

## TITTAN Project Update and Workshop 2 Overview of Best Practices

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<b>Purpose of document</b>	<b>Project update</b>
<b>Project detail (delete row if appropriate)</b>	Summary of the TITTAN project to date
<b>Other detail (delete row if appropriate)</b>	

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## TITTAN Project Update and Workshop 2 Overview of Best Practices

### TITTAN Timeline So Far:

Date	Activity
May 2016	Project Commenced
September 2016	Workshop 1 in Galicia to introduce thematic area 1 (Outside-in Innovation) and the TITTAN project.
October 2016	Baseline report was created detailing the best practices from each region and what elements of their health service can be supported through TITTAN
Feb 2017	In situ visit to Bilbao attended by Scottish Government and University of Strathclyde to discuss elements of best practices within Bilbao relating to thematic area 1 in more detail.
March 2017	Workshop 2 in Milan to introduce thematic area 2 (innovation ecosystems) and discuss best practices relating to this theme. Scottish Health Innovation Ltd and University of Strathclyde presented their best practices at this workshop.
May 2017	Workshop 3 in Almere to continue the theme of innovation ecosystems. The Digital Health and Care Institute and a Research Fellow from University of Strathclyde will be in attendance as well as other who wish to participate.
May – September 2017	Opportunity to organise in-situ visits related to the theme of innovation ecosystems.
October 2017	Workshop 4 in Scotland to introduce Thematic are 3 (citizen awareness and participation).

### Re-Cap of TITTAN:

TITTAN is a Knowledge exchange network which aims to tackle the challenges proposed by ageing population through the implementation of best practices identified in the regions involved in the programme. There are seven regions: Galicia (Lead partner), Basque region, Poland, Germany, Netherlands, Scotland and Italy. There are two main phases of TITTAN:

1. Knowledge exchange phase
2. Implementation Phase

We are still in phase 1 at the moment. Within Phase 1, there are 3 themes:

1. Outside-in innovation (public procurement practices)
2. Innovation ecosystems within the health sector
3. Raising citizen awareness of using technology to improve quality of life.

We are currently on theme 2.

Below is a brief summary of the best practices presented at the Workshop held in Milan relating to innovation ecosystems.

### **Lombardy (Italy):**

Lombardy as a region has a population of approximately 10 million, 3.5 million of which have a long term condition of which 600,000 cannot properly self-manage. Lombardy is home to a large proportion of biomedical enterprises within Italy. Lombardy's goals through TITTAN are to support innovation in healthcare systems and support people to better self-manage, in particular to achieve two additional years of healthy life for all citizens by 2030.

### **Best Practice: Telebios:**

Telebios provides remote telemedicine services including home telemonitoring and they sell technologies to hospitals in Italy, especially telestroke equipment. A specific programme run by Telebios is called Buongiorno CREG which is a programme for proactive management of chronic patients by the GP with the overall aim of slowing down the progression of long terms conditions in these patients. They have 300 Gps and 50,000 patients recruited to the programme. Within this programme is a platform (GestCare) which is a clinical decision support tool with an electronic health record integrated into the platform. The clinical decision support element of the programme allows GPs to develop annual care plans with the patients and integrate this care plan into the patient's EHR. GestCare uses telemedicine services to call the patients, ensuring that they are complying with their care plan. Every time a patient takes a measurement, it's uploaded automatically into GestCare and only after a series of positive triaging is the GP notified. GPs have stated that this does not add to their workload and are actively recruiting patients to the programme with 80% of patients complying to their care plans. (Click [Here](#) to find out more).

### **Study Visit:**

The Lombardy hosts took everyone to the Don Gnocchi Foundation. Founded by Don Carlo Gnocchi to provide care, rehabilitation and social integration for children who lost limbs in the war, the Foundation has gradually expanded the scope of its operations over the years. Today, Don Gnocchi Foundation continues to provide care to:

- children and young people with disabilities or congenital or acquired diseases;
- patients of every age who need motor-skill, cardio-respiratory or oncological rehabilitation;
- the injured, stroke victims, and those with multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's, Alzheimer's or other debilitating diseases;
- non-self-sufficient elderly, terminal cancer patients, the severely brain-damaged, and those in a persistent vegetative state.

The hosts at the foundation gave us a tour of the facility where they demonstrated their interactive rehabilitation programmes for those with cognitive decline or physical impairments due to stroke. They also showed us an interactive housing complex which responds to the needs of the person living there and enables them to live at home for longer. (Click [Here](#) to find out more).

