health Technology Assessment Agency	Marek	Cvrcek	Head of Economic section
Czech Republic (MZCR)	Health Institution, Health Technology Assessment Agency	Richard (Czech Internist Society)	Češka	Head of Czech Internist Society
Czech Republic (MZCR)	MoH	Jan	Wolf	
Czech Republic (MZCR)	MoH	Monika	Poliaková	Patient organization
Czech Republic (MZCR)	MoH	Antonín	Hasal	
Czech Republic (MZCR)	MoH	Jan	Zapletal	
Czech Republic (MZCR)	MoH	Milan	Blaha	

Country	Organization	First name	Last name	Position
Czech Republic (MZCR)	MoH	Jan	Gabris	
Czech Republic (MZCR)	Professional/Patient/Elderly Care Association	Bohumil	Prof. Seifert	
Czech Republic (MZCR)	Health Institution, Health Technology Assessment Agency	Iva	Holmerová	
Czech Republic (MZCR)	University, Training organization	Petr	Prochazká	
Czech Republic (MZCR)	MoH	Venuše	Škampová	
Czech Republic (MZCR)	MoH	Květoslava	Osvaldová	
Czech Republic (MZCR)	MoH	Martina	Hejdová	
Czech Republic (MZCR)	MoH	Jan	Pfeiffer	
Czech Republic (MZCR)	Vysočina Region	Soňa	Měrtlová	
Czech Republic (MZCR)	Health insurance/Society	Jan	Chmelík	
Czech Republic (MZCR)	Health Institution, Health Technology Assessment Agency	Pavla	Doležalová	
Czech Republic (MZCR)	Health Institution, Health Technology Assessment Agency	Miloš	Táborský	
Czech Republic (MZCR)	Professional/Patient/Elderly Care Association	Marcela	Janečková	
Czech Republic (MZCR)	Professional/Patient/Elderly Care Association	Monika	Válková	

Country	Organization	First name	Last name	Position
Czech Republic (MZCR)	Municipality	David	Kula	
Czech Republic (MZCR)	MoH	Hynek	Kružík	
Czech Republic (MZCR)	MoH	Lenka	Poliaková	
CZE (UHO)		Zdeňka	Blišťanová	Mayor of Jesenik.
CZE (UHO)		Dalibor	Horák	Deputy Governor of the Olomouc Region.
CZE (UHO)		Matouš	Pelikán	Deputy Governor of the Olomouc. Responsible Deputy for the Strategic Framework of the Integrated Strategy of the ITI of the Olomouc Agglomeration.
CZE (UHO)	Health Institution, Health Technology Assessment Agency	Marcela	Škvařilová	Doctor, specialist, Chairwoman of the Olomouc region Health Committee
CZE (UHO)	Other (please specify in brackets in next column)	Jan	Šafařík	Deputy Governor of the Olomouc Region
CZE (UHO)	Other (please specify in brackets in next column)	Jiří	Šafránek	Head of department of Information Technologies of the office of Olomouc Region.
CZE (UHO)	Other (please specify in brackets in next column)	Radim	Sršeň	Member of the Olomouc Regional Council
CZE (UHO)	Health insurance/Society	Iveta	Dr. Poljaková	doctor in Jesenik district
CZE (UHO)	Health Institution, Health Technology Assessment Agency	Robert	Dr. Procházka	doctor
CZE (UHO)	Health Institution, Health Technology Assessment Agency	Karel	Dr. Slováček	doctor
CZE (UHO)	Health insurance/Society	Aleš	Zbožínek	Director of a branch of a health insurance company.
CZE (UHO)	MoH	Jakub	Košina	IT manager of Medical Systems a.s.

Country	Organization	First name	Last name	Position
CZE (UHO)	Health Institution, Health Technology Assessment Agency	Čeněk	Merta	
Denmark	Health Institution, Health Technology Assessment Agency	Jane	Bjerregaard Rasmussen	Innovationchief
Denmark	Health Institution, Health Technology Assessment Agency	Gorm	Simonsen	Projectmanager, Innovation Strategist - Health & Hospital Innovation
Denmark	Health Institution, Health Technology Assessment Agency	Jimmy	Klitgaard	Office Manager, Finances, IT expert (software)
Denmark	Health Institution, Health Technology Assessment Agency	Jens	Ravnholt Pedersen	Development Manager, Change Management,
Denmark	Health Institution, Health Technology Assessment Agency	Janus	Prof. Nikolaj Laust Thomsen	Professor
Estonia	Health insurance/Society	Tiina	Sats	Head of Specialised Medical Services Department
Estonia	Health insurance/Society	Jaarika	Dr. Järviste	Head ofInnovation Department
France (Eustras)		Alexandre	Feltz	deputy mayor (Strasbourg city)
France (Eustras)		Anne-Marie	Jean	5th Vice President (Strasbourg Eurométropole, economics)
France (Eustras)	MoH	Isabelle	Zablit	eHealth Europe & International Director
France (Eustras)	Health insurance/Society	Maxime	Rouchon	Director, CPAM (local health insurance),
France (Eustras)		François	Jouan	director, sport-health facility, Maison sport santé de Strasbourg
France (Eustras)		Matthieu	Jung	collaborator, sport-health facility
France (Eustras)		Thibault	Mutel	Director, health department (Strasbourg city)
France (Eustras)	Health Institution, Health Technology Assessment Agency	Bruno	Boutteau	e-health service, ARS
France (Eustras)		Véronique	Koehren	Silver economy (Communauté Européenne d'Alsace)

Country	Organization	First name	Last name	Position
France (Eustras)		Frédéric	Terrien	Director, PETR Saverne
France (Eustras)		Marie	Jacquier	Collaborator, PETR Saverne
France (Eustras)	Health insurance/Society	Catherine	Geiger	Statistic department, CPAM (local health insurance)
France (Eustras)	Health insurance/Society	Colin	Majean	Statistic department, CPAM (local health insurance)
France (Eustras)		Sarah	Capron-Macaire	Grand enov
France (Eustras)		Sandra	Chalhoub	Grand enov, colleague and co-worker of Mrs Capron-Maquaire
France (Eustras)		Julie	Freydiere	OpenCare
France (Eustras)		Catherine	Lukasek	RLAM
France (Eustras)	University, Training organization	Antony	Latour	University associate
France (Eustras)	Professional/Patient/Elderly Care Association	Jean-Michel	Meyer	Patient association
France	University, Training organization	Philippe Jean	Bousquet	CHU Montpellier dans le cadre de l'exploration des allergies - Institut National du Cancer dans le cadre de la cancérologie, Clinique des Maladies Respiratoires, Hôpital Arnaud de Villeneuve, Centre Hospitalier Universitaire
France (Eustras)	Health Institution, Health Technology Assessment Agency	Christine	Lecomte	Chief Program Officer of Inesia, Strasbourg, PRIeSM until Aug 2022
Germany	Health Institution, Health Technology Assessment Agency	Markus	Falke	Health care expert
Germany	MoH	Sophie	Dannenfeld	Referentin zur Koordinierung und Projektsteuerung der Landeskonferenz und von EU-Themen
Germany	Health Institution, Health Technology Assessment Agency	Claudia	Duwe	Koordinatorin Pakt für Prävention

Country	Organization	First name	Last name	Position
Germany	Health Institution, Health Technology Assessment Agency	Claudia	Brase	Geschäftsführerin
Germany	Health Institution, Health Technology Assessment Agency	Maybritt C.	Havixbeck	Vorsitzende des Vorstands
Germany	Health Institution, Health Technology Assessment Agency	Dorthe	Kieckbusch	Referentin der Geschäftsführung
Germany	Health Institution, Health Technology Assessment Agency	Ivo	Engert	Koordination
Germany	MoH	Anett	Goebel	Fachabteilung Versorgungsplanung
Germany	Professional/Patient/Elderly Care Association	Bernd M.	Scholz	Facharzt für Innere Medizin
Germany	MoH	Till	Johnsen	Jurist Sozialversicherung
Germany	MoH	Lukas	Dölger	Fachreferent für Digitalisierung und eHealth
Germany	Health Institution, Health Technology Assessment Agency	Milli	Schroeder	Mitbegründerinnen des Gesundheitszentrums
Germany	Health Institution, Health Technology Assessment Agency	Dörte	Frevel	Öffentlichkeitsarbeit
Germany	Professional/Patient/Elderly Care Association	Martin	Prof. Dr. Dr. Härter	
Germany	MoH	Sabine	Manikowsky	Referatsleiterin Gesundheitsstatistik, Informationsaufbereitung und Standards
Germany	MoH	Laura-Jane	Hentzien	Sachgebietsleitung für die Anerkennung ausländischer Abschlüsse
Germany	Health insurance/Society	Martin	Stankiewicz	Leiter Verträge
Germany	MoH	Sarah	Meyer	Stv. Leitung Projekt Pakt für den ÖGD
Germany	Kassenärztliche Vereinigung Hamburg	Ghislain	Dr. Kouematchoua Tchuitcheu	CIO
Germany	MoH	Hicran	Tanriverdi	Referentin • G215 Bioethik und Recht

Country	Organization	First name	Last name	Position
Germany	Professional/Patient/Elderly Care Association	Franziska	Dr. Diel	MPH, Leitung Dezernat Versorgungsqualität der Kassenärztlichen Bundesvereinigung KBV, Berlin
Germany	Professional/Patient/Elderly Care Association	Bernhard	Dr. Gibis	MPH, Head of Dezernat 4 of the National Association of Statutory Health Insurance Physicians (KBV) (Geschäftsbereich Sicherstellung und Versorgungsstruktur)
Germany	Health Institution, Health Technology Assessment Agency	Lutz	Kubitschke	Senior Consultatnt
Hungary	MoH, (National Directorate General for Hospitals)	Emöke	Soós	
Hungary	MoH, (National Directorate General for Hospitals)	Zsuzsa	Molnár	
Hungary	MoH, (National Directorate General for Hospitals)	Gabriella	Pál	Head of department
Hungary	Professional/Patient/Elderly Care Association, (National Directorate General for Hospitals)	Miklós	Dr. Kajetán	Workgroup leader
Hungary	Health insurance/Society, (National Directorate General for Hospitals)	Imre	Prof. Dr. Rurik	Professor of internal medicine
Hungary	Health insurance/Society, (National Directorate General for Hospitals)	Gábor	Dr. Simonyi	General Practioner
Hungary	Professional/Patient/Elderly Care Association, (National Directorate General for Hospitals)	Ilona	Szlovákné Bandula	Clerk
Hungary	Professional/Patient/Elderly Care Association, (National Directorate General for Hospitals)	Tünde	Koltai	Chairperson

Country	Organization	First name	Last name	Position
Hungary	Professional/Patient/Elderly Care Association, (National Directorate General for Hospitals)	Gábor	Pogány	Chairperson
Hungary	National Directorate General for Hospitals	Gyöngyi	Dr. Balogh	Head of division
Hungary	National Directorate General for Hospitals	Beáta	Dr. Tóth	Data protection expert
Hungary	National Directorate General for Hospitals	Péter	Kolin	Communications secretary
Italy	Regione Abruzzo	Virginia	Vitullo	Reference contact for the Region for Chronic Care
Italy	Regione Abruzzo	Camillo	Odio	Reference contact for the Region for Chronic Care
Italy	Regione Calabria	Aldo	Mauro	Reference contact for the Region for Chronic Care
Italy	Regione Calabria	Sergio	Petrillo	Reference contact for the Region for ICT in the field of Health
Italy	Regione Campania	Roberto	Landolfi	Reference contact for the Region for Chronic Care
Italy	Regione Emilia-Romagna	Immacolata	Cacciapuoti	Reference contact for the Region for Chronic Care
Italy	Regione Emilia-Romagna	Gandolfo	Miserendino	Reference contact for the Region for ICT in the field of Health
Italy	Regione Friuli Venezia Giulia	Beatrice	Del Frate	Reference contact for the Region for Chronic Care
Italy	Regione Lombardia	Antonio	Barone	Reference contact for the Region for Chronic Care
Italy	Regione Lombardia	Alessandro	Scansiani	Reference contact for the Region for ICT in the field of Health
Italy	Regione Lazio	Silvia	Scalmana	Reference contact for the Region for Chronic Care
Italy	Regione Liguria	Enrica	Orsi	Reference contact for the Region for Chronic Care
Italy	Regione Piemonte	Antonino	Ruggeri	Reference contact for the Region for Chronic Care
Italy	Regione Puglia	Ettore	Attolini	Reference contact for the Region for Chronic Care
Italy	Regione Sardegna	Barbara	Malloci	Reference contact for the Region for Chronic Care

Country	Organization	First name	Last name	Position
Italy	Regione Sardegna	Gian Maria	Mancosu	Reference contact for the Region for ICT in the field of Health
Italy	Regione Sicilia	Lucia	Giovannelli	Reference contact for the Region for Chronic Care
Italy	Regione Toscana	Daniela	Matarrese	Reference contact for the Region for Chronic Care
Italy	Regione Valle D'Aosta	Sabrina	Abena	Reference contact for the Region for Chronic Care
Italy	Regione Valle D'Aosta	Patrizia	Vittori	Reference contact for the Region for Chronic Care
Italy	Prov. Aut. Di Bolzano	Johannes	Ortler	Reference contact for the Region for Chronic Care
Italy	Prov. Aut. Di Bolzano	Carla	Melani	Reference contact for the Region for ICT in the field of Health
Italy	Prov. Autonoma di Trento	Diego	Conforti	Reference contact for the Region for Chronic Care
Italy	Health Institution, Health Technology Assessment Agency	Graziano	Onder	Director Department of cardiovascular, endocrine-metabolic diseases and aging
Italy	MoH	Anna	Di Nicola	Functionary
Italy	MoH	Bernardina	Orlandi	Functionary
Italy	MoH	Raffaele	Ruocco	Functionary
Italy	Professional/Patient/Elderly Care Association	Emma	Altobelli	Director
Italy	Professional/Patient/Elderly Care Association	Pietro	Buono	Director
Italy	Professional/Patient/Elderly Care Association	Antonio	Belcastro	Director
Italy	Professional/Patient/Elderly Care Association	Anna	Trapasso	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Massimiliano	Mahnic	Coordinator
Italy	Professional/Patient/Elderly Care Association	Antonio	Zaccari	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Chiara	Marinacci	Functionary
Italy	Professional/Patient/Elderly Care Association	Giada	Li Calzi	Expert, (substitute)
Italy	Professional/Patient/Elderly Care Association	Elice	Bacci	Functionary

Country	Organization	First name	Last name	Position
Italy	Professional/Patient/Elderly Care Association	Ernesto	Palummeri	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Alessandro	Amorosi	Functionary
Italy	Professional/Patient/Elderly Care Association	Lolita	Gallo	Director
Italy	Professional/Patient/Elderly Care Association	Silvia	Rizzi	Contact Person
Italy	Professional/Patient/Elderly Care Association	Valeria	Romano	Collaborator, (substitute)
Italy	Professional/Patient/Elderly Care Association	Horand	Meier	Functionary
Italy	Professional/Patient/Elderly Care Association	Romina	Tavernini	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Francesco	Fera	Director
Italy	Professional/Patient/Elderly Care Association	Diego	Conforti	Director
Italy	Professional/Patient/Elderly Care Association	Riccardo	Farina	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Maria Francesca	Campagna	Director
Italy	Professional/Patient/Elderly Care Association	Katia	Belvedere	Director
Italy	Professional/Patient/Elderly Care Association	Teresa	Vieri	Functionary
Italy	Professional/Patient/Elderly Care Association	Paola	Casucci	Director
Italy	Professional/Patient/Elderly Care Association	Ombretta	Checconi	Functionary, (substitute)
Italy	Professional/Patient/Elderly Care Association	Mauro	Ruffier	Director
Italy	University, Training organization	Liana	Dr. Spazzafumo	
Belgium	Professional/Patient/Elderly Care Association	Elena	Curtopassi	Functionary
Belgium	Professional/Patient/Elderly Care Association	Patrizia	Ortofina	Functionary
Belgium	Professional/Patient/Elderly Care Association	Tommaso	Calabrò	Functionary
Belgium	Professional/Patient/Elderly Care Association	Aki	Ishiwa	Functionary

Country	Organization	First name	Last name	Position
Belgium	Professional/Patient/Elderly Care Association	Maria Vittoria	Frau	Functionary
Belgium	Professional/Patient/Elderly Care Association	Carlo	Marinelli	Functionary
Belgium	Professional/Patient/Elderly Care Association	Michele	Petracca	Functionary
Belgium	Professional/Patient/Elderly Care Association	Tiziana	Patrizi	Functionary
Belgium	Professional/Patient/Elderly Care Association	Vesna	Caminades	Functionary
Belgium	Professional/Patient/Elderly Care Association	Massimiliano	Cambuli	Functionary
Belgium	Professional/Patient/Elderly Care Association	Gabriela	Ceccarelli	Functionary
Italy	Contact person of intl./european Organization	Maddalena	Dr. Illario	Assistant professor and Senior researcher, Department of Public Health of Federico II University of Naples, Italy, Expert in i.e. European Partnership on Aging Healthy and Active, Net4Age friendly, SHAFE, …, Functionary
Italy	Professional/Patient/Elderly Care Association	Olivia	Balagna	Collaborator
Italy	Professional/Patient/Elderly Care Association	Marina	Davoli	Functionary
Italy	Professional/Patient/Elderly Care Association	Ursula	Kirchmayer	Functionary
Italy	Professional/Patient/Elderly Care Association	Massimiliano	Vrenna	Functionary
Belgium	Professional/Patient/Elderly Care Association	Antonella	Pollazzi	Functionary
Italy	Professional/Patient/Elderly Care Association	Lorenza	Bardin	Director
Italy	Professional/Patient/Elderly Care Association	Sabrina	Montante	Functionary
Italy	Professional/Patient/Elderly Care Association	Elena	Berti	Functionary
Italy	Professional/Patient/Elderly Care Association	Guido	Iaccarino	Functionary
Poland	Professional/Patient/Elderly Care Association	Agnieszka	Guligowska	Functionary

Country	Organization	First name	Last name	Position
Spain	Professional/Patient/Elderly Care Association	Alejandro	Garcia	Functionary
Spain	Professional/Patient/Elderly Care Association	Nuria	Raya	Functionary
Spain	Professional/Patient/Elderly Care Association	Nieves	Lafuente	Functionary
Spain	Professional/Patient/Elderly Care Association	Isabel	Barragan	Functionary
England	Professional/Patient/Elderly Care Association	Sloan	Harper	Functionary
Spain	Professional/Patient/Elderly Care Association	Antonio	Cano	Functionary
Greece	Professional/Patient/Elderly Care Association	Cristian	Lionis	Functionary
Italy	Professional/Patient/Elderly Care Association	Giuseppe	Liotta	Functionary
Italy	Professional/Patient/Elderly Care Association	Marcelo	Maggio	Functionary
Italy	Professional/Patient/Elderly Care Association	Giovanna	Ragnetti	Functionary
Italy	Other (please specify in brackets in next column)	Andrea	Belardinelli	Region Tuscany – Responsible fordigital innovation in health
Italy	Other (please specify in brackets in next column)	Elisa	Nannicini	Region Tuscany – Responsible for regional, national and international projects and research in health – coordination of activities in healthcare sector in the framework of Recovery and Resilience Fund
Italy	Health Institution, Health Technology Assessment Agency	Luca	Lavazza	North-west Tuscany Health Authority – Chief Medical Officer
Italy	Professional/Patient/Elderly Care Association	Dario	Grisillo	
Italy	Professional/Patient/Elderly Care Association	Fabrizia	Vornoli	Coordinator of Participation Committee in Piana di Lucca District
Italy	Professional/Patient/Elderly Care Association	Mauro	Ceraglioli	Participation Committee in Piana di Lucca District

Country	Organization	First name	Last name	Position
Italy	Health Institution, Health Technology Assessment Agency	Alberto	Vitolo	Coordinator of General Practitioner Functional territorial Aggregation (AFT) and GP Dept. referent in Piana di Lucca District
Italy	Health Institution, Health Technology Assessment Agency	Giovanni	Dr. Brunelleschi	San Luca Hospital in Lucca - Director of Internal Medicine Unit
ITALY	Other (please specify in brackets in next column)	Teresa	Vieri	Policy Officer, Health, Welfare and Social Cohesion Directorship, European and International Affairs
Latvia	Health Institution, Health Technology Assessment Agency	Laura	Celmillere-Ice	
Latvia	Health Institution, Health Technology Assessment Agency	Evija	Dr. Andzane	Manager of department, (Health Inspectorate (Veselības inspekcija)), Health Inspectorate, Ministry of Health of the Republic of Latvia; University of Latvia,
Portugal	Other (please specify in brackets in next column)	Catarina	Marcelino	Member of the board of the social care Institute
Portugal	Professional/Patient/Elderly Care Association	Ana	Sampaio	Member of the board of the Portuguese Associacion for inflmatory bowl disease (Associação Portuguesa para doença inflamatória intestinal)
Portugal	Professional/Patient/Elderly Care Association	Adelaide	Belo	Member of the board of the Portuguese Association for integrated care
Portugal	Professional/Patient/Elderly Care Association	Paulo	Gonçalves	Member of the Board of the Portuguese Association for Multiple sclerosis (Associação Portuguesa de Esclerose Múltipla)
Slovenia	MoH	Vesna	Kerstin Petrič	Ministrstvo za zdravje RS
Slovenia	MoH	Mojca	Gobec	Ministrstvo za zdravje RS
Slovenia	MoH	Klavdija	Kobal Straus	Ministrstvo za zdravje RS
Slovenia	MoH	Jožica	Poličnik	Ministrstvo za zdravje RS
Slovenia	MoH	Mojca	Presečnik	Ministrstvo za zdravje RS
Slovenia	Professional/Patient/Elderly Care Association	Bojana	Prof. Dr. Beović	Zdravniška zbornica Slovenije

Country	Organization	First name	Last name	Position
Slovenia	Health insurance/Society	Boris	Kramberger	Zavod za zdravstveno zavarovanje Slovenije
Slovenia	Health Institution, Health Technology Assessment Agency	Milan	Krek	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Ivan	Prof. Eržen	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Tit	Albreht	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Pia	Vračko	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Dalibor	Stanimirović	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Branko	Gabrovec	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Mitja	Vrdelja	Nacionalni inštitut za javno zdravje
Slovenia	Health Institution, Health Technology Assessment Agency	Metka	Zaletel	Nacionalni inštitut za javno zdravje
Slovenia	University, Training organization	Igor	Švab	Medicinska fakulteta Univerze v Ljubljani
Slovenia	University, Training organization	Lijana	Zaletel Kragelj	Medicinska fakulteta Univerze v Ljubljani
Slovenia	University, Training organization	Andrej	Starc	Medicinska fakulteta Univerze v Ljubljani
Slovenia	Professional/Patient/Elderly Care Association	Irena	Perne	Zveza društev Slovensko zdravniško društvo
Slovenia	Other (please specify in brackets in next column)	Simon	Delakorda	INePA), Head of NGO Coordination for Policies and Digital Transformation Strategies
Slovenia	Professional/Patient/Elderly Care Association	Marjan	Pintar	Združenje zdravstvenih zavodov Slovenije
Slovenia	Professional/Patient/Elderly Care Association Slovenian Chamber of Health and Midwifery Care - The Union of	Monika	Ažman	Zbornica zdravstvene in babiške nege Slovenije – Zveza strokovnih društev medicinskih sester, babic in

Country	Organization	First name	Last name	Position
	Professional Associations of Nurses, Midwives and Health Technicians of Slovenia			zdravstvenih tehnikov Slovenije
Northern Ireland	Health & Social Care Board	Christine	Scullion	
Northern Ireland	Health & Social Care Board	Joni	Millar	Integrated Care Business Manager,
Northern Ireland	Health & Social Care Board	Linda	Doherty	Integrated Care Business Manager
Northern Ireland	Health & Social Care Board	Michele	Bekmez	Integrated Care Business Manager
Northern Ireland	Public Health Agency	Martin	Hayes	Integrated Care Business Manager
Northern Ireland	Public Health Agency	Soo	Hun	
Northern Ireland	Public Health Agency	Sandra	Aitcheson	
GB		Alison	Patterson	
UK		Katerina	Beji Sedlackova	Charles University, nurse
CZ		Martina	Paulíková	
IT		Natalia	Yakunina	FHS Univerzita Karlova
HU	Università degli studi di Parma	Yari	Longobucco	
	Hungarian Data Protection Authority ("NAIH")	Melinda	Kovács	

Figure 20:JADECARE External Stakeholders

8.5   Annex 3 – JADECARE Brand Book

8.6   Annex 3 – JADECARE Leaflet (English)

NAME: JADECARE
FULL NAME: JOINT ACTION ON IMPLEMENTATION OF DIGITALLY ENABLED
INTEGRATED PERSON-CENTRED CARE
PROJECT NUMBER: 951442
FUNDING BODY: HaDEA
WEBSITE: www.jadecare.eu
DURATION: 1st of October 2020 till 30th of September 2023
PROJECT COORDINATOR: Kronikgune Institute for Health Services Research

BACKGROUND

The ageing of the population with the growing burden of chronic conditions and multimorbidity is steadily increasing the demand for a more extended and efficient care and a more intelligent outcome-based delivery of personalized care in an integrative and coordinated approach. Innovative solutions are needed to deliver efficient integrated person-centred services based on citizen's needs through new technologies, products and organizational changes.

Digital innovation tools and services have the potential to facilitate and support these changes delivering more targeted, personalised and high-quality healthcare to the population.

"THE PROJECT INVOLVES 45 ORGANISATIONS FROM 16 EUROPEAN COUNTRIES."

♥ Original Good Practice   ♥ Participating countries

AIMS AND GOALS

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centred CARE) will contribute to **innovative, efficient and sustainable health systems** providing expertise and sharing good practices to assist the European countries in undertaking health system reforms.

JADECARE will:

- **Enable the participating national authorities and those beyond the Consortium**, to benefit from efficient solutions in digitally enabled integrated person-centred care developed by the "Early adopters" of the original Good Practices (oGPs)

- **Reinforce the capacity of health authorities to** successfully **address** important aspects of **health system transformation**, in particular the transition to digitally enabled integrated person-centred care

- **Support the best practice transfer** from the systems of the "Early adopters" to the ones of the "Next adopters"

ORIGINAL GOOD PRACTICES

In order to contribute to achieve these goals, four original Good Practices support participating regions of member states to transfer the successful practices and generated knowledge into their healthcare systems.

The Basque health strategy in ageing and Chronicity: Integrated Care intends to improve health and quality of life of the population, enhance the health system quality, efficiency and sustainability and the collaboration with Social services and the Community. The approach focuses on risk stratification, digitally-enabled integrated care and patient/citizen empowerment, by means of new organizational models, professional roles, pathways and processes and digital tools and analytics.

The Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients is a network of entities that promotes synergies among relevant stakeholders of the health and social care system. It places the focus on people and guarantees the healthcare continuum with support of digital tools, complementing the individual approach with a population-based perspective.

The Optimedis Model-Population-Based Integrated Care model targets simultaneously better population health, an improved patient experience of care including increased service quality and higher patient satisfaction and reduced per capita costs of health care by increasing system efficiency.

The Digital Roadmap towards an integrated health care sector of the Region of Southern Denmark consist of the SAM:BO agreement connecting the sectors digitally supplemented by a number of projects in the area of digitally enabled integrated care.
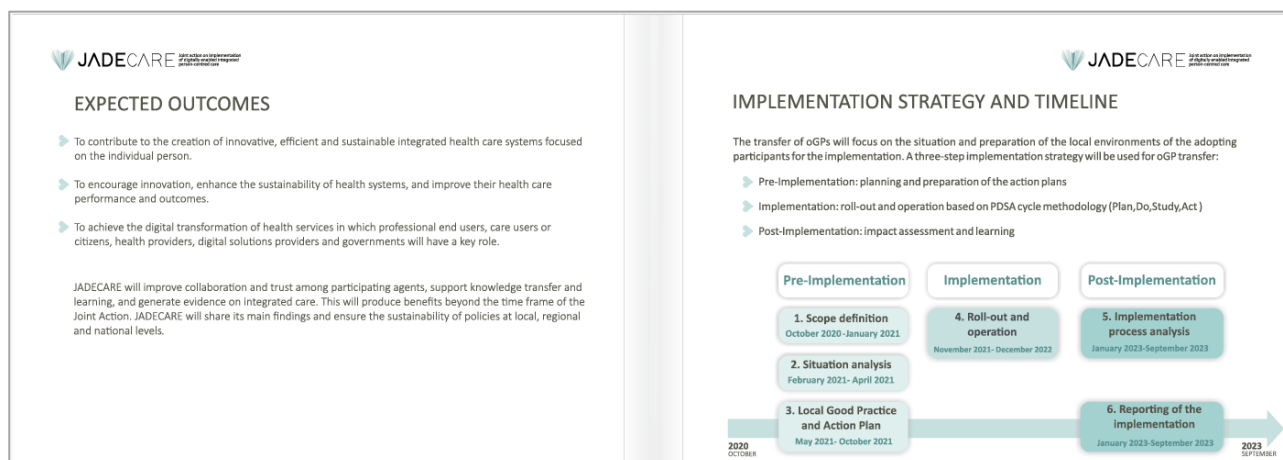
8.7 Annex 3 – JADECARE General presentation

Slide 3 — BACKGROUND
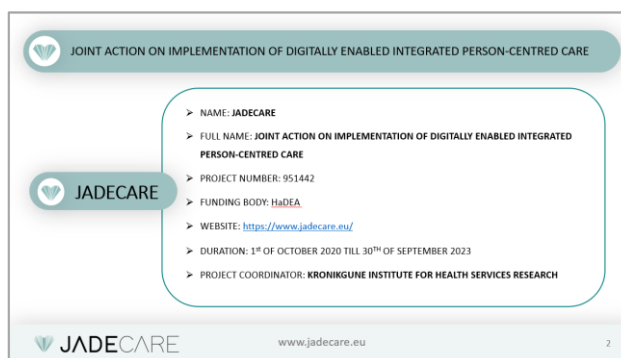
The ageing of the population with a growing burden of chronic conditions and multimorbidity is increasing the demand for:

- A more extended and efficient care
- A more intelligent outcome-based delivery of personalised care in an integrative and coordinated approach
- Innovative solutions to deliver efficient integrated person-centred services based on citizen's needs through new technologies, products and organisational changes

Digital innovation tools and services have the potential and have proven in good practice innovative models of integrated care, to facilitate and support these changes delivering more targeted, personalised and high-quality healthcare to the population.

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Slide 4 — MAIN OBJECTIVES

Main aim

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centred CARE) will contribute to innovative, efficient and sustainable health systems through providing expertise to assist the European countries in undertaking health system reforms.
It will enable national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care.

General objectives

- Reinforce the capacity of health authorities to successfully address important aspects of health system transformation, in particular the transition to digitally enabled integrated person-centred care
- Support the best practice transfer from the systems of the "Early adopters" to the ones of the "Next adopters"

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Slide 5 — PARTICIPANTS

- 16 Competent Authorities
- 29 Affiliated Entities
- 45 Organisations
- 16 Countries
- 4 Original Good Practices
- 21 Next Adopters

Health systems from all Europe covering different funding systems
Regions with different level of penetration, adoption and maturity of integrated care

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Slide 6 — PARTICIPANTS (map)

NATIONAL INSTITUTE OF PUBLIC HEALTH
- Health Insurance Institute of Slovenia
MINISTRY OF HEALTH OF THE CZECH REPUBLIC
- University Hospital Olomouc
NORTH DENMARK REGION
- Region South Denmark
EUROMETROPOLE DE STRASBOURG ▷ Optimedis
MINISTRY FOR LABOR, HEALTH AND SOCIAL AFFAIRS, FAMILY AND INTEGRATION HAMBURG
- Bavarian Health and Food Safety Authority
- Centre for Telematics and Telemedicine Gmbh
DEPARTMENT FOR SELF-DETERMINED LIVING OF THE GERMAN-SPEAKING COMMUNITY OF BELGIUM
HEALTH AND SOCIAL CARE BOARD (HSCB) NORTHERN IRELAND
CENTRAL ADMINISTRATION OF THE HEALTH SYSTEM
- National School of Public Health, University of Lisbon
- Shared Services of the Portuguese Ministry of Health
KRONIKGUNE INSTITUTE FOR HEALTH SERVICES RESEARCH
- Regional Ministry of Health of Andalusia
- Cantabrian Health Service
- Castilla y Leon Regional Health Service
- Murcian Health Service
- Catalan Agency for Health Quality and Evaluation
- August Pi i Sunyer Biomedical Research Institute
- Andalusian Public Foundation Progress and Health
- Valdecilla Biomedical Research Institute
- The Foundation for Health Training and Research of the Region of Murcia

CROATIAN INSTITUTE OF PUBLIC HEALTH
- Croatian Health Insurance Fund
NATIONAL HEALTHCARE SERVICE CENTER OF HUNGARY
- Semmelweis University
- Jahn Ferenc Dél-pesti Kórház és Rendelőintézet (public hospital)
ESTONIAN MINISTRY OF SOCIAL AFFAIRS
- Viljandi Hospital
NATIONAL HEALTH SERVICE, REPUBLIC OF LATVIA
- Children's Clinical University Hospital
MINISTRY OF HEALTH OF REPUBLIC OF SERBIA
4th REGIONAL HEALTH AUTHORITY OF MACEDONIA
- School of Medicine, Aristotle University of Thessaloniki
NATIONAL AGENCY FOR REGIONAL HEALTHCARE SERVICES
- Local Health Agency Naples 2 North
- Lombardy Region
- Tuscany Regional Health Agency
- Local Health Agency Umbria 1
- Regional authority Marche Region
- ULSS Agency No 4 Venice East (PROMIS)
- Italian Ministry of Health

Green color : Original Good Practices (oGPs)
Orange color: Next Adopters
CAPITAL LETTERS: Competent Authorities (CAs)
lower case letters: Affiliated Entities (AEs)

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Slide 7 — ORIGINAL GOOD PRACTICES

In order to achieve these goals four "original Good Practices" (oGP) support participating regions of member states to transfer the successful practices and generated knowledge into the healthcare systems of the participating partners.

- Basque Health Strategy in Ageing and Chronicity: Integrated Care
- The OptiMedis Model-Population-based Integrated Care
- Catalan Open Innovation Hub on ICT-supported Integrated Care Services for Chronic Patients
- Digital Roadmap towards an Integrated Health Care Sector

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Slide 8 — ORIGINAL GOOD PRACTICES

The Basque Health Strategy in Ageing and Chronicity: Integrated Care intends to improve health and quality of life of the population, enhance the health system quality, efficiency and sustainability and the collaboration with Social services and the Community. The approach focuses on risk stratification, digitally-enabled integrated care and patient/citizen empowerment, by means of new organisational models, professional roles, pathways and processes and digital tools and analytics.

Main Blocks

- B1: Risk stratification
- B2: Integrated Care in the Basque Country
- B3: Patient empowerment

Good Practice will be transferred to 8 NAs from 7 countries

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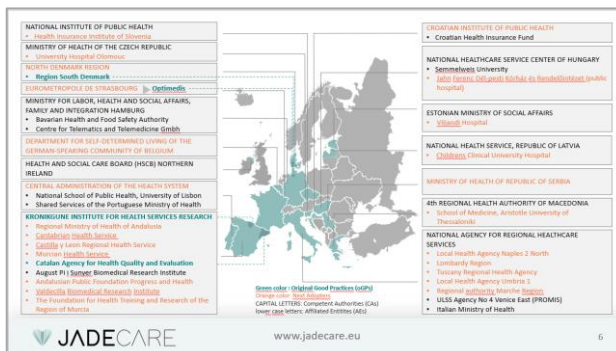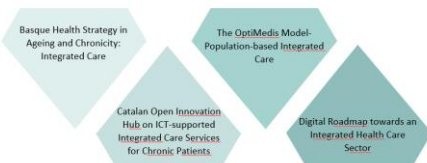## Slide 9 — ORIGINAL GOOD PRACTICES

The Catalan Open Innovation Hub on ICT-supported Integrated Care Services for Chronic Patients is a network of entities that promotes synergies among relevant stakeholders of the health and social care system. It places the focus on people and guarantees the healthcare continuum with support of digital tools, complementing the individual approach with a population-based perspective.

Main Blocks

- B1: Health Risk Assessment: population-based and enhanced clinical decision making
- B2: Promotion of healthy lifestyles
- B3: Vertical and Horizontal integration experiences adopted in Catalonia
- B4: Innovative assessment & regulatory aspects
- B5: Digital support of integrated care services

Good Practice will be transferred to 4 NAs from 3 countries

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Slide 10 — ORIGINAL GOOD PRACTICES

The OptiMedis Model-Population-based Integrated Care model targets simultaneously better population health, an improved patient experience of care including increased service quality and higher patient satisfaction and reduced per capita costs of health care by increasing system efficiency.

Main Blocks

- B1: Shared savings contract with reimbursement/commissioning organizations
- B2: A model including strong stakeholder engagement
- B3: Electronic integration across providers
- B4: Patient involvement and empowerment
- B5: Data-driven management
- B6: Prevention, health promotion and public health

Good Practice will be transferred to 5 NAs from 5 countries

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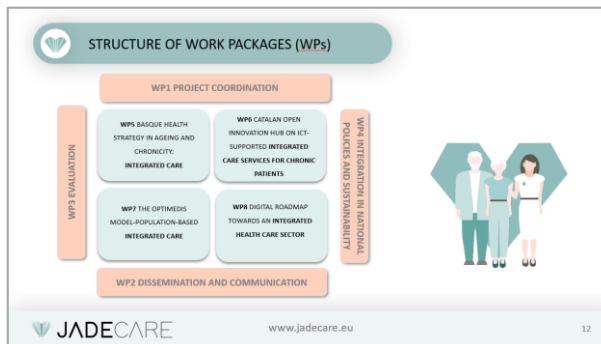
ORIGINAL GOOD PRACTICES

The Region of Southern Denmark Health Innovation Center represents a best practice with a Digital Roadmap towards Integrated Care. This concept consists of the SAM:BO agreement connecting the sectors digitally supplemented by a number of projects in the area of digitally enabled integrated care.

Main Blocks

- B1: Cross sectorial digital communication: standards and agreements
- B2: Cross sectorial digital communication: Additional solutions to support complex disease areas

Good Practice will be transferred to 8 NAs from 5 countries

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STRUCTURE OF WORK PACKAGES (WPs)

WP1 PROJECT COORDINATION

WP3 EVALUATION

WP5 BASQUE HEALTH STRATEGY IN AGEING AND CHRONICITY: INTEGRATED CARE

WP6 CATALAN OPEN INNOVATION HUB ON ICT-SUPPORTED INTEGRATED CARE SERVICES FOR CHRONIC PATIENTS

WP7 THE OPTIMEDIS MODEL-POPULATION-BASED INTEGRATED CARE

WP8 DIGITAL ROADMAP TOWARDS AN INTEGRATED HEALTH CARE SECTOR

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

WP2 DISSEMINATION AND COMMUNICATION

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TRANSVERSAL WORK PACKAGES

WP1 COORDINATION AND MANAGEMENT
The aim is to manage and coordinate the project adequately. To this purpose, the project coordinator team provides technical, scientific, financial and administrative management and support. WP1 monitors the progress to avoid deviations and ensures ethical compliance. Moreover, this WP will guarantee smooth communication with HaDEA and DG SANTE.

WP2 DISSEMINATION AND COMMUNICATION
WP2 disseminates high quality information on JADECARE deliverables and progress. It started with initial communication activities to position the Joint Action (JA) on the EU landscape, generate recognition and understanding of the project goals and ambitions. Later, specific dissemination activities follow to enhance and magnify the effect and impact of the common work and support the sustainability of best practice transfer and replication.

WP3 EVALUATION
This WP provides a methodological framework for assessing the JADECARE system. WP3 assesses the quality and compliance of the project processes and stakeholder views inclusion and satisfaction. It also performs a systematic appraisal of the quality of the transfer and implementation process, evaluating and reporting the experience of adopting oGPs in heterogeneous Next Adopter sites.

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY
This WP shares main findings, assures cross-fertilisation and contributes to the sustainability at the national, local or regional level. It sets up a plan for future use of results and deliverables to be integrated into policies to reinforce the capacity of national and regional health authorities in transforming health care systems and delivering integrated person-centred care.

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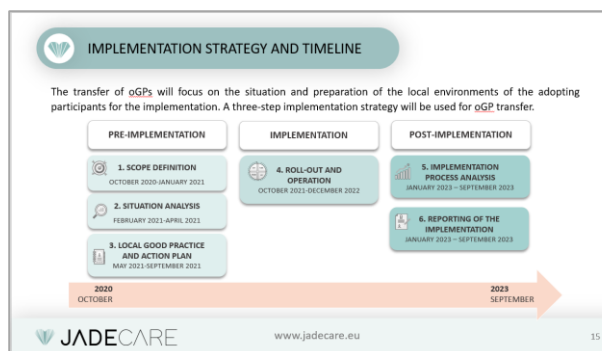
TRANSFER WORK PACKAGES

WP5 BASQUE HEALTH STRATEGY IN AGEING AND CHRONICITY: INTEGRATED CARE (BASQUE COUNTRY)
Next Adopters

WP6 CATALAN OPEN INNOVATION HUB ON ICT-SUPPORTED INTEGRATED CARE SERVICES FOR CHRONIC PATIENTS (CATALONIA)
Next Adopters

WP7 THE OPTIMEDIS MODEL-POPULATION-BASED INTEGRATED CARE (GERMANY)
Next Adopters

WP8 DIGITAL ROADMAP TOWARDS AN INTEGRATED HEALTH CARE SECTOR (REGION OF SOUTH DENMARK)
Next Adopters

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IMPLEMENTATION STRATEGY AND TIMELINE

The transfer of oGPs will focus on the situation and preparation of the local environments of the adopting participants for the implementation. A three-step implementation strategy will be used for oGP transfer.

PRE-IMPLEMENTATION
1. SCOPE DEFINITION
OCTOBER 2020-JANUARY 2021

2. SITUATION ANALYSIS
FEBRUARY 2021-APRIL 2021

3. LOCAL GOOD PRACTICE AND ACTION PLAN
MAY 2021-SEPTEMBER 2021

IMPLEMENTATION
4. ROLL-OUT AND OPERATION
OCTOBER 2021-DECEMBER 2022

POST-IMPLEMENTATION
5. IMPLEMENTATION PROCESS ANALYSIS
JANUARY 2023 – SEPTEMBER 2023

6. REPORTING OF THE IMPLEMENTATION
JANUARY 2023 – SEPTEMBER 2023

2020 OCTOBER   2023 SEPTEMBER

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EXPECTED OUTCOMES

JADECARE will improve collaboration and trust among participants agents, support knowledge transfer and learning, generate evidence on integrated care, and ensure the sustainability of policies at local, regional and national levels, producing benefits beyond JADECARE's timeframe.

To contribute to the creation of innovative, efficient and sustainable integrated health care systems focused on the individual person.

To achieve the digital transformation of health services in which professional end users, care users or citizens, health providers, digital solutions providers and governments will have a key role.

To encourage innovation, enhance the sustainability of health systems, and improve their health care performance and outcomes.

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Belgium
Ostbelgien

Czech Republic

Croatia
HZJZ

Denmark

Estonia

France
OptiMedis   Strasbourg

Germany
ZTG

Greece
MEDICAL PHYSICS LABORATORY

Hungary
EMC

Italy
ageras   USL   napoli2nord   ARS TOSCANA

Latvia
Children's University Hospital

Portugal
ACSS   SPMS   NOVA

Serbia

Slovenia
NIJZ

Spain
kronikgune   Salut/   Junta de Castilla y León   CLÍNIC   MarGuins   Valdecilla IDIVAL

United Kingdom
Health and Social Care Board

THANK YOU!

Contact name
Contact email

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