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Abstract

This report describes the D2.4 dissemination framework targeting healthcare professionals (HCPs). This framework provides medical associations working at national or European level with a catalogue of activities that they may initiate to increase the knowledge level, interest and willingness to engage in eHealth among their members and stakeholders. The framework, including a supporting catalogue of exemplar activities, has the overall aim to encourage the societies representing HCPs within the different relevant disease areas to take on the role as a “hub” to collect and disseminate key information and experience, in order to support the engagement of HCPs in the domain of eHealth.

Key Word List

Dissemination framework, United4Health, telemedicine, telehealth, eHealth, health care professionals, medical societies, scientific societies, scientific associations.

Executive Summary

This deliverable D2.4 dissemination framework targeting healthcare professionals (HCPs) provides professional societies working at national or European level with a catalogue of activities that they may initiate to support an increased knowledge, interest and engagement in the evaluation and possible implementation or large scale deployment of relevant eHealth services within their specific specialty. These dissemination activities primarily target HCPs with some awareness, but perhaps limited knowledge about and/or interest in eHealth services and ICT technologies, as well as those new to working with these services, but with an interest in the field and a need for guidance on how to evaluate, select and implement high quality services.

The reason for defining the HCPs as a specific target group for dissemination activities carried out within the United4Health project is the recognition of the importance of achieving support from front line healthcare staff when working to achieve large scale deployment of eHealth services.

The European Wound Management Association (EWMA) developed and tested the dissemination framework via activities developed specifically for the members, network and conference participants of EWMA.

The framework is, however, intended as a catalogue of inspiration for other societies for which eHealth services are increasingly presented as opportunities to provide better and/or more efficient care. In particular, the framework will be used as a basis to discuss the role of medical societies covering Chronic Heart Failure (CHF), COPD, and diabetes, the disease areas covered within the United4health project, to enhance discussion, engagement and continuous knowledge sharing within their communities. All the large medical societies working within these domains, for example the European Society of Cardiology (ESC), the European Respiratory Society (ERS), and the European Association for the Study of Diabetes (EASD), have long-standing working groups in the domain of eHealth.

The activities which have been taken on and tested by EWMA in this tool kit include:

- **Hosting an eHealth symposium held in the context of a medical conference:** Use of the programme and networking at the scientific conference to provide education and support engagement within groups of HCPs who would not travel to conferences dedicated to eHealth, and to create debate about eHealth.
- **Developing a domain specific eHealth guidance document:** Development of a guidance document providing a collection of relevant information supporting understanding and ability to take part in discussions about eHealth services within the target community. The document provides an overview of available evidence, discussions about barriers and facilitators, and an introduction to the recommended approaches to evaluation and implementation of eHealth services in the context of their clinical practice.
- **Using the societies' network and collaboration with partner organisations:** Involving members and collaborating societies to increase the knowledge base and sharing of experiences, as well as to increase the dissemination targeting members of these groups.

- **Disseminating via website, member journal and social media:** Use of these communication tools to spread information about, for example, case stories and lessons learned throughout Europe, available evidence, and relevant activities on the topic of eHealth.
- **Creating a domain specific knowledge bank:** Take responsibility for providing an overview of the key literature available (field specific as well as general guidance information), as well as the experiences gathered from studies and implementation / deployment activities carried out in different countries and regions.

An evaluation (lessons learned) of these activities is provided at the end of each section.

Change History

Version History:

- 0.1 16th September - Initial version
- 0.2 22nd September 2014
- 0.3 3rd October 2014
- 1.0 6th October 2014
- 2.0 17th June 2015
- 3.0 23rd June 2015

Version Changes

- 0.1 Initial version
- 0.2 Reasons for lack of interest from HCPs added, summary and abstract added
- 0.3 Minor changes following internal review.
- 1.0 Version for issue
- 2.0 Major revision to meet review critique. Summary of changes (version 2.0):
 - Title of the document changed from “Dissemination tool kit targeting clinicians” to “Dissemination framework targeting health care professionals” (To the character of the deliverable cf. the description included in the project DOW and underline that the activities described may be relevant for dissemination activities targeting all types of health care staff).
 - Content changed to generic style with examples provided in separate information boxes.
 - Activities carried out since last submission added
 - Outcome/lessons learned sections added
- 3.0 Revisions with the objective to further highlight the activities and aims related to involvement of the societies engaged in the domains covered by U4H (CHF, COPD and diabetes)
Minor text revisions to increase clarity of the text.

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**ANNEX 1: SYMPOSIA PROGRAMMES: EWMA 2013 COPENHAGEN, EWMA
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**ANNEX 2: EWMA EHEALTH DOCUMENT: EHEALTH IN WOUND CARE – FROM
CONCEPTION TO IMPLEMENTATION**

ANNEX 3: SELECTION OF ARTICLES PUBLISHED IN THE EWMA JOURNAL

1. Introduction and objectives

1.1 Purpose of document

This dissemination framework provides medical societies working at national or European level with a catalogue of dissemination activities that they may initiate to support the process of European wide eHealth deployment.

The purpose of the “dissemination framework” described in this document is to encourage and inspire the societies representing healthcare professionals (HCPs) (hereafter referred to as *medical societies*), including doctors, nurses and other groups of HCPs, to develop programmes thematically focusing on eHealth in chronic disease management as a topic for dissemination and discussion within their organisational setting.

1.2 Background

The starting point for the initiative to produce this framework was the conclusion derived from previous studies, that unsuccessful involvement and hence missing acceptance by health professionals involved in service provision may constitute a significant barrier for widespread implementation of telemedicine and telehealth solutions¹. We do, however, believe that most HCPs will be interested in exploiting the opportunities offered by eHealth services, once the barriers to these have been removed, and thoroughly tested services and plans for service redesign are in place. We therefore aim to establish eHealth as a core area of interest in the communities of HCPs working within the relevant disease areas, with the objective to support high quality evaluation of the services as well as more efficient implementation programmes which maintain focus on key aspects of disease management, as well as the needs of the patient.

The medical societies will be able to reach members that are already supportive and experienced users, as well as “non believers”. Thus, this dissemination framework proposes that these societies may, through their available communication platforms, reach out to larger groups of HCPs by providing useful educational materials, an overview of existing evidence, as well as events and networks supporting debates about the barriers and facilitators for efficient implementation of eHealth within the specific domains. The aim is to create constructive evaluations of the available services and their potential gains, and thus further enable implementation and uptake through increased bottom-up support and demand.

1.3 Objectives and aims

The objectives of the dissemination framework are to:

- Provide an example of a structured and comprehensive approach to promoting well-informed discussions about eHealth within groups of HCPs working within relevant domains of chronic disease management, by using existing the communication channels and activities of the medical societies.

¹ Zanaboni P and Wootton R, Adoption of telemedicine: from pilot stage to routine delivery, BMC medical Informatics and Decision making 2012, 12:1 <http://www.biomedcentral.com/1472-6947/12/1>

- Offer lessons learned on the outcome of the proposed activities tested within the wound care community.
- Provide examples of educational material developed specifically for this group of HCPs, taking into consideration the perspective of front line healthcare staff and the varying level of knowledge, interest and beliefs among the members of this stakeholder group.

The intended aim of adopting this systematic and holistic approach to dissemination of eHealth related messages within the framework of a medical society is to:

- Create an interest in exploring the opportunities offered by eHealth services among the group of HCPs who are still “non believers” or sceptics.
- Educate HCPs about the different aspects of integration of eHealth in healthcare services, e.g. clinical, economic, organisational, legal and patient perspectives.
- Support dialogue between front line healthcare staff and eHealth experts, researchers, healthcare management and other players in the domain, with the objective to facilitate efficient procedures for product development and implementation.

1.4 Abbreviations

CHF	Chronic Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
CVD	Chronic Vascular Disease
DFSG	Diabetic Foot Study Group
EASD	European Association for the Study of Diabetes
EHTEL	European Health Telematics Association
ERS	European Respiratory Society
ESC	European Society of Cardiology
EWMA	European Wound Management Association
GP	General Practitioner
HCP	Healthcare professional
ICT	Information Communication Technology
KOL	Key opinion leader
MAST	Model for Assessment of Telemedicine
U4H	United4Health
UPAB	User Policy Advisory Board
UK	United Kingdom

2. Background to the involvement of EWMA

As a partner in the United4health (U4H) consortium, the European Wound Management Association (EWMA) has agreed to develop and test the content of this dissemination framework and example content for eHealth in chronic disease management. The content of the framework has been exemplified and tested via activities arranged for the members, networks and conference participants of EWMA.

EWMA's organisational set-up and communication tools used to reach its members are similar to other medical societies, which therefore enable the potential adoption of this generic framework and its activities by other European societies.

The selection of EWMA and the wound care community of healthcare professionals was based on the following factors:

- Use of telemedicine services in wound care is well established in some countries, while not deployed large scale in most of Europe. This offers an opportunity to base information and discussions on existing systems in use, while targeting the primary group of wound care HCPs who are not experienced in, or are sceptical about the use of, eHealth services.
- A large degree of scepticism and lack of interest is still present within this community.
- Due to the characteristics of wound care patients (a high proportion are elderly patients with comorbidities and disabilities similar to other chronic disease areas), the wound care area demands a high degree of interdisciplinary and cross sectorial communication, which may be facilitated via eHealth services. The interdisciplinary communication typically includes different groups of health and social care professions, as well as different medical specialists such as dermatologists, endocrinologists, plastic surgeons and orthopaedics. Sector representatives include specialised hospital clinics, home care and nursing homes, GPs and private carers.

Given the focus of the U4H project on COPD, CHF and diabetes, the final aim for this framework is to discuss these described activities with societies representing HCPs working with COPD, CHF and diabetes patients. Therefore, this framework also includes examples from activities carried out by societies such as the European Society of Cardiology (ESC) and the European Respiratory Society (ERS), to provide information about alternative approaches to dissemination activities carried out by these large European societies. The care offered for complex, chronic wounds has an intrinsic link to diabetes care, as “diabetic foot ulcers” constitute a large proportion of these complex wounds. Thus, EWMA is already targeting HCPs working within the field of diabetes, and may use the collaboration with the Diabetic Foot Study Group (DFSG) of the European Association for the Study of Diabetes (EASD) to discuss and possibly enhance the activities carried out by the EASD.

3. Characteristics of the healthcare professionals' target group

3.1 HCPs in wound management

This dissemination framework is piloted within the field of chronic wound management. HCPs involved in wound care include a large proportion of specialised nurses, different types of medical specialists, including surgeons, as well as other professions such as foot therapists, podiatrists and microbiologists.

Note that the background of the HCPs involved in wound care, as well as the maturity of the services used within this domain, may influence the conclusions made concerning the opinions of this group. This means that these conclusions may not be directly transferable to other groups of HCPs working within an alternative disease area. We do, however, believe that many of the observations made when testing the framework for this target group will also be relevant for many other groups of HCPs, as the barriers experienced by HCPs are in many cases general challenges related to implementation and large scale deployment of the eHealth services.

3.1.1 Surveying the target group

As a starting point for the work of EWMA, a survey was sent to representatives of the association's cooperating organisations² (national wound care societies with a formal collaboration agreement with EWMA) with a primary objective to collect information about the current use of eHealth services within the domain of wound care in the European countries. The survey was conducted in Spring 2014. Another key objective of the survey was to collect information about the present points of view on these services within the target community of EWMA. The questionnaire was completed by 45 representatives from 15 countries (Austria, Belgium, Denmark, Hungary, Ireland, Italy, Malta, Norway, Poland, Portugal, Serbia, Spain, Switzerland, Turkey and UK (including England, Scotland and Wales)).

Representatives from seven countries (Denmark, Ireland, Italy, Portugal, Scotland, Serbia and Switzerland) defined eHealth as an integrated part of clinical practice in some settings. The representatives also replied to the question "If telemedicine / telehealth is not an integrated part of your clinical practice, please provide further information as to why not". Based on a comprehensive range of possible response options, the majority of the respondents agreed with the following statements:

- Technological infrastructures are insufficient (11 responses).
- No financial support for the implementation of telemedicine (10 responses).
- Nobody has taken the initiative to implement telemedicine (9 responses).
- Lacking initiatives from political level (7 responses).
- No support / interest from management (7 responses).
- Lacking resources to reorganise the treatment procedures (6 responses).

² EWMA uses the cooperating organisations (52 organisations based in 35 different European countries) as a basis for such surveys, as the individual members do not represent all the European countries.

Only a few replies referred to “no relevance for wound care”, “not beneficial for patients” and “low quality of the technological solutions” as primary reasons for lacking initiatives to install these services in their clinical practice.

It should be highlighted that these replies were provided by key opinion leaders in the represented countries, i.e. representatives of the national wound management organisations. Thus, including more respondents among the wound care specialists in each country might result in different replies.

What can be concluded from these replies is that the national societies, which potentially have a powerful position to influence the disease management within their countries, are primarily defining political, organisational or technological reasons for a lack of implementation of these services. It can also be concluded that concrete activities with regards to testing or implementing eHealth in wound management are still not carried out in many of the countries.

The result of the survey was supplemented by discussions arranged during an annual meeting of the EWMA Cooperating Organisations Board³. At this meeting, the primary barriers for implementation of eHealth in wound care were defined as issues related to reimbursement, data security, liability and interoperability issues. The outcome of these discussions is elaborated further in section 5.3.2.

In conclusion, and perhaps not surprisingly, the barriers defined were most often outside the context of the available “space for action” of the HCPs working within wound management. However, even though the HCPs may not have the power to directly influence these general challenges for healthcare organisations, HCPs do have the power to push for solutions by requesting the eHealth services in support of their clinical practice. At the same time, it can be argued that as long as the HCPs have the understanding that too many barriers to the development of efficient eHealth services exist, it may be a challenge to achieve the general engagement of the HCPs in the implementation of these services.

3.1.2 Comparing the wound care specialists with other HCPs

Feedback received from HCPs in connection with the dissemination activities and pilot projects included in the U4H project identified scepticism from well informed HCPs. This appears to be based on:

- the mixed evidence and lessons learned;
- negative reports or experiences from failed implementation projects due to expensive or outdated technologies;
- lacking integration with current systems resulting in extra work;
- technology driven solutions rather than solutions adapted to the situation of the patient and the clinical practice;
- issues related to the general time pressure experienced by HCPs;
- wide-ranging disillusionment about or fatigue related to any kind of service redesign, due to previous initiatives failing to reach a successful implementation.

³ 25 countries were represented by members of 30 organisations (including international partner organisations in Australia, Brazil and Canada) at this meeting held during the EWMA Conference. The countries included: Australia, Austria, Belgium, Bosnia-Herzegovina, Brazil, Canada, Czech Republic, Croatia, Denmark, Finland, Germany, Greece, Iceland, Italy, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, Turkey and the UK (England, Scotland and Wales).

This feedback was, however, not dominant in the communication with members of the wound care community. This may be explained by the fact that many wound care professionals still have little knowledge about eHealth.

Thus, the communication targeting HCPs should ideally create a balance between providing information supporting an increased level of knowledge, and initiating discussions aiming to cope with critical thoughts, and address how to overcome any previously experienced barriers.

Within wound management, we found that the majority of our target group, including many nurses, have a preference for hands-on information and recommendations offering direct value to their current clinical experience. Thus, it is likely that the majority of EWMA's target audience will not pay significant attention towards the topic of eHealth before this is presented as becoming a mainstream element in their daily clinical practice. On the other hand, it is clear that those members of the community who wish to take or keep a position as front runners within the domain already see eHealth as an area of great interest; this will eventually influence the larger community. Within EWMA, several key opinion leaders (KOLs) have initiated studies of new eHealth tools, or planned separate meetings at the national level, during the course of the U4H project. Examples include:

- An initiative by the previous EWMA President, Professor Zena Moore, to set up a study in three European countries with the objective to test a new device offering more precise risk assessment of pressure ulcers.
- An initiative of a mixed group of HCPs, researchers and company representatives in Switzerland, aiming to set up an eHealth focus meeting at national level.

3.1.3 Conclusions concerning HCPs in wound management

Based on these findings, the EWMA dissemination framework focuses on supporting the level of engagement of the HCPs working with wound management, with the objectives to:

- Make sure that HCPs are involved as key players in initiatives to develop and implement eHealth services, to ensure high quality clinical care .
- Inspire HCPs to push for or engage in defining solutions to the identified barriers to eHealth implementation, as these may prevent the implementation of improved care processes .

In the dissemination framework developed by EWMA, we have aimed primarily to provide information about eHealth services which are close to clinical or research practice (examples from services in use, available technologies, organisational aspects and the role of the HCP in eHealth implementation). We have also disseminated information about the existing barriers, together with current European initiatives aiming to overcome these; and we have tested the interest of the target group in topics related to large scale deployment and regulatory issues. Examples of these dissemination activities are provided within this report.

3.2 Targeting other groups of HCPs

As described in the introduction to this dissemination framework, this document is intended as catalogue of activities and related observations, to serve as an

inspiration for other relevant societies representing HCPs within other disease domains or representing specific types of healthcare staff.

The U4H project is working to provide data and lessons learned specifically on the large scale deployment of telehealth solutions tested for use in Chronic Heart Failure (CHF), COPD, and diabetes patients. Thus, the societies representing HCPs working within these domains constitute important collaborators with regards to supporting enhanced dissemination and discussion on the topic of eHealth within their societies. Contact has already been established with the following primary societies:

- The European Society of Cardiology (ESC).
- the European Respiratory Society (ERS).
- the European Association for the Study of Diabetes (EASD).

All these societies have long-standing working groups in the domain of eHealth, but still have limited interest from and involvement of the larger groups of HCPs working within their domains.

In connection with the U4H User Policy Advisory Board (UPAB) activities, contact has also been established with other societies representing HCPs and healthcare managers:

- CPME (Standing Committee of European Doctors).
- UEMS (European Union of Medical Specialist).
- EFN (European Federation of Nurses).
- HOPE (European Hospital and Healthcare Federation).
- EHMA (European Health Management Association).

Thus, the final target group for this dissemination framework includes a large and more diffuse group of societies representing HCPs. As described in section 3.1, the way representatives from national wound management organisations experience the barriers and facilitators for eHealth implementation may be different from other groups of HCPs specialised in different domains, for example due to different levels of experience among the HCPs, as well as some differences in the barriers identified within the different domains. In addition, the societies have varying engagements in the domain of eHealth, as well as varying interests in the field. In conclusion, the large group of HCPs constituting the end target group of this dissemination framework is characterised by different interests as well as different needs for information, depending on their current level of engagement.

Based on this dissemination framework and the activities arranged within the context of the U4H project, we aim to develop a basis for these medical societies to engage in common discussions related to implementation and/or large scale deployment of eHealth services, as well as their communication about these topics, within their target groups. We hope that this will increase the involvement of the medical societies in constructively evaluating, discussing and working towards solutions within the communities of HCPs, motivated by the potential to improve care for their patients.

4. Content and structure of the framework

This framework provides a catalogue of proposals for inclusion in a dissemination programme on eHealth within a community of HCPs working within a specific domain, using the full range of communication tools typically available to medical societies. Figure 1 provides an overview of the communication platforms exploited for this purpose in the programme developed by EWMA. Together, these may describe a holistic approach to providing educational information and creating debate about eHealth within a medical society working at European or national level.

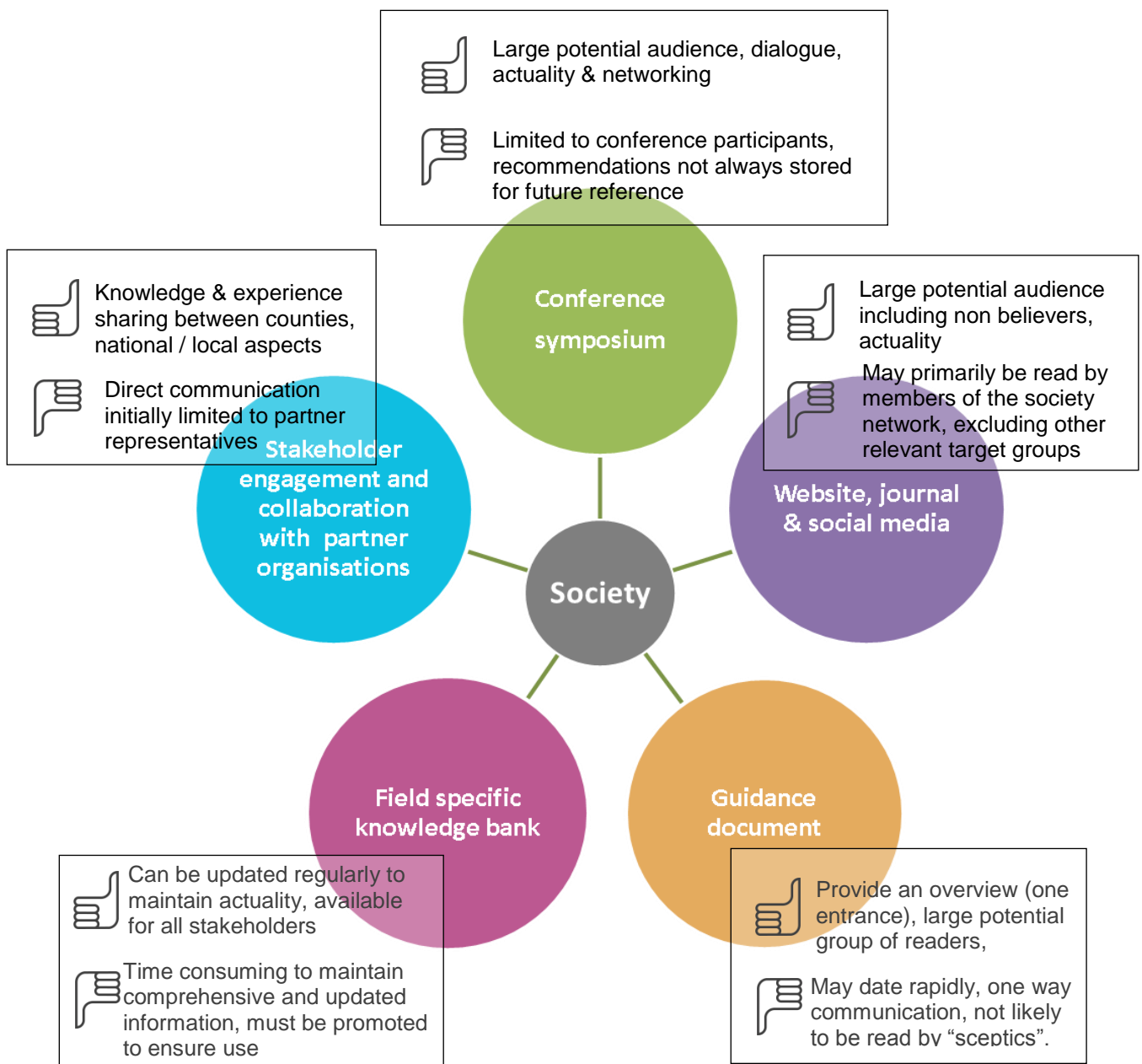


Figure 1: Overview of the dissemination activities and their benefits & advantages

In a more general context, the proposed activities include:

- 1) Hosting conference symposiums in the context of a medical conference:**
Explores the occasion to use the programme and networking opportunities offered in a medical conference to provide information, education and create debate about the opportunities and barriers for eHealth implementation.
- 2) Stakeholder engagement and collaboration with partner organisations:**
Explores the opportunities to activate the networks accessible to the society as well as the benefit from the opportunities to collaborate with partner organisations that may add valuable experience from different parts of the world or specific sub-specialities.
- 3) Website, member journal and social media:** Explores the value of the typical online and paper based communication platforms used by societies of any kind, with regards to drawing attention to a specific topic, and introducing this as a key area of interest among the members of the targeted community.
- 4) Guidance document:** Explores the value of a domain specific document on eHealth, aiming to provide HCPs within a given domain with the key information needed to engage in discussions about the use of eHealth services within their domain, as well as supporting them to take an active role in the evaluation and implementation of these services in the context of their clinical practice.
- 5) Domain specific knowledge bank:** Evaluates the value of providing an online overview of the key literature available (domain specific as well as general guidance information), as well as the experiences gathered from studies and implementation or deployment activities carried out in different countries and regions.

Based on an evaluation of the presumed and indicated interests of the defined target group (i.e. HCPs specialised in wound care with varying degrees of interest and engagement in the domain of eHealth, covering “non believers” as well as those new to or already engaged in the domain), the listed activities were achieved during the first 30 months of the U4H project.

In section 5 below, descriptions of these activities are provided in a generic format, followed by an evaluation (outcome / lessons learned) section linking to the lessons learned during the activities carried out by EWMA. Concrete examples from EWMA activities are provided in separate information boxes throughout the document.

As activities have been carried out over a 30-month period, there is no clear distinction between the development phase and the exploitation phase. Thus, the content of the framework was developed simultaneously with the exploitation of the concepts described.

5. Activities proposed for the dissemination framework

This section provides a detailed description and evaluation of the activities included in the dissemination framework, with examples from EWMA.

5.1 eHealth symposium held during a medical conference

5.1.1 Communication value

EWMA's approach to designing a symposium focusing on the use of eHealth services in wound management, within the context of a clinical / medical / scientific conference, is described in BOX 1. When embedding an eHealth symposium into the programme of a conference with a broader scope, as in the case of EWMA, it is important to highlight the clinical and practical relevance of the domain with regards to providing high quality patient care.

If the participants are successfully attracted to the event, this embedding of an eHealth conference within a larger scientific conference provides an opportunity for face-to-face contact with a large part of the target group. This does, however, also imply a strong competition for their attention and awareness, as most participants will be attending the larger scientific conference with other topics as their primary areas of interest.

BOX 1, EWMA Example: The annual EWMA Conference & eHealth symposium



The EWMA conference is the most important annual international European conference on wound care. It attracts healthcare professionals, in particular nurses and physicians, from across Europe, as well as further afield. The conference has developed into a central meeting point for clinical KOLs as well as for industry top level decision-makers; it successfully integrates a high-level scientific programme with a large industry exhibition.

The EWMA eHealth symposium, providing the basis for the description in this dissemination framework, has been implemented and tested in the context of the EWMA conference at three occasions:

- EWMA 2013 Conference, Copenhagen: attended by a total of 2,733 participants
- EWMA 2014 Conference, Madrid: attended by a total of 3,509 participants
- EWMA 2015 Conference, London: attended by a total of 4,169 participants

The symposia were held as a full day programme on the last day of each conference, Friday. However, in 2015, the symposium was started Thursday afternoon, and continued throughout the following day.

The eHealth symposia sessions attracted approximately 2-4% of the participants. This number reflects that eHealth is still not considered a key topic for most of the targeted HCPs.

Some of the sessions were recorded and made available via the EWMA website in order to increase the potential audience of these presentations.

The full symposia programmes are available in Annex 1.

Other societies have chosen alternative models for conferences or meeting activities with a dedicated focus on eHealth:

- The European Society of Cardiology (ESC) has established a separate group for eHealth related questions under the umbrella of the society. This group hosts an annual meeting as a separate event. This is typical for a large medical society with many sub specialities / topics to cover, but the value of promoting the topic within the framework of a meeting with a broader focus is lost in this approach: participants will primarily include those HCPs already involved or interested in the use of eHealth services.
- The European Respiratory Society (ERS) has dedicated its annual Presidential Summit (held in June 2015) to the topic of eHealth. This was decided after a period of internal focus on collecting information about the opportunities and issues surrounding the topic, as well as the positions and concerns of the different stakeholders. The Presidential Summit is held by invitation only, and aims to initiate further discussion with selected experts and key stakeholders, with the objective to develop the position of the ERS towards these services. The summit will lead to the publication of an article by

the ERS president, presenting the theme of eHealth to all the society's members via publication in a peer reviewed journal.

This approach does not invite the broad group of society members in the discussion and exchange of experiences, but provides key information about the value of and barriers to the use of eHealth, based on a thorough collection of key information from, and discussions with, experts and stakeholders.

5.1.2 Proposed content of the eHealth focus symposium

5.1.2.1 Presentation / session formats

By using different formats for the presentations and sessions included in the symposium, the event can be designed to support education as well as participant feedback, debate and networking.

Examples tested in the context of the EWMA conferences are:

- Classical presentations:

Presentations by experts or key opinion leaders outlining current controversies and future perspectives, providing recommendations on for example change management and service redesign, and presenting recent evidence. This is a classic conference format; if the presenters and/or research topics are well known or of great general interest, it will attract a large number of participants. Apart from the typical time for Q&A after each presentation, this type of session will leave little room for participant involvement.

- Technology demonstration:

Practical demonstrations of technology can be given in different formats, and are ideally used with smaller audiences to allow interaction. The purpose of including these types of presentations in the programme is to offer hands-on demonstrations of the services, and thus possibly remove barriers related to the perceptions that eHealth technologies are a topic of interest for technology experts only.

- Interactive sessions:

Interactive sessions are based on a dialogue between the invited presenters or stakeholder representatives. These types of sessions will often require a strong moderator and a high degree of participant involvement.

An example of this type of session held on the topic of eHealth could include inviting different users of a particular eHealth technology to discuss the advantages and disadvantages of the given technology, and involving conference participants in a discussion about their potential prejudices and concerns about the introduction of that particular technology in standard care. Audience engagement can start via a survey carried out before the presentation takes place.

An example of such a session is described in BOX 2.

- Wrap-up sessions:

A wrap-up session offers those members of the audience who are already actively engaged in eHealth implementation, or who wish to initiate the implementation of a service, to enter into a more case specific dialogue with a panel of experts.

This type of session brings forward the experiences and needs of the audience, and provides an opportunity to discuss how to overcome barriers in further detail.

BOX 2, EWMA Example: Interactive session exploring user perspectives

An interactive session was included in the eHealth symposium held during the EWMA 2013 conference in Copenhagen. Session title: *“Understanding the user perspective: Real-life experience with using telemedicine in wound care”*.

To cover this topic, representatives from each user group involved in care delivery were invited. The users represented hospital doctors, hospital nurses, homecare nurses, GPs, patients, public authorities and technical system developers. Each of the presenters was given five minutes to introduce him/herself, and in a structured way to share perspectives and experiences on the benefits and challenges of eHealth services.

To involve the audience, a questionnaire was disseminated to all the conference participants beforehand via a conference app for smartphones / tablets. The purpose was to let HCPs share their hopes and concerns regarding eHealth, and collect information about possible prejudices and expectations. The data collection was stopped a few hours before the session; the answers were then analysed. The most prevalent statements were extracted and grouped in order to be presented during the session as a basis for discussion with the members of the panel.

Example:

Concern described by a conference participant: “Most of the elderly patients are lonely, and will miss important personal contact with their care giver”.

Reply from the patient representative in the panel (an 80 year old man whose foot and leg had been amputated and who had previously had diabetic foot ulcers): “For me there has been more contact, and I now feel more at ease with my disease, because if I have an acute worsening of my symptoms I am now able to get an immediate response, rather than waiting for an appointment. Despite being half a day's drive away from the clinic, I now feel that the doctor is just around the corner”.

The session was attended by 83 conference participants.



Photo: The user perspectives panel, EWMA 2013, Copenhagen, Denmark

5.1.2.2 Topics for presentation

To attract an audience of HCPs with no prior interest in eHealth, it is important to choose topics relevant to their daily work and address questions that have a direct impact on the delivery of care. Discussion of evidence and topics related to evaluation and research methodology will typically also be of interest, as there will often be participants who are involved in smaller local pilot trials, and who are therefore in need of inspiration and education on how to go about doing this.

Examples of topics of interest for an audience of HCPs:

- Recent evidence and on-going research.
- Clinical outcome – does it work?
- Research methodology, e.g. how do we evaluate implementation of technologies.
- Organisation of care, e.g. new patient and provider roles.
- Implementation of technologies, e.g. need for education and change management.
- Patient perspectives, e.g. studies on quality of life.
- Case examples of on-going projects.
- Presenting user stories from different perspectives: the perspective of the patient, the clinician, the researcher, management, and the authorities / payers.
- Introduction to different types of technologies.

5.1.3 Promoting eHealth as a separate topic of interest

Doctors and nurses attending a conference will most often tend to have a strong preference to attend sessions with a more traditional medical and clinic focus. For this reason, it may be useful to put extra effort into marketing of events having eHealth organisation of care and technology, as their core subjects. In large medical conferences, where several programme streams run in parallel, this is particularly important, as participants will always have to choose between a number of different topics relevant to their daily practice.

Marketing activities may include:

- Publication of programme teasers focusing on the eHealth symposium only, in member journals and newsletters published in the period leading up to the conference.
- Publication of articles.
- Marketing on social media in the period leading up to the conference.
- Separate programme flyers with the objective to highlight these activities. These flyers can also be used by the society to market the conference to audiences with an interest in eHealth only.
- Engage participants by sending out questionnaires via direct communication platforms such as a conference app (see Box 2 for more details on this).

- Focusing on eHealth technologies in the opening plenary session is a brilliant way to draw attention to the topic, as the opening plenary is often attended by a large proportion of the conference participants.

5.1.4 Lessons learned & outcome evaluation of EWMA experience

Despite putting great effort into marketing of the symposiums from the first eHealth symposium held in Copenhagen in 2013 to the latest event held in London in 2015, the number of participants did not increase significantly over the years. However, what we did observe was that the engagement of the participants developed over time. While the participants who joined the two first EWMA symposia to a large extent “shopped around”, resulting in different groups of participants attending the different sessions, the 2015 symposium attracted a slightly smaller group of participants⁴ (50-60 people), who were very dedicated and followed the symposium throughout the day. Some participants even used the opportunity to establish contact with other participants, speakers and chairs, as well as EWMA representatives, with the objective to discuss activities and knowledge sharing following the EWMA conference.

Concrete attendee activities that occurred following the EMWA 2015 Symposium:

- A group of participants from Switzerland, including HCPs, scientists and company representatives, decided to organise an event similar to the EWMA symposium at a local level, and asked a symposium chair representing EHTEL and the United4Health project to contribute.
- A speaker representing the eMedic project⁵, previously conducted in the Baltic region, had the opportunity to establish contact with representatives from Denmark, with the objective to learn from the Danish process towards large scale deployment of remote consultations in wound care.
- The majority of the participants signed up for the EWMA eHealth focus network, with the objective to arrange communication directly with members of the community with a specific need for guidance on eHealth service implementation.
- Several participants expressed the opinion that the eHealth symposium was among the most attractive and interesting offers at the larger medical conference.

It is difficult to clearly determine whether the development in participant engagement was influenced by the state of the art of eHealth in the conference host country (UK), or by the general development in HCPs' involvement in questions concerning eHealth services. We do, however, believe that the comprehensive programme initiated by EWMA during this period has sped up the process of increased engagement of the targeted community of HCPs within the domain of wound care.

In general, it is difficult to evaluate and compare the interest of the clinical audience in the various eHealth related sessions based on the number of participants. This is because attendance is influenced by many factors which are not exclusively dependent on the topic. These factors include:

⁴ 58 participants from 28 different countries replied to the participant survey sent out after the event, including Europe and outside Europe: Australia, Austria, Belgium, Brazil, Czech Republic, Denmark, England/UK, France, Iceland, Ireland, Italy, Jordan, Malaysia, Malta, Mexico, Netherlands, Panama, Qatar, Romania, Saudi Arabia, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, United Arab Emirates.

⁵ Supported by the Central Baltic INTERREG IV A Programme. The project closed in Spring 2014.

- The time of day:
 - Early morning sessions typically attract fewer participants.
- Timing of the symposium and the host conference:
 - On the last day of a conference, a proportion of the participants may leave early, and hence opt out of the afternoon sessions on the last day.
 - The conference may clash with other important events of related topics. This has been the case for the EWMA conferences in 2013, 2014 and 2015. On all three occasions, the EWMA Conference (and hence also the symposium) has clashed with the European eHealth week. Competing events on the topic are not a great problem in terms of attracting the symposium participants, but it significantly influences the possibility to find high level experts available to present at the symposium.
 - The extent to which telemedicine is introduced and discussed in the host country.
 - As a large proportion (typically around 30%) of the scientific conference participants come from the host country, this may influence the number of participants who decide to attend the eHealth symposium.

Despite the factors listed above, the registration of participant numbers has provided some indication on which topics generated more interest among the HCPs.

On the basis of participant numbers and some written evaluations⁶, we conclude that the following topics seemed to be particularly popular among the participants at the EWMA conference eHealth symposia:

- Transformation of care and future healthcare systems (borderless healthcare). (Copenhagen 2013, London 2015).
- Introduction to new technologies / services. (Madrid 2014, London 2015).
- eHealth supporting data collection and better evidence in wound care. (Copenhagen 2013).
- Presentations of existing services in use throughout Europe which created lots of questions and debate. (Copenhagen 2013, Madrid 2014, London 2015).

Common to these topics is the fact that they cover areas which are closely linked with clinical practice or research activities. This also underlines the importance of taking as a starting point the need to transform the care processes (in the case of wound care, represented for example by the request to move patients from hospital to a nursing home / home care setting, and thus a need for enhanced communication between sectors and between care givers and experts), and investigate how eHealth may provide solutions for these problems.

In general, we have experienced that sessions covering topics related to large scale deployment and change management tended to be less well attended; for example the key session: *Moving from pilot projects to routine care: overcoming the obstacles*. This may be explained by a general feeling among the wound care HCPs (a large number of whom are nurses) that they do not have an influence or role to play in relation to large scale deployment, and therefore have limited interest in knowing more about this topic. Thus, the level of interest in the topic of large scale deployment may be higher with other groups of HCPs. It is also likely that the

⁶ Participant survey, May 2015 (58 responders in total).

interest of HCPs in the topic of large scale deployment may change as eHealth deployment activities become more present in daily clinical practice.

5.2 Domain specific guidance document

We define a *domain specific guidance document on eHealth* as a publication that provides information and guidance to a specific target group, taking into consideration the needs of this group. At present, many of the available documents providing guidance on the implementation and deployment of eHealth services are written by organisations with a general interest in the topic of eHealth, healthcare organisation, or the technological aspects, without links to specific disease areas, or with these links only represented as examples or limited to results of specific studies.

5.2.1 Communication value

A domain specific document offers the opportunity to include all the relevant topics for a specific group of healthcare professionals, such as the available evidence, the experienced barriers and facilitators for implementation within the domain, as well as more generic recommendations on evaluation of eHealth services (such as MAST) and efficient implementation. EWMA published an introductory document to eHealth in wound care which is further introduced in BOX 3 and available in Annex 2.

Via such a document, HCPs working within this domain will have easy access to introductory information about the “what, how and why questions” related to the use, evaluation and implementation of eHealth services within their specific domain of clinical practice. This information may be used both as an educational tool targeting those new to or not yet engaged in the evaluation or use of eHealth services, or as a guideline for those already familiar with the domain. For the latter, the guidance document may support the development of high quality studies, as well as efficient implementation and/or deployment programmes.

If the document can be accepted for publication in an indexed journal (as either an article or supplement), it may potentially reach a broader group of readers among those performing a database search (for example PubMed) for literature on eHealth within the specific domain.

BOX 3, EWMA Example: eHealth in wound care guidance document

The EWMA Document: *eHealth in wound care – From conception to implementation* is an annex.



The document was written by a group of wound care professionals with varying involvement in the use of eHealth services within this field. The document was reviewed by several experts in the field of eHealth.

It was published in an indexed journal (The Journal of Wound Care) holding a high impact factor within the wound care community.

It can thus be found in database searches, and is available for download free of charge at www.ewma.org.

The document was launched in a session during the annual EWMA 2015 conference, and was available in print for all conference participants

5.2.2 Proposed focus areas of the document

The suggested objectives of any such document are to:

- Provide the starting point for a common language about eHealth within the specific community of healthcare professionals.
- Support the eHealth literacy of healthcare professionals working within the domain.
- Provide a simplified overview of terminology, and include examples of various types of applications and services relevant to the domain.
- Serve as a useful tool for HCPs to get a rapid and structured overview of the key issues, including the benefits of eHealth technologies and the barriers to their implementation in routine care.
- Describe how to bridge services and technology: from technology led procedures to service led procedures, thus underlining the role of the HCPs in ensuring that eHealth services take as a starting point the needs of the patients and clinical practice.
- Provide guidance on the efficient and thoroughly planned implementation process, thereby providing the HCPs with guidance on defining their central role in the different phases of the implementation process.

Based on these objectives, a document outline including the following sections could form the starting point for a similar guidance document:

- Background and aim of the document.
- Terminology.
- The model for assessment of telemedicine (MAST) - evaluation of telemedicine solutions.
- Literature review & evaluation of the evidence base (clinical value of the services).

- Barriers and facilitators for eHealth.
- Road map for implementation in clinical practice.
- Conclusion.

5.2.3 Lessons learned & outcome evaluation of EWMA experience

As the EWMA document was published in May 2015, feedback from its readership has not yet been collected.

However, the session introducing the document, held during the EWMA 2015 Conference, was well attended, and generated positive feedback: rated good or excellent by 94 % of the responders, N = 32⁷. Approximately 1,000 printed copies of the document were picked up by conference participants.

Evaluating the type of document and its potential value for the target group, we have identified one major disadvantage of this approach: The document should in principle be updated regularly to maintain its relevance. The topic of eHealth can be defined as a “moving target”, in comparison to many other treatment related options, which are also continuously developed, but at a slower pace than currently experienced for eHealth services). This speed of developments concerns the literature review, but also the sections referring to other available guidance documents, as well as the description of barriers experienced.

This potential outdatedness within a short time-period should be evaluated against the benefit of providing a “single entrance” to and an overview of key aspects of eHealth in wound care to a target group characterised by a relatively low degree of previous interest and engagement in this domain. It could be argued that investing the resources needed to produce such a document can be justified when there is a need to establish the domain as an area of interest within a group of HCPs, while the need for such a document will be reduced when the domain is a fully integrated topic of interest (perceived as clearly linked with the clinical practice) of these groups.

5.3 Stakeholder engagement and collaboration with partner organisations

This section describes the opportunities offered by activating the individuals and organisations that have a formal or informal collaboration with the medical society. The framework describes possible activities involving:

- Members of the society.
- National organisations (for cooperation with a European / international society.
- Other partner organisations - international and European.

5.3.1 Members of the society

5.3.1.1 Value of the collaboration

The individual members of a society obviously provide a direct link to members of the target group: HCPs working within a specific domain.

⁷ Participant survey, EWMA 2015 eHealth symposium, conducted May 2015. Total respondents = 58.

Different types of dissemination activities apply to different members of the community, as many of these are still likely to be characterised as “non-believers” or late followers, when it comes to taking an interest in or becoming actively engaged in the implementation and deployment of eHealth services. Others are already actively engaged in the domain, and therefore in need of more detailed information supporting their activities.

5.3.1.2 Proposed activities

- Individual members of the society are naturally recipients of all general communication activities carried out in connection with the eHealth focus activities. A large share of this information does, as previously described, target so called “non believers” in these communities with educational or promotional information, for example, via the scientific journal, the guidance document, social media and symposium promotion.
- For those members of the society who are already engaged and looking for concrete recommendations and support in connection with implementation activities, a specific network for this group should be established, to define the target group for more in-depth guidance material and networking activities. As interest increases, these should develop in type and scope to address the actual needs.

5.3.1.3 Lessons learned & outcome evaluation

EWMA has experienced an increasing interest in signing up for an eHealth specific network that provides updated information about developments within the domain of eHealth in wound care. This network will be continuously developed via the activities of EWMA.

The European Society of Cardiology (ESC) has already established a specific eHealth network within the framework of the society. This group is hosting a separate conference on e-cardiology⁸. This is attended by specialists in cardiology and industry representatives.

However, from the perspective of EWMA, we evaluate that the group of wound care specialists with a dedicated interest in the field of eHealth is currently too small to set up a separate meeting. In addition, we would highlight the added benefit of making the event available to those not yet engaged in eHealth services.

BOX 4, EWMA Example: Members of the society

As EWMA is a European umbrella association, the number of individual members of the association is relatively limited, and includes about 600 HCPs with a dedicated interest in the field of wound management.

The most important network of EWMA is constituted by the approximately 30,000 members of the 52 EWMA Cooperating Organisations (national wound management societies) from 35 countries across Europe.

⁸ Held last time in Bern, Switzerland, in October 2014.

5.3.2 National organisations

5.3.2.1 Value of the collaboration

European and international organisations representing or collaborating with associations working on a national and/or regional level will benefit from an active involvement of these societies.

It is evident that these societies working at national or regional level can usually provide a good understanding of the specific challenges and benefits experienced in the national or local context. Successfully establishing networks supporting exchange of information between these societies may therefore lead to fewer failures in the implementation of new services.

One of the key roles of a European society representing HCPs in a specific disease area is thus to facilitate this exchange of information between countries by providing the necessary framework, and take the initiative to define relevant areas of collaboration.

These networks should be activated and used to try to eliminate the barriers for use of eHealth services that support improvement and efficiency of care provision.

BOX 5, EWMA Example: EWMA cooperating organisations

The cooperating organisations of EWMA include 52 wound care organisations in 35 European countries. The collaboration with these national associations forms a cornerstone of the work of EWMA, as this supports the sharing of information across Europe and provides an important network for disseminating the messages and information of EWMA.

Representatives from the cooperating organisations meet annually during the EWMA conference to discuss and share information about topics of common interest. This meeting offers an opportunity to get an overview of the activities related to the use of eHealth in wound care in the different European countries, and discuss this topic from the perspective of these countries.

During the EWMA 2015 Conference in London, May 2015, representatives from the EWMA Cooperating Organisations discussed the value of and barriers to eHealth experienced in their countries. The discussions were initiated with a presentation of the EWMA Document: *eHealth in wound care – From conception to implementation*.



Photo from discussions during the Cooperating Organisations Board meeting, London 2015

5.3.2.2 Proposed activities

Activities supporting collaboration and exchange of information between national / regional societies could include the following activities:

- Initiating discussion forums with a focus on eHealth in connection with European / international meetings with a high attendance of representatives from national / regional societies and groups. A primary objective of these meetings could be to identify common barriers experienced by HCPs, as a basis for seeking common solutions.
- An online survey sent out to collaborating organisations with the aim to create a European / international overview of the use or testing of eHealth services within the given domain of clinical practice.

5.3.2.3 Lessons learned & outcome evaluation

Representatives from the cooperating organisations of EWMA (national organisations)⁹ participated in a round table discussion based in the question: “*What benefits and challenges related to the implementation of telehealth and telemedicine in wound care do you experience in your country?*”.

Primary barriers were identified as:

- Reimbursement issues.
- Data security issues (restrictions).
- Interoperability issues.
- Liability issues.

These are all barriers which have been identified in many previous eHealth implementation initiatives/projects¹⁰. While data security issues and interoperability issues are specific for service redesign involving ICT technologies, reimbursement issues and liability issues may be relevant for all cases of service redesign.

Even though many similar barriers were identified for the different countries, the discussions also illustrated significant differences with regards to problems related to, for example, access to internet facilities (less of a problem in Scandinavia compared to other parts of Europe) and problems with regards to the quality of the tested services (for example insufficient photo quality). With reference to lessons learned from the U4H project, internet access is often experienced as a barrier when scaling up services, as patients without access cannot be excluded¹¹.

In general, two main types of barriers can be defined:

- Omnipresent barriers^{12, 13, 14}, general problems related to health organisation.
- Case specific barriers¹⁰ experienced within the framework of a specific project.

⁹ 30 organisations from 25 countries were represented at the meeting.

¹⁰ E.g. MOMENTUM (European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice). Towards a Personalised Blueprint - for doers, by doers: consolidated version. 2014

¹¹ Lessons learned reported by the U4H pilot site in NHS Wales during the U4H Midterm workshop in Bucharest, Autumn 2014.

¹² U4H Industry Report on Telemedicine Legal and Regulatory Framework.

¹³ SMART 2007/0059, Study on the Legal Framework for Interoperable eHealth in Europe, European Commission, Directorate General Information Society, Brussels, 2009.

¹⁴ COMMISSION STAFF WORKING DOCUMENT on the applicability of the existing EU legal framework to telemedicine services, Brussels, 6.12.2012, SWD(2012) 414 final.

However, despite the omnipresence of some of these barriers, one of the lessons learned from eHealth implementation projects is that these barriers must be addressed and overcome on a case by case basis, due to the range of eHealth services introduced within different domains, and fundamental differences between the healthcare organisations in the different European countries and regions. This also provides an argument for debating these barriers in the context of domain specific medical conference, as this will allow a focus on the specific requirements within the given domain.

From the round table discussions, it may be concluded that these barriers are known to our target group. On this basis, it may be fair to expect that the engagement of the wider groups of HCPs in eHealth implementation may depend on these issues being properly addressed before initiatives are made to implement the services. However, it should be underlined that solving these issues is a continuous process, which in many cases will benefit from increased involvement and input from HCPs.

In general, the highlighted benefits of eHealth services included:

- Possibility to offer distance monitoring to remote areas.
- Educational benefits related to services, including expert advice to a home care nurse.
- Substantial data collection for research purposes.

The last item in this list of benefits would, however, depend on the collection of informed consent for the use of data for research purposes. This constitutes another barrier to maximising the benefits of eHealth implementation from the point of view of the HCPs as well as the healthcare systems in general.

The increased patient and family involvement was also mentioned as a positive effect of eHealth services, but loss of face-to-face contact was also experienced as a negative aspect.

The discussions did not focus much on the benefits related to improved collaboration between hospital based clinics and home care units or nursing homes, or the opportunities to support interdisciplinary collaboration. This may be because these benefits are obvious to the wound care specialists who are already using the services, but it may also be explained by a lack of focus on these opportunities among those participants who were new to the domain of eHealth. Thus, these could be identified as relevant future focus areas in the communication of EWMA.

5.3.3 Other partner organisations - international and European

5.3.3.1 Value of the collaboration

Collaboration with international partner organisations in related healthcare specialties obviously supports sharing of experiences from different parts of the world, to the benefit of all the organisations involved.

These partner organisations may also play a significant role in the dissemination strategy of the association, as they present an opportunity to increase the scope of the messages and information. With regards to eHealth, this presents an opportunity to speed up the process of preparing a domain of clinical practice for large scale deployment of eHealth services, by working towards a common overview of the available knowledge and experience at international level, e.g. collaboration on the

development of a guidance document, as described in the case of the EWMA eHealth focus document.

5.3.3.2 Proposed activities

Collaboration with international partner organisations and organisations of related specialties may include:

- Exchange of experiences and evidence generated in healthcare systems outside the European context, especially US and Canada. This may provide new and valuable perspectives on the implementation of eHealth services, and possible solutions to the challenges experienced.
- Exchange of domain specific experiences from related specialties which may be transferable between domains, or may be relevant for the specific group of HCPs; e.g. transfer experiences from the domain of diabetes and dermatology to HCPs working in the domain of wound care, due to the professional overlap.

These types of exchanges may be organised in connection with regular collaboration meetings involving key persons in the organisations, or as shared workshops held during conferences hosted by the organisations.

- Collaboration in relation to specific projects of common interest (for example a guidance document), increasing the knowledge base, reducing the production costs, and increasing the potential target group and use of the project results.

5.3.3.3 Lessons learned & outcome evaluation

Within wound care, it was found that a large proportion of the available studies were from Australia and the USA, and that services had in many cases been running longer than in Europe. This is partly explained by the greater distances in these countries.

The involvement of members of an Australian organisation in the publication of a domain specific document added value to this activity, by providing perspectives from another part of the world.

BOX 6, EWMA Example: Collaboration with European/international partner organisations

In previous years, EWMA has extended its network to include wound care organisations outside Europe. These currently include associations in the USA, Australia, New Zealand, Canada, South America, China and Korea.

EWMA also collaborates with a number of European societies focusing on specific types of wounds (e.g. pressure ulcers and diabetic foot ulcers), specific treatment types (e.g. compression), or related specialties (e.g. dermatology, orthopaedics and traumatology).

EWMA's partnership agreements vary from ad hoc collaboration, regular exchange of conference guest sessions, and collaboration on specific activities, such as joint publications on topics of common interest.

The EWMA document *eHealth in wound care – From conception to implementation* (published May 2015) was developed in collaboration with the Australian Wound Management Association, which contributed many years of experience in the use of eHealth to cover remote areas, due to the long distances between locations in much of Australia.



Illustration: Overview of EWMA's international partner organisations

5.4 Websites, member journals and social media

The typical society representing a group of HCPs and/or researchers will have a more or less extended network of members (individuals and/or organisations) and other relevant stakeholders. It will also have at its disposal a range of communication tools used to address the various groups of stakeholders.

This section lists these other communication tools which were used in the programme developed by EWMA. The framework exemplifies their use in the context of disseminating information about eHealth services to a diverse group of HCPs, including the eHealth “non believers”. The tools described include:

- Membership / scientific journal.
- Newsletter.
- Social Media.
- Website.

To maximise the effect of the dissemination efforts of the society, aiming to increase the knowledge about and interest in the topic of eHealth within the target group, all the above mentioned communication tools should be used in parallel. These traditional and easily accessible communication tools have different strengths and weaknesses, as well as different degrees of flexibility.

5.4.1 The membership / scientific journal

A journal will most often reach out to a large audience, and offer the option to include different types of information, including in-depth scientific articles or discussion papers.

Examples of content categories relevant for providing readers with information appropriate for providing education, supporting sharing of experiences, and providing an overview of relevant activities within the domain of eHealth, include:

- Scientific articles presenting recent studies of eHealth services.
- Debate articles outlining opportunities and challenges related to the use of eHealth.
- Case stories from services in use.
- Background articles, e.g. about European projects focusing on eHealth services.
- Promotion of relevant future eHealth events.
- News updates about the activities carried out within the society.

BOX 7, EWMA Example: Dissemination via the EWMA Journal

The EWMA Journal is a membership journal which includes scientific articles, as well as updates on relevant activities of EWMA and related organisations.



The journal is published twice annually (April and October) in approximately 8.000 copies. It is distributed to individual members and sponsors of EWMA, and via the EWMA Collaborating Organisation and various wound care meetings throughout Europe. The EWMA Journal is also available for free download via the EWMA website.

To offer a thematic focus on eHealth, EWMA has, throughout a three year period, allocated a number of pages to focus articles on the different recent or on-going activities and projects related to eHealth in general and within the field of wound care in Europe.

The focus articles included:

- Kidholm K, Dyrvig A-K, Yderstræde K B, Dinesen B, Schnack Rasmussen B: Results from the world's largest telemedicine project. (May 2014).
- Romanelli M, Müller M: Development of tools for home monitoring in wound care. (May 2014).
- Jelnes R: Reflections on the use of telemedicine in wound care (Case story from Denmark). (October 2014).
- Henneberg, E W: Telemedicine on its way to the whole of Denmark. (October 2014).
- Reig J: Great opportunities ahead! Don't miss the boat! Where tech meets health care. (April 2015).
- Vowden P: Emerging targeted technology to address unmet clinical needs - Implementing a development and adoption strategy. (April 2015).
- Whitehouse D: The Momentum project: Defining critical success factors for successful implementation of telemedicine implementation. (Expected Oct 2015).

The EWMA Journal has also been used to highlight the role of EWMA in the United4Health project:

- Duedal Pedersen C, Apelqvist J: eHealth symposium at EWMA 2013. (April 2013).
- Moore Z: EWMA as partner in United4Health. (October 2013).
- Status on the United4Health project. (October 2014).

The relevance of highlighting the involvement of EWMA in these activities is that this promotes eHealth as an area of interest within for the wound care community.

5.4.2 Newsletters

Newsletters can be used to highlight the organisation's recent engagement in various eHealth activities, as an inspiration or invitation to further collaboration for other societies, individual members, or industry affiliations included in the network.

5.4.3 Social Media

Most medical societies today hold an account on social and file sharing media such as Facebook, Twitter, You Tube, Linked In and Flickr. Similar to the newsletter, these may be used to disseminate short and fast information about eHealth related activities of the society, as well as to promote new material coming out of other projects. Obviously these tools are very flexible and offer an opportunity to engage stakeholders by offering feedback and an opportunity to participate in debates. They also offer the opportunity to reach broader audiences via *Re-tweets* and *Facebook "Likes"*.

However, some HCPs have a negative view on social media used in a professional context, due to reports about HCPs being challenged by the mix of their professional role and private role when using social media. Thus, it is always necessary to evaluate which target groups may actually be reached via these media, and whether the type of content is in line with the views of the target group (from a generalised perspective).

In connection with conference related activities, *Tweets* may provide an opportunity to spread information about the event, as well as key messages from presentations in the broader "community" with a specific interest in the domain of eHealth.

BOX 8, EWMA Example: Use of social media

EWMA uses Facebook and Twitter to highlight the eHealth related dissemination activities of the association, e.g. before and during the annual EWMA Focus symposium.

EWMA's reach on these social media is, however, not great, and seems to create more activity among industry contacts than HCPs. EWMA does not expect a high impact of these initiatives, but chooses to use these tools for the potential broad reach and easy access, as well as the potentially increasing effect in the future, due to possible changes in the media habits of HCPs.

5.4.4 Website

The website may be used to support the society's role as the provider of a hub for sharing and disseminating relevant, high quality information and guidance material about the use and implementation of eHealth services within a given disease area.

The typical way of using the website for this purpose would be by creating a focus section on eHealth, which provides a clear entrance to the collection of relevant material and contacts for those who wish to learn more about the area, or learn how to move forward with regards to evaluating or implementing eHealth services within the specific disease areas.

BOX 9, EWMA Example: EWMA eHealth website

EWMA is currently in the process of redesigning and restructuring the website of the association. This new site will include an area dedicated to promoting EWMA's eHealth related activities, and offering stakeholders a field-specific knowledge bank, including:

- An overview of current eHealth services in use in Europe, including relevant contacts.
- A collection of relevant materials providing guidance specifically on eHealth in wound care (e.g. EWMA document on eHealth in wound care and conference session videos) and guidance documents / recommendations on eHealth in general (e.g. information about the MAST methodology and the Momentum project's critical success factors).
- The dissemination tool kit described in this document, aiming to inspire national societies to arrange similar activities at national level.

5.4.5 Lessons learned & outcome evaluation of EWMA experience

To perform an initial evaluation of the attention created via the comprehensive dissemination programme carried out by EWMA within the defined three year period, representatives from the cooperating organisations of EWMA were asked whether they had noticed that this is currently a specific focus area of EWMA¹⁵. Of 44 responders, 23 replied that they noticed the focus (10 did not reply and 11 gave a negative reply). Of course, this only gives a small indication of the reach and impact of the dissemination programme.

Google analytics is also a good option to evaluate the reach of the information provided in the website. When the focus site for eHealth has been established within the framework of the EWMA website, further analysis will be undertaken.

With regards to the use of social media, EWMA did not find that the communication had a great impact. The experiences from use of these media are described in further detail in section 5.4.3 (including BOX 8).

A final survey will be sent to all EWMA stakeholders, including individual members, collaborating national and international societies, as well as industry partners, by the end of the U4H project period, with the objective to evaluate the full range of activities carried out within the three year period.

¹⁵ Survey sent to representatives of 52 national associations (Cooperating Organisations of EWMA) in 35 European countries in Autumn 2014.

5.5 Domain specific knowledge bank

5.5.1 Communication value

Medical societies have an obligation to provide their members with key information about the documented and experienced opportunities and barriers for use of eHealth services within their domains. This may be referred to via an overview site offered within the framework of the society's website.

While challenges remain with regards to providing high quality evidence for some of the aspects of eHealth supported disease management, other aspects are well documented. Initiatives such as the development of MAST¹⁶ have the objective to support better studies. In addition, general material providing guidance on how to properly evaluate eHealth services, select the right equipment, redesign the care pathways, manage the organisational changes, and plan the implementation and large scale deployment process, is becoming available, for example via the U4H project.

Domain specific material may include available evidence, as well as a descriptive overview of the healthcare organisations with successful eHealth services in use within the given domain, and descriptions of current projects aiming to test new services.

Thus, there is a good reason to start creating an overview of the available evidence within the specific domain, as well as the general guidance material which may support an efficient process.

This overview should be updated regularly.

5.5.2 Proposed materials

In addition to key domain specific evidence available, the list of more general guidance material with relevance for the target group could include:

- Service assessment.
 - Kidholm K, Ekeland AG, Jensen LK, Rasmussen J, Pedersen CD, Bowes A, et al. A model for assessment of telemedicine applications: MAST. *International journal of technology assessment in healthcare*. 2012;28(1):44-51.
 - For more information and tools, please visit: <http://www.mast-model.info/>
- Service redesign / organisational change.
 - Brewster L, Mountain G, Wessels B, Kelly C, Hawley M. Factors affecting front line staff acceptance of telehealth technologies: a mixed-method systematic review. *Journal of advanced nursing*. 2013.
 - Taylor J, Coates E, Brewster L, Mountain G, Wessels B, Hawley MS. Examining the use of telehealth in community nursing: identifying the factors affecting frontline staff acceptance and telehealth adoption. *Journal of advanced nursing*. 2015;71(2):326-37.
 - For more information, please visit www.malt.group.shef.ac.uk/.

¹⁶ Kidholm K, Ekeland AG, Jensen LK, Rasmussen J, Pedersen CD, Bowes A, et al. A model for assessment of telemedicine applications: mast. *International journal of technology assessment in healthcare*. 2012;28(1):44-51.

- Implementation & deployment
 - MOMENTUM (European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice). Towards a Personalised Blueprint - for doers, by doers: consolidated version. 2014.
 - For more information, please visit:
 - www.united4health.eu
 - www.telemedicine-momentum.eu/

This information should of course be updated continuously, as more relevant guidance material becomes available.

5.5.3 Lessons learned & outcome evaluation of EWMA experience

This knowledge bank has not yet been made available via the EWMA website. However, via contact with participants at the EWMA eHealth Symposia and the surveys conducted, it is clear that there is a demand for guidance on how to approach an initiative to implement an eHealth service, from the perspectives of a front line HCP. Thus, this knowledge bank has the potential to support the development of new local champions.

6. Concluding Remarks

At present, the interest of the medical societies in exploring the potential benefits offered by eHealth services is already increasing. However, each society must define their own way forward towards an enhanced approach to constructively evaluating, discussing and working towards solutions within the communities of the HCPs, motivated by the potential way to improved care for the patients.

As described in the introduction of this document, the aim of this work is to provide an overview of the different dissemination activities that the societies representing different groups of HCPs may undertake to support the large scale deployment of eHealth solutions. Most of the medical societies will be familiar with these communication and dissemination approaches, but we do believe that EWMA's approach provides an example for how to support engagement of an interdisciplinary community of HCPs in the domain of eHealth.

Other societies, such as the ERS and the ESC, have also started to develop programmes supporting increased dissemination and discussion about eHealth.

Thus, this framework does not provide a clear cut dissemination strategy, but it offers a catalogue of opportunities which have been trialled and evaluated in the context of EWMA. The described activities should thus be interpreted within the context of other European or national societies, and may form an input for the medical societies to learn from each other, as well as for societies new to the domain of eHealth to develop their own programmes. By doing so, the medical societies may start to build a structure for providing a "second leg" to the dissemination activities carried out by the eHealth community.

EWMA will continue some of the activities described in this document throughout the U4H project period; this dissemination framework will therefore be updated with further evaluations towards the end of the three year period.

Annexes

The following Annexes provide more details about the activities carried out by EWMA as parts of the dissemination programme described in this document:

- Annex 1: Symposia programmes: EWMA 2013 Copenhagen, EWMA 2014 Madrid and EWMA 2015 London.
- Annex 2: EWMA eHealth document: eHealth in wound care – from conception to implementation.
- Annex 3: Selection of articles published in the EWMA Journal.