### **Almere (The Netherlands):**

Almere is a region within the Netherlands and is approximately 40 years old and they will start to see over 75s after 2020 and thus are in the position to begin putting in place the best healthcare system to prevent issues associated with care of chronic patients. Their situation is similar to that of Saxony, whereby health insurance companies are important for financing health innovations and there isn't a clear pathway to merge or scale innovations. The third workshop will be hosted in Almere at the end of May.

### **Best Practice – The Health Factory:**

The government in the Netherlands granted Almere with a large amount of funding to bring together the disparate health landscape in Almere and foster the development of innovation in a shared and meaningful way. So, the Health Factory was set up as an ecosystem which brings together funding, academic experience and business support. There is also a research and development lab which allows students to work with them to get an idea of the technologies being implemented in healthcare today and in the future as well as a big data research facility for companies to 'test' their innovations in real world

situations. The Health Factory only take on projects that are close to market and help to push them 'over the line' to realization of their product or service. (Click [Here](#) to find out more).

## **Basque Region (Spain)**

### **Best Practice: INNOSASUN**

Innosasun is a support mechanism by which the Basque public health service articulates the interaction with the business sector, responding to the needs in innovation. Innosasun meets the needs of 3<sup>rd</sup> parties providing ad hoc support through capabilities, knowledge and extensive collaboration network of health system, which can act as a system of open innovation, as a real testing lab or living lab. The main partners are SMEs of the industrial sector of biosciences dedicated to the field of health that develop drugs and new technologies, focus on personalized medicine, chronicity, aging and dependency. (Click [Here](#) to find out more).

## **Galicia (Spain)**

### **Best Practice: ACIS**

IANUS is an electronic health record (EHR) system that is designed to smooth the delivery of patient care services in the Spanish region of Galicia. The new ICT platform provides continuity of treatment, regardless of the hospital or medical centre being attended by those seeking treatment. This helps doctors and nurses to reach better and faster diagnoses, while offering patients more personalised treatments. All this is achieved by integrating the clinical and administrative information formerly stored in many different systems and organising it into one EHR model that is common to all patients. (Click [Here](#) to find out more).

## **Health Saxony (Germany):**

In Saxony there is no joint up approach – all GPs and hospitals are independent of one another and thus private organisations drive innovation in Saxony. The government and employers pays a set amount per patient towards their health insurance. Saxony also has a problem with migration and so has an ageing population

### **Best Practice - Carus Consilium Telehealth Platform:**

CCS Telehealth brings healthcare providers in a region together and were given EUR10Million by the EU Commission to create an open ehealth platform (because currently this hasn't been done at scale

due to low profit incentives). CCS is a cloud structure with interoperable modules which can be added very easily, meaning that it's portable and can cross regional boundaries easily making scaling easier. One of the modules built into the platform is the EHRs. The usability of the platform was tested on patients who had suffered a stroke. The patients were asked to record their weight and fluid intake every day for 12 months after they have suffered the stroke and upload this to their HER to allow the GP to support them on their care plan. The reason for taking these recordings is because signs of stroke begin to emerge approximately 4 days before the stroke will occur and so this service can pre-empt which patients are at risk of a secondary stroke. The platform is open to hospitals and GPs to access the information. (Click [Here](#) to find out more).

### **Lower Silesia (Poland):**

#### **Best Practice: Integrate Telecare using CareWell**

This is an integrated health and social care programme for frail patients using technology-enabled telecare. One specific aspect they talked about was patient empowerment during emergencies, whereby a first responder can scan a person's wristband using NFC technology and important medical information will be displayed. The wristbands themselves cost EUR10 each and the full service costs EUR400 per patient a year. (Click [Here](#) to find out more).

### **Scotland:**

#### **Best Practice - Scottish Health Innovations Ltd:**

SHIL was established in 2002 to protect and commercialise ideas from NHS staff. They are a limited company but are not for profit, as they are given funds by the CSO. They work with virtually all NHS boards and have had 1,500 ideas come to them over the past 15 years with approximately 9% being taken further. They take on projects which are close to market and try to identify two to three potential license partners. They have founded 8 spin out companies including Touch Bioics which was bought for £27.5 million in 2016 as well as Aurum biosciences which allows clinicians and academics to work together to predict/prevent strokes. (Click [Here](#) to find out more).

#### **Best Practice – Research and Development in Scottish Universities**

The University of Strathclyde was involved in the evaluation of a UK wide evaluation of telehealth services which included four different pilots (£37m), each investigating a different element of assisted

living using technology. The evaluation elucidated interesting findings about the way that large scale evaluations of this kind should be carried out in the future (Click [Here](#) to find out more).