



Solution Match

*START FROM YOUR NEED, ASK EUROPEAN SMEs FOR A SOLUTION*

## **“REMOTE MONITORING SOLUTIONS” SOLUTION MATCH REPORT**





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# 1 About us

## **We are here to support European eHealth businesses**

eHealth HUB - European eHealth business support is the new EU-funded initiative, cross-border and focused on the digital health vertical. eHealth HUB's goal is to provide high-quality business-oriented services tailored to the needs of European eHealth startups, SMEs and stakeholders. We use a demand-driven approach to promote new business and collaboration opportunities for SMEs and key ecosystem stakeholders including healthcare provider organizations, investors, insurers, pharma and med-tech.



European eHealth business support.

## From Business Modelling to Regulatory advice: exploit our services

eHealth HUB offers FREE services to support European eHealth SMEs, healthcare providers and ecosystem stakeholders on the following key areas:

### Business modelling



#### **Business model clinic** *One-on-one Support*

The Business Model Clinic supports the best promising entrepreneurs and startups offering personalized coaching on business proposition, customers and go-to-market strategies.



#### **Lean Startup Academy** *Learn to be Lean*

The Lean Startup Academy provides eHealth SMEs with the opportunity to mature their business by systematically testing their ideas against the market.

### Commercialization



#### **Solution Match** *Start form your need, ask European SMEs for a Solution*

Solution Match supports healthcare providers, insurers, pharma or medtech companies looking for a concrete digital health solution to be implemented in their organization.



#### **eHealth Roadshow** *Pitch your solution, Jump into European market*

eHealth Roadshow offers an opportunity for selected eHealth SMEs to expose their digital health solutions in front of a Committee of key stakeholders in the eHealth European market.

### Access to private finance



#### **Investment readiness training & pitch** *Make eHealth SMEs ready to make their business*

eHealth Hub Investment Readiness prepares European early-stage startups and SMEs to approach and collaborate with investors.



#### **eHealth Hub Platform** *The place to be for eHealth SMEs and Investors*

The eHealth Hub Platform features SMEs, investors, healthcare organizations, legal and regulatory service providers. By registering, health stakeholders can get easily in touch with each other.

### Legal issues & Regulatory and reimbursement guidance



#### **Legal Support** *A compass to navigate legal services through Europe*

eHealth Hub Legal Network offers good quality, affordable legal advice for eHealth SMEs as well as free workshops detailing current legal issues of eHealth SMEs interest.



#### **Regulatory Guidance** *Regulatory and Reimbursement Guidance for eHealth SMEs*

eHealth Hub Regulatory Network helps European eHealth SMEs to be compliant with regulatory requirements and develop reimbursement strategies across the European Union.

# Let's find the best way to work together



*"At eHealth HUB, we believe that health organizations, public administrations, private companies, professionals, and patients all form a huge ecosystem: we cannot 'grow' without each other. That is why Health HUB works as a network of relevant stakeholders within the eHealth ecosystem to work together in order to boost eHealth in Europe. Therefore, if your business is in digital health, contact eHealth Hub. We'll find the best way to work together".*

*Jorge González, eHealth Hub coordinator and eHealth Hub team*

# Solution Match

One of the services offered by eHealth Hub is called Solution Match. It specifically focuses on:

**a**

Engaging healthcare providers, insurers, pharma and Medtech companies looking for a concrete ehealth solution and ready to implement it.

eHealth Hub helps them clarify their requirements, research the offering and connect with the most relevant SME solutions on the market.

**b**

Accelerating commercialization by outsourcing for free the filtering for fit of relevant digital health solutions in a rapidly moving ecosystem.

# 2 Why this report?

eHealth organized a Solution Match service for Hospital Bernal. They were looking for a Remote Monitoring Solution for low complexity chronic patients, monitoring at least Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) and Diabetes.

We did a public call for applications and received 71 answers. The following report presents the results of that call for applications, presenting in a synthetical way all the companies that applied and their main features.

## Who is that report for?

▶ Hospitals looking to implement a remote monitoring solution

▶ Anyone interested in remote monitoring solutions



eHealth HUB Solution Match  
Hospital Bernal is looking  
for a solution to remotely monitor  
low-complexity chronic patients

**Caravaca de la Cruz (Murcia), Spain. Apply until February 16**

*Please note: that report doesn't pretend to summarize all the remote monitoring solutions available on the European market. It only includes the companies that applied to Hospital Bernal's call for applications and agreed to be part of that report. Do you have a remote monitoring solution and want to be included in that report? Email Pascal: [pascal@editohealth.com](mailto:pascal@editohealth.com)*



## Summarizing Table





On the following page, you will find an 'at a glance' table with all the solutions and the features they include.

Here is a short legend to help you make more sense of the table:



Chronic Obstructive Pulmonary Disease



Congestive Heart Failure



Collects health data or vital from the patient



Between patient and hospital



List of all the patients being monitored with a system indicating their status and attention required.



Alert on hospital's system when a patient requires immediate attention



Added value features to optimize patient monitoring



Engage the extended care team and the family



Includes monitoring sensors for patients and hardware and software to analyze data in the hospital



Nutrition, exercise, memory training, etc.



## Company

Company	COPD	CHF	Diabetes	Data Collection	Data sharing in real time	Dashboard for medical	Alert System	Intelligent monitoring features	Communication system	End to end solution	Healthy habit promotion
ActiveMEDI pag. 16	.	.	.	.	.	.	.	.	.	.	.
Adele Robots pag. 17	.	.	.	.	.	.	.	.	.	.	.
Alertisugere Lda pag. 18	.	.	.	.	.	.	.	.	.	.	.
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Care Innovation Corporation pag. 26	.	.	.	.	.	.	.	.	.	.	.
CareZapp pag. 27	.	.	.	.	.	.	.	.	.	.	.
CCLMed pag. 28	.	.	.	.	.	.	.	.	.	.	.



## Company

Company	COPD	CHF	Diabetes	Data Collection	Data sharing in real time	Dashboard for medical	Alert System	Intelligent monitoring features	Communication system	End to end solution	Healthy habit promotion
CIMA Health pag. 29				•	•			•	•	•	
Comarch Healthcare SA pag. 30	•	•	•	•	•	•	•	•	•	•	•
COPCAR pag. 31		•		•	•	•	•	•	•	•	•
Cortrium pag. 32	•	•	•	•	•	•		•		•	•
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eHealth-Live pag. 34	•	•	•	•	•	•	•	•	•	•	•
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Evidence Based Solutions pag. 36	•	•	•	•	•	•	•	•	•	•	
Exolis pag. 37	•	•	•	•	•	•	•	•			•
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Freshware pag. 39	•	•	•	•	•	•	•	•	•	•	•
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Health Insight Solutions pag. 41	•	•	•	•	•	•	•	•	•	•	•
Healthy Blue Bits pag. 42	•	•	•	•	•	•	•	•	•		•
HeartIn pag. 43		•		•	•	•	•	•	•	•	•



## Company

Company	COPD	CHF	Diabetes	Data Collection	Data sharing in real time	Dashboard for medical	Alert System	Intelligent monitoring features	Communication system	End to end solution	Healthy habit promotion
Hope Care pag. 44	.	.	.	.	.	.	.	.	.	.	.
I3S Innovazione e soluzioni pag. 45	.	.	.	.	.	.	.	.	.	.	.
Ideable Solutions pag. 46	.	.	.	.	.	.	.	.	.	.	.
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Linkcare Health pag. 54	.	.	.	.	.	.	.	.	.	.	.
MCS Data Labs pag. 55	.	.	.	.	.	.	.	.	.	.	.
Medeo pag. 56	.	.	.	.	.	.	.	.	.	.	.



## Company

Company	COPD	CHF	Diabetes	Data Collection	Data sharing in real time	Dashboard for medical	Alert System	Intelligent monitoring features	Communication system	End to end solution	Healthy habit promotion
Medicine Men pag. 57	.	.	.	.	.	.	.	.	.	.	.
Mediguard Technologies pag. 58	.	.	.	.	.	.	.	.	.	.	.
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Realtime services pag. 68	.	.	.	.	.	.	.	.	.	.	.



## Company

Company	COPD	CHF	Diabetes	Data Collection	Data sharing in real time	Dashboard for medical	Alert System	Intelligent monitoring features	Communication system	End to end solution	Healthy habit promotion
Rinicare pag. 69	.	.	.	.	.	.	.	.	.	.	.
RUOKATEK pag. 70		.	.	.	.	.	.	.	.	.	.
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Sertea Web pag. 73			.	.	.	.	.		.		.
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YECCO pag. 83	.	.	.	.	.	.	.	.	.	.	.



# Companies



## ActiveMEDI

[www.activemedi.com](http://www.activemedi.com)

**FUNDED** 2012

**COUNTRY** Finland

**CONTACT** Alireza Hasanpour  
[alireza.hasanpour@solarch.fi](mailto:alireza.hasanpour@solarch.fi)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes

### VIDEO

## Solution Description

ActiveMEDI has developed innovative and exciting applications for patients, clinicians, and care providers by revolutionizing the traditional healthcare towards continuous and active care. The mission is to improve healthcare efficiency & patient safety outside the care-facilities through innovative communication and collaboration system. ActiveMEDI is a digital solution both for businesses and individuals, or any organization in duty of care.

It helps you to manage communications across the continuum of care at home, clinics and hospitals and bringing transparency towards the involved parties. With the easy-to-activate service at your hospital or patient's home, they provide you best-in-class dashboard and mobile application to those parties involved in care monitoring (incl. family members). This all is part of the ActiveMEDI UnifiedCare platform. No installation is needed since it's a Software-As-A-Service (SAAS) platform.

## Features description and additional details

1. Care Transparency: ActiveMEDI is a digital solution both for businesses and individuals, or any organization in duty of care. It helps you to manage communications across the continuum of care at home, clinics and hospitals and bringing transparency towards the involved parties.
2. Care management: Establish the outstanding and completed tasks for all patients for example in home care visits or in hospital, and enable efficient channel to report and communicate directly with relevant parties.
3. Care continuity: Extend the traditional care outside your care facilities. Discover the important information about patients and instantly share new information relevant to other parties in duty of care.
4. Remote Monitoring & Integration: Securely and reliably collaborate between wards, and away from the hospital and follow-up patient condition with direct communication with the patient and care providers. Notify/alert nurses and family members when needed. Possibility to integrate too.

## Previous implementations...

They have developed the solution together with hospitals, home care service providers and patients associations in Finland and with many successful pilots, e.g. the city of Kuopio where the solution was used for the substitute care of elderly people. They are doing currently pilot projects in Norway and elsewhere too.



# Adele

FEELING ROBOtS

<http://www.adelerobots.com>

**FUNDED** 2011

**COUNTRY** Spain

**CONTACT** Celestino Alvarez  
[celestino.alvare@adelerobots.com](mailto:celestino.alvare@adelerobots.com)

**THERAPEUTIC AREAS**

COPD /CHF / Diabetes  
Creatinine Levels

**VIDEO**

## Solution Description

Adele Robots is leading a consortium of 5 SME (3 based in Spain, 1 in Sweden and 1 in Slovakia) via gathering data that all of them are providing right know. Using an open collaborative platform (FIONA) as the core technology. FIONA keeps evolving as new universities and technological companies join to the platform and share the best HMI modules. This potential allows outcome product to be improved over time. So current requirements will be addressed but lot of potential will be available.

## Features description and additional details

Adele Robots will develop a Personal Virtual Coach (PVC), that will offer a single access point to monitories parameters required by hospital (data obtained with current technology available), but also advice and guidance services tailored to the individual needs throughout the everyday life activities, simulating in essence the interaction with a real-life health worker. The PVC can also interact with carers (when needed) concerning the state and the goals of the elderly through a novel spoken dialogue system.

## Previous implementations...

There is a mix of realities within different companies. Some examples and clients support letter could be provided in the future once they move forward in the process.



<http://nourishcare.co.uk>

**FUNDED** 2012

**COUNTRY** Portugal

**CONTACT** António Seica  
[antonio@nourishcare.co.uk](mailto:antonio@nourishcare.co.uk)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

## Solution Description

ALERTISUGERE, LDA develops Ambient Assisted Living solutions for the global market, aimed at improving the welfare and autonomy of dependent people .

ALERTISUGERE developing Nourish Care, a care management solutions acting as integration platform for service planning, reporting, case management, health and social care integration as well as tele-care, tele-health and alarm management services.

### Features description and additional details

Nourish supports care teams in coping with the complexity of record keeping and patient monitoring taking advantage of securely digitally stored information.

Nourish provides an elegantly designed digital product that provides:

1. Time Saving: More time for face-to-face care with residents:
  - Formal and informal carers are given a list of activities via a smartphone or tablet app. This list contains both,
  - planned and ad-hoc activities or monitoring activities that they can complete by swiping them off the screen or using the medical devices to complete them.
2. Staff coordination: Ability to manage visit schedules and to allocate staff according to the prior connection to service users, skills (ability to provide specific services), and providing staff with daily schedule.
3. Keeping families in the loop: the hospital is able to offer family a portal for sharing a timeline of the care being provided, allowing them to participate, together with the professionals.
4. Warnings and Alerts

### Previous implementations...

The solution is currently deployed in nursing homes, care homes and domiciliary services in the UK and Portugal, supporting 3000 patients and the same number of carers.

They recorded more 3.800.000 health related daily activities such medication, blood pressure, blood sugar among others such meals, personal hygiene and professional visits.



<http://www.alteraid.com>

**FUNDED** 2011

**COUNTRY** Spain

**CONTACT** Jesus Alcober  
[jesus.alcober@alteraid.com](mailto:jesus.alcober@alteraid.com)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

The careUP service provides an up-to-date view of a person's health data by gathering the relevant data, such as, vitals, health, and quality of life from the patient into the personal health record (PHR) system, which supports the chronic treatment management (therapeutics and medication).

The system uses the standard HL7 FHIR and clinical codes such as SNOMED, which allows integration, now or in the future, with existing systems, devices and sensors. The relevant health data is tailored to the Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) and diabetes although the proposed solution can be extended to other diseases without a big effort. Apart from the PHR, which is a Software as a Service, the proposed solution offer the app careUP app (accessible from Android and iOS mobile devices and desktop through a web app), covering the required functionalities, which allows all the family members interact each other and with the Hospital professionals.

## Features description and additional details

The proposal is a person-centric SAAS PHR will enable the patients to control the own health information, compiling it and sharing it with those people that are worried and concerned about it, such as family members, friends and healthcare professionals, by following all the privacy and regulatory regulations. All this information is accessed using ANY mobile or ANY operating system PC.

The solution allows as well to set up reminders, events such doctor's visit or exercise planning.

## Previous implementations...

They have participated in the Decipher PCP project providing a similar solution, although the focus of it was enabling the travel of Diabetes patients among different countries. Additionally they have developed Adheptor, to control the medication adherence for FNETH (Federacion Nacional de Enfermos y Transplantados Hepáticos) and it is being tested in the Hospital Universitario la Fe de Valencia (Dr Emilio Monte).



<http://www.iappdragon.com>

**FUNDED** 2012

**COUNTRY** United Kingdom

**CONTACT** Saadi Hussain  
[saadi.hussain@iappdragon.com](mailto:saadi.hussain@iappdragon.com)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

Smartmed is a digital health platform designed and built with making the patient at the centre of its solution. It provides patients that are suffering from Long Term Conditions (LTC) with the digital tools to not only better manage themselves but also provides clinicians with holistic view of the wellbeing of the patient. Both the patient and clinician can also communicate using the platform if conditions become worse using the alert system built in. The platform focuses on COPD, Diabetes, Heart as well as other chronic conditions like AF and obesity. The Platform can monitor single or co-morbid and multiple conditions using a single Application on any mobile handsets and medical devices. It can integrate with most hospital patient record systems and new care pathways can be added very easily as the architecture is modular based e.g. they are incorporating Stroke Management for the NHS.

SmartMed has recently been awarded a place in the prestigious Digital London Health Accelerator programme which is supported by the EU, MedCity and NHS England, where they will be engaging with NHS Trusts on digital maternity services.

## Features description and additional details

SmartMed allows patients to manage and follow clinical advice on multiple, co-morbid or single condition on a single Application. It allows automatically to send to patients alerts to adhere to medications and can provide daily reminder to follow dietary and other educational information.

Clinicians monitoring patients can step in when thresholds are breached and this assurance takes the anxiety away from the patient and save time and money for the hospital. The dashboard for the clinicians is easy to monitor and uses the latest designs for quick diagnoses.

The platform is open so it can also integrate with patient record systems if necessary. The dashboard also provides communication features and can be used for ad-hoc messages as well as historical review of data.

## Previous implementations...

They have in the UK NHS and number of other providers in Middles East and Asia.



<http://www.byautoma.com>

**FUNDED** 1987

**COUNTRY** Italy

**CONTACT** Giordano Trucchia  
[giordano.trucchia@byautoma.com](mailto:giordano.trucchia@byautoma.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Ambient conditions (presence, door status, smoke/water detection, alarms, bed presence, etc)

### **VIDEO**

## **Solution Description**

The proposed solution is an end-to-end solution composed by a central unit to gather, memorize and elaborate vital parameter data, coming from sensor network (glucometer, pulse oximeter, ambient, etc.) via any commercial protocol (Bluetooth, Zigbee, etc.) and to real-time transmit these data to hospital staff (GSM, WiFi, etc). Notification and alarms are also managed.

According to specific disease, the patient is provided with specific kit of sensors. A mobile application provides him with notifications, instructions to make the measurements and basic functions to monitor and control and track his habits, as well as with suggestions for a healthier lifestyle. All these information are shared with the hospital staff and with the care givers. Hospital staff is provided with a desktop/server application to manage, control, visualize and memorize above data. Cloud-based service is a viable option.

## **Features description and additional details**

The solution born to be versatile and pliable to different kind of ambient. Easy installation and configuration is a must for this kind of solution. What they propose is a simple webservice page and mobile application to let a complete configuration of the home box that automatically connect to the server for information sharing. The wireless system also let an easy and not invasive installation of ambient sensors that may be add or removed in accordance with patient needs. The central unit is able to perform a first level of data elaboration and data storing, preventing data loss and providing strength in case communication problem due to temporary network fault would take place. In terms of service availability, an internal backup battery let the central unit works even in case of current fault. Dashboard available for hospital staff receive any alert situation and let a real time control of patients. Parents and caregiver are always updated about any event and communication.

## **Previous implementations...**

Inrca Ancona, ref. Lorena Rossi - Uptech project: set of sensors for monitoring of People with Dementia at their own home in Italy (Marche Region). Caregivers received notifications via sms and audio messages.

Villa Cozza (MC): Installation of sensors network in patient's rooms of a nursing home, to monitor people with Alzheimer disease at final stage. Nursing staff received notifications about patients status directly on a suitable application running on a pc in staff room.

ULund (Sweden): Tech@Home project: set of sensors for monitoring of People with Dementia at their own home in Sweden. Caregivers receive notifications via phone calls and sms.



<http://voliot.io>

**FUNDED** 2016

**COUNTRY** Spain

**CONTACT** Joaquín, José  
Ignacio Rus Pezzi

[jmartin@voliot.io](mailto:jmartin@voliot.io)

**THERAPEUTIC AREAS**

COPD / CHF

## Solution Description

BIOBIT is an IOT (Internet of Things) device that aims to improve the quality of life of chronically ill patients, making visible the following information to the patient, Doctors and caregivers:

- General health status: direct feedback from patient from his home
- Environmental conditions: local indoor temperature and pressure
- Medical sensor information: SPO2 and heart rate, can be expanded in the future
- Information from different providers of present and future conditions (prognosis) of: weather conditions, pollution, pollen, flu/virus.
- With all the information of present and future conditions (mathematical models), Biobit provides the following functionalities:
- Alerting system of present/future conditions for COPD to the patient, locally through different LEDs at the device, and remotely to Doctors and caregivers
- Monitoring: through a web application that gathers and displays all the information to the relevant Doctors/caregivers to closely track the patient health.

## Features description and additional details

COPD patients are usually senior citizens older than 70 years old, and usually are not digital consumers, such as:

- They don't have internet connection at home
- They are not skilled computer users
- Only 25% has an smartphone and it is mainly used in a traditional way (phone calls and sometimes messaging)Our device follows a very easy to use approach, using LEDs and voice messages for the communication locally with the patient. They don't ask the patient to evolve and adapt to the technology, but the opposite, they use technology to adapt to the senior patient. They think that they are developing a new market and introducing an innovative product and processes, and the best way to accomplish the development of new medical process is in a partnership between two different sides of the technology:
- IOT technology: sensors, electronics, IT
- Medical community

Therefore the collaboration proposed is Risk Sharing, to finance the adaption and certification of our present device.

## Previous implementations...

They are already working with the "Instituto de Biomedicina" in Sevilla, one of the most prestigious institutions in Spain.



**Inventions**

<http://www.bitinventions.com>

**FUNDED** 2007

**COUNTRY** Spain

**CONTACT** Javier Sánchez  
[javier.sanchez@bitinventions.com](mailto:javier.sanchez@bitinventions.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

Bit Inventions es un fabricante de productos de software destinados a mejorar la seguridad, el bienestar y la salud de las personas. Bit Inventions ha diseñado e implantado sistemas de integración de comunicaciones (NimRoi) usado por Cruz Roja en sus instalaciones de radio y por compañías de ingeniería españolas y europeas para sus proyectos de telecomunicaciones de emergencia; sistemas de teleasistencia domiciliaria (SADuel) utilizados por diferentes proveedores de servicio y sistemas de monitorización de pacientes crónicos basados en el software y sistemas de Aerotel para diferentes prestadores de servicios sociosanitarios. La solución MPM de Aerotel incluye la captura de múltiples parámetros médicos comúnmente asociados a enfermedades crónicas, su transmisión desde el domicilio a un sistema centralizado para su tratamiento y su acceso remoto a los datos cualificados por parte de los propios pacientes y los médicos asignados a los mismos.

## Features description and additional details

El sistema MPM de Aerotel es en realidad un sistema de comunicaciones y análisis de datos. Se basa en la capacidad de los hubs de comunicaciones (dispositivos específicos o aplicaciones móviles) para comunicarse mediante Bluetooth con un amplio conjunto de dispositivos de medida de diversos fabricantes, primeras marcas en electrónica médica. Esto permite al cliente final una gran independencia en la adquisición de los equipos de medida y al mismo tiempo una unificación de los datos en los sistemas centrales independientemente de los equipos utilizados.

La arquitectura abierta de la solución permite la integración de los datos con sistemas EMR o simplemente la generación de informes ad hoc para su manejo por el personal clínico.

Pacientes, familiares y médicos pueden tener acceso remoto a los datos y añadir observaciones y comentarios a los mismos.

## Previous implementations...

Cliente: Linde Healthcare (el proyecto se inicia como Air Products. Air Products vende la división de servicio a Linde en 2012)  
Actividad: Multinacional farmacéutica cuya división de Healthcare está dedicada principalmente al servicio de oxigenoterapia domiciliaria.

Fecha de ejecución: 2010-2013

Duración del proyecto: Dos fases de 8 y 10 meses en el periodo de ejecución. Pendiente una extensión. Características y ubicación del proyecto: Solución de monitorización domiciliaria de pacientes con EPOC. Los resultados clínicos se publican bajo el programa PROMETE.

Referencias Internacionales:

Seguimiento de ECG para servicios sanitarios públicos (Reino Unido), Seguimiento de ECG empresas sanitarias privadas (Rusia, Francia, Méjico y Brasil), Equipos de mano de ECG para ambulancias (Brasil, Italia, Rusia), Control de pacientes diabéticos y en riesgo de infarto – USA, Italia. Kioskos de Salud Pública – Rotterdam (Holanda).



<http://breathcount.com>

**FUNDED** 2014

**COUNTRY** Lithuania

**CONTACT** Povilas  
Sidaravicius

[povilas@breathcount.com](mailto:povilas@breathcount.com)

**THERAPEUTIC AREAS**

COPD / Asthma

**VIDEO**

## Solution Description

Breathcount is a remote monitoring tool for asthma and COPD patients. It also provides lite weather forecast like suggestions.

They use methods that when used with pen and paper had a 60% reduction in negative outcomes like hospitalizations for asthma patients.

The full solution is a mobile app and a portable digital spirometer, however, patients can use their own devices like Peak Expiratory Flow Meters.

App has an option to send measurement results to someone via email. Now they are talking with a 3rd party company that does any EMR integrations.

## Features description and additional details

The solution does not have a full end to end capability however it relies on staple medical data formats so any integration should not be a problem considering the incoming partnership with interoperability experts (they take care of integration). The app is now bi-lingual and they have a system that allows non-technical people to participate in translations. Spanish translations would not take longer than a month.

Considering abundance of communication platforms available they did not feel the need to implement an in-app communication layer. Although they are open to ideas and if you make and argument for a separate communication line they will add it. The app was designed keeping patients family in the loop and it does that.

Mobile application alone is free now they will be adding features that will be billed on a subscription basis.

Breathcount is focused on pulmonary conditions and they strongly believe that specialisation is essential to provide value. They automate calculation.





<http://www.c2ctsis.com>

**FUNDED** 2006

**COUNTRY** Spain

**CONTACT** Oscar Lopez  
[mcg@c2ctsis.com](mailto:mcg@c2ctsis.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

C2C has developed an automated control and communication platform between care givers and chronic patients (or family). The solution has been developed in collaboration with HUMANA, a home care service company that has provided their expertise on how to treat patients at home.

C2C's solution solves the patients demand of having constant communication with the care giver team, without requiring a 24/7/365 clinical support team. C2C's platform comprises two different modules:

- ROSA, a virtual assistant and nurse (ChatBOT), with Artificial Intelligence (AI) capabilities and trained for some Chronic Disease top conditions. Rosa performs daily tasks like collecting patient info, sending reminders (medication) and recommendations, and launching alarms

- eBRAIN, a Decision Engine and Control Panel, that allows to monitor all patients and to schedule tasks to be executed by ROSA (ChatBOT) for each patient. The data collected by ROSA is used by eBRAIN to make decisions, to schedule new tasks and to launch alarms to clinicians.

Thanks to the constant communication between the virtual assistant (ROSA), eBRAIN and the patients, C2C's solution helps the care team to better coordinate and to prioritize critical patients.

## Features description and additional details

The solution is based on a realistic approach. The lack of communication between stakeholders in home care processes is key and generates mostly of the cost.

Although they don't provide devices and wearables, they can partner with an appropriate company. They believe that the market and the patients are not yet mature for a very sophisticated system (HUMANA has evaluated several), and by other side they demand to have better communication and coordination.

## Previous implementation...

In use with HUMANA as core system.



<http://www.cic.bio>

**FUNDED** 2008

**COUNTRY** United Kingdom

**CONTACT** Michael Miller  
[profmjm@cic.bio](mailto:profmjm@cic.bio)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Depression

### **VIDEO**

## **Solution Description**

At the center of the system resides the patient with chronic disease, whose vital signs are continuously monitored by wearable devices. Patient data is then streamed via a smartphone to a secure data centre in real time.

Patient data is then analysed by predictive algorithms. for personal interventions and for risk stratification.

Should an intervention be required patients can be contacted by a provider via an appropriate communications application, from SMS to teleconference and video conference.

The whole system is informed by easily assimilated clinical "best practice".

A medication management function is also included to assist patients to adhere to the medication regime.

Lifestyle coaching, informing and supporting the patient with exercise and dietary advice, also forms part of the infrastructure.

## **Features description and additional details**

The concept for the Virtual Ward Programme was initially conceived in 2006 whilst working within the NHS England. At that time working with the Kings' Fund a Markov Model was created for the proposed model of care. The output from that model whilst suggesting a significant improvement in patient outcomes suggested cost savings of the order of 30%. The system also minimises the likelihood of acute complications associated with chronic disease, thus patient outcomes are significantly improved..



<http://www.carezapp.com>

**FUNDED** 2013

**COUNTRY** Ireland

**CONTACT** Franck Mutel  
[frank.mutel@carezapp.com](mailto:frank.mutel@carezapp.com)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

CareZapp specialise in remote monitoring, connecting people, things and organisation through the secured and customisable collaborative platform. The solution is designed in collaboration with hospitals and homecare providers. For instance with the Mater Hospital in Dublin the solution enabled over 100 bed days saved in only few weeks. The Vital apps enables monitoring remotely the vitals of patients after heart surgery. Alerts are automatically sent to the medical team where actions are visible to all instantly. With homecare provider such as Cornerstone based in Scotland, the Insight App is saving thousands of pounds per day in overnight stay, enabling 1 staff to monitor several houses real time, removing the need for a full time staff in the home. Hardware agnostic the platform integrates with any devices (fitbits, withings, Samsung ....). Their know how is in developing smart care apps from any devises that can be share 24/7/365 in real time.

## Features description and additional details

The solution is:

- Easy to deploy, cloud base, no need for expensive IT infrastructure
- Easy to interface, open source system, it allows seamless interface with any 3rd party systems (hospital PAS, community care, GP , family,...)
- Hardware agnostic, they uses best of breed devices at the lowest price point
- Apps on mobile devises are branded to the organization which enhance users brand loyalty .
- Adapt with the client needs
- Has a back office administration screens to easily manage users and monitor alerts, as well as communicate with clients, family, 3rd party,....everybody in the network.

## Previous implementations...

They have working solutions that delivers real results all over the world. The Clients include Yes, to mention a few: The Mater Hospital (Dublin - Ireland); Cornerstone (Scotland); Clark Retirement (Michigan - USA); Craig Care (San Francisco - USA); K - Core Dementia (Cork - Ireland); Irish Homecare (Ireland)



<http://www.cclmed.ro>

**FUNDED** 2011

**COUNTRY** Romania

**CONTACT** Cristian Cotosman  
[office@cclmed.ro](mailto:office@cclmed.ro)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Pulmonary air embolism,  
Hypoxemia

**VIDEO**

## Solution Description

The solution is a multi-client - server architecture, plugin based real-time monitoring solution. It reads and aggregates data from one or multiple devices concurrently can display them on a local PC/tablet and send them via internet to the tele-center where any number of such "clients" can be monitored concurrently. Using the plugin structure, any number of devices can be integrated with the system, present or future devices that will come. If the hospital already has existing devices in place they can be integrated with the system as long as they have a means of transmitting the data (USB, serial, wireless, etc.).

The solution includes hardware and software components to fulfill it's goal.

### ● Features description and additional details

It can be integrated with the hospital management database for storing data in the patient electronic records. It can easily integrate future medical analysis patterns like early monitoring of patients on the way to the ambulatory station, in-place monitoring in disaster areas, etc.

### ● Previous implementations...

We implemented pilot programs in the Romania region with the hospital partners for R&D purpose.



<http://www.cita.io>

**FUNDED** 2013

**COUNTRY** Spain

**CONTACT** José María Fábregas  
Pedrell

[info@cita.io](mailto:info@cita.io)

**THERAPEUTIC AREAS**

Wearables

**VIDEO**

## Solution Description

Cita.iO is a platform to optimize the relationship between a Doctor/Clinic and his patients. Cita.iO doesn't need any installation in the user's hardware, it needs just an internet connection. Cita.iO is available in Spanish and English language.

Cita.iO incorporates a secure medical videoconference module, a wearables one and clinic management module. VC's can be recorded. Although as of today they just connect with smartwatches, any other medical device could be added in a short period of time. Devices data is incorporated in to patient medical records.

Patient can upload data in to his medical record.

Look&Feel is mostly customizable. Different roles can be defined (ie doctor, nurse, administrator...)

CITA.iO allows the doctor to send legally valid medical prescription accepted by pharmacies.

CITA.iO has a complete sessions reminder feature (phonecall, sms, e-mail) Alarm system can be also developed.

## Features description and additional details

Cita.iO is developed in Ruby-on rails, which allows it to be sound and flexible at the same time. Real time data sharing will depend on technical features of the devices selected.

## Previous implementations...

They have extensive experience with Clinicas Cita, an important addiction treatment center, and with other 500 health professionals. The experience is in three main areas: management platform, VC provider and devices tracking.

## COMARCH

<http://www.comarch.com/healthcare/>

**FUNDED** 2008

**COUNTRY** Poland

**CONTACT** Dorota Zimny

[dorota.zimny@comarch.com](mailto:dorota.zimny@comarch.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

Comarch Healthcare provides a wide range of certified Remote Care Solutions that allow simple, continuous and intuitive monitoring of chronic patient's condition both at the Hospital premises and from home.

The Solution is composed of three interconnected parts that work in symbiosis: a Portable telemedicine equipment for patients, an e-Care monitoring platform for medical staff, and a Concierge family platform.

The Portable Hub and Concierge Web portal allow patients and their chosen relatives to be in contact and have access to medical data in real time, among other features. The whole solution is highly versatile and can be configured to operate in a variety of models.

The e-Care platform receives the data to be processed, and provides data management and visualization consistent with medical standards, including a configurable alert system, geographical location, management of personnel intervention procedures and contact with patients and families through different channels.

## Features description and additional details

Comarch Remote Care Solution allows monitoring of a wide range of chronic diseases and diagnostic examinations.

The monitoring platform enables multichannel communication between patients, family and medical staff. Additional features include: 24/7 patient monitoring, patient geo-localization, range of settings and examination scheduling, alerts, examination on request, pharmacological reminders, possibility to submit questionnaires and educational materials, reception from remote devices and data analysis in real time.

To support physicians' daily activity, medical data is displayed in the platform and subject to automated categorization, according to the specific setting, as normal, abnormal or life threatening. Data can be managed as per medical procedures' fulfillment. Clinical data and medical examinations are always available, enabling data sharing for second opinion and the possibility to download reports. The solution supports all "must have" and "nice to have" requirements.

## Previous implementations...

REFERENCES ITALY:

Ospedale Bambin Gesù in Rome - Adult cystic fibrosis patients, Fondazione IRCCS Ca' Granda - Policlinico di Milano - Cystic fibrosis patients pre and post lung transplantation, Medicaire Italia Srl - COPD and pulmonology disease, Gruppo La Villa SPA - elderly patients, Azienda Ospedaliera Lecco - COPD gold III and IV patients, I.N.R.C.A Istituto Nazionale Riposo e Cura Anziani Casatenovo (Lecco) - neuromuscular disease, Arcispedale Santa Maria Nuova (Reggio Emilia) - ALS patients

REFERENCES POLAND:

Centrum Medyczne Imed 24 in Krakow - cardiac and chronic patients, American Heart of Poland - chronic cardiac patients, Voivodship Hospital in Skierniewice - cardiac patients, Stobrowskie Centrum Medyczne (Kup) - cardiac patients, Samodzielny Publiczny Zespół Opieki Zdrowotnej in Głubczyce - cardiac patients, Powiatowy Zakład Opieki Zdrowotnej (hospital) in Starachowice - cardiac patients



<http://www.copcar.es>

**FUNDED** 2014

**COUNTRY** Spain

**CONTACT** Reyes Samper

[rsamper@copcar.es](mailto:rsamper@copcar.es)

**THERAPEUTIC AREAS**

CHF

**VIDEO**

## Solution Description

COPCAR is a real time cardiac monitoring system which is able to detect cardiac anomalies like heart attacks automatically and notify a cardiology team without the patient's intervention.

Notification to emergency services to assist the patient at their GPS location is also possible.

The system classifies the detected cardiac events in: low level, medium risk, high risk.

All the registered events and alarms can be managed, viewed through a simple and user friendly web application so the specialists can see the ECG Waveform of an event immediately after it has been detected on the patient.

The system is composed of a sensorized vest that sends the ECG signal through bluetooth to a smartphone, in which the COPCAR app is installed. The app gives to the patient information about the monitoring and, besides the automatic event detection, it allows them to send a manual alarm by pushing a button if they feel bad.

Patients may stay monitored during their daily life: at work, at home, at street, etc.

The Web platform for specialists allows see the patient data, GPS location during events, set thresholds to trigger alarms, and more. Family also have their own specific app through which family members can view the patient's status anytime including: being notified during alerts, download pdf reports, view where the patient is located, battery level or even chat with other family members and with the doctors at the COPCAR's monitoring center.

## Features description and additional details

The key added-value functionalities of COPCAR are the designed algorithms to automatically detect cardiac events, the realtime communication with doctors and the no intervention of the patient to be assisted at their GPS location in case of serious event.

COPCAR is able to detect up to 8 high risk heart diseases, including heart attack.

Furthermore, patients only have to wear a comfortable vest without any wires, and a smartphone.



<http://cortrium.com>

**FUNDED** 2014

**COUNTRY** Denmark

**CONTACT** Erik Poulsen  
[eriksp@cortrium.com](mailto:eriksp@cortrium.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Arrhythmias / Sleep  
disorder / Psychiatric and  
neurodegenerative disease

### **VIDEO**

## **Solution Description**

Cortrium provides a wireless vital signs monitoring end-to-end solution based on Bluetooth Low Energy. Everything is in-house developed from hardware to app to cloud solution to the frontend with dashboard. The equipment is approved for clinical testing in EU and will receive CE class IIa approval according to ISO 60601-2-47 in Q2 2017.

### **Features description and additional details**

Regarding D) "alert system" this is named "notification system" due to regulations. Regarding G) and H), communication module with chat and video-link between stakeholders is under development. Spanish version of the IFU (instructions for use) is planned for CE approval and the system is prepared for multi-language support.

### **Previous implementations...**

They are conducting several clinical trials and are setting up a medical call center in Denmark as part of a nationally funded project with public hospitals and the Danish University of Technology to reach frail elderly. They are testing vitals signs recordings in Denmark and Germany as part of a larger EU-funded project. Please refer to the attached presentation for details on the studies.





<http://cure4you.eu>

**FUNDED** 2006

**COUNTRY** Denmark

**CONTACT** Henrik Gundso

[henrik@cure4you.dk](mailto:henrik@cure4you.dk)

### **THERAPEUTIC AREAS**

Cure4you can pull data from more than 90 different devices and apps for: Hypertension: Blood pressure, BMI, nutrition, activity, lifestyle Diabetes: Blood sugar, blood pressure, BMI, nutrition, activity, lifestyle COPD: Oxygen saturation, pulse Asthma: Pe

### **VIDEO**

## **Solution Description**

Cure4you helps healthcare professionals support their patients' desire for participation in their own health and wellness. A doctor or a care coordinator can establish measurable, individualized shared Care Plans for each patient, which means that patients always know what to do when — the platform automatically notifies the patient. Intelligent follow-up functionality gives the providers a quick overview of which patients are out of range or are missing check-ups. Cure4you combine secure online messaging with telemedicine and home monitoring in a new and innovative way from a native mobile app, secure video and integrations to more than 90 devices such as glucometers, blood pressure monitors, oxygen saturation, scales and activity trackers. For integration from more advanced devices like heart-rate sensors, peak flow or glucose meters they can use international standards like HL7, FHIR or XML.

The Cure4you platform is used by more than 1.8 million patients and is available in Spanish.

## **Features description and additional details**

They monitor all 3 primary diseases. Care Plans can be customized based on diagnosis etc. Patient gets notified when it is time to do something in adherence to the plan.

They collect and share data on biometrics from more than 90 devices trackers and apps. They use international standards like HL7, FHIR or XML.

Cure4you is cloud based - only an internet connection is needed. They support most hardware and browsers.

They have a Spanish version of the solution. They are able to keep family members "in the loop" regarding messages, measurements, lab results etc. It is extremely easy to build and customize care plans for most conditions.

They have a series of tools that promotes healthy habits by engaging and educating the patient in own health.

The health providers can monitor patients intelligently. A follow up list provides information about all patients who are not in adherence with the care plan or other goals set up by the providers. They offer secure messaging, booking and secure video.

## **Previous implementations...**

The solution is implemented with customers in Chile, The US, Denmark and Germany. Today the biggest market is still Denmark by far, but they expect this will change dramatically in the coming years. The movement towards value-based care is a global phenomenon and that is exactly what the solution supports health professionals and the patients in doing.

In 2015/16 Cure4you were selected by McKinsey & Company as one of 12 companies with potential to disrupt healthcare. They invited them to participate in a series of conferences in Stockholm, Hamburg, Sydney and Dubai. Co-founder of Cure4you Dr. Monica Bolbjerg was furthermore selected as speaker at the conference in Dubai. The audience were hospital leaders from the Middle East region.



<http://ehealth.live>

**FUNDED** 2016

**COUNTRY** France

**CONTACT** Alexander de Jonge

[adj@ehealth.live](mailto:adj@ehealth.live)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

eHealthlive has developed a patient interactive solution allowing bedside coworking with patient, patient continuous light monitoring thru connected devices allowing interactive apps, services, survey and clinical follow up. The solution also to share vitals with family or any assigned person. The platform also allows patient engagement and entertaining but also gaming to help him be engaged and active. They have a business model cost free for hospital charging third party stake holders and service providers.

### ● Features description and additional details

The solution enables clinical trials, patient survey, patient entertainment, third party to provide service to patient like epsychotherapy or rehab.

### ● Previous implementations...

They have partially provided hospitals meaning with part of the features only, but they seek first partner hospital to apply full service range and this new business model.



<http://www.eurob.com>

**FUNDED** 2014

**COUNTRY** Spain

**CONTACT** Roberto Gimenez  
[rgimenez@eurob.com](mailto:rgimenez@eurob.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Chronic Bronchitis / Asthma /  
Obesity

### **VIDEO**

## Solution Description

TrackHealth provides an easy way for monitoring COPD, CHF, chronic bronchitis, asthma, diabetes and obesity. It is constituted by two software modules, which address the specific needs of each actor involved in the healthcare process:

- TrackHealth mobile app: this app with a simply design interface allows patients to storage and share their medical information. It includes current symptoms and medication. In addition, they can automatically record their daily activity using compatible Bluetooth trackers.
- TrackHealth web service: authorized relatives and medical staff are able to receive patients' information immediately once it is sent and shared. Doctors can easily analyze the data for later providing medical directions and new treatment. Relatives have real time access to the patients' info and treatment.
- The solution also provides a way for encouraging daily exercise by using gaming technologies. It engages people in performing walking routes and visit their favorite places.

## Features description and additional details

1. TrackHealth monitors Chronic Obstructive Pulmonary Disease.
2. TrackHealth monitors Congestive Heart Failure. disease.
3. TrackHealth monitors Chronic Bronchitis.
4. TrackHealth monitors Asthma.
5. TrackHealth monitors Diabetes.
6. TrackHealth monitors Obesity/Overweight.
7. TrackHealth mobile app is compatible with several cost-effective Bluetooth smart wristbands (Xiaomi Mi Band, Xiaomi Mi Band 1S, Xiaomi Mi Band 2) for tracking daily exercise.
8. TrackHealth allows authorized hospital staff and relatives to real time access patient's vitals and health data remotely, as well as treatment and medications.
9. TrackHealth promotes healthy habits.
10. TrackHealth interfaces have been developed in Spanish and English. It has been specifically designed for seniors, because these patients are typically elderly people.
11. TrackHealth is a low-cost healthcare service with a subscription-based business model.

## Previous implementations...

TrackHealth is based on a previously developed software service prototype called InCity Together (InCT). The main goal of this service was: (i) tracking health vitals using Bluetooth trackers; (ii) promoting healthy habits; (iii) improving seniors' social life; (iv) and empowering self-care among seniors. The prototype was implemented and tested in the following scenario: CRE Leon: ([http://www.crediscapacidadydependencia.es/cresanandres\\_01/index.htm](http://www.crediscapacidadydependencia.es/cresanandres_01/index.htm)). Two validations were performed in CRE Leon during last year. All InCT service's functionalities were tested, with satisfactory results.

As a result of the evaluation, seniors suggested that it will be very useful sharing data with their doctors and relatives. This functionality has been implemented in last weeks. Additional features, such as diabetes monitoring, have been also included, resulting in the development of current TrackHealth service.



<http://www.valenno.co.uk>

**FUNDED** 2016

**COUNTRY** United Kingdom

**CONTACT** Edwin Senjobe

[edwin@valenno.co.uk](mailto:edwin@valenno.co.uk)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

A shortage of qualified clinicians, clinical errors, and a growing population, with rising chronic diseases, has led to the perfect storm within healthcare. EBS Ltd. has developed Patient\_CRM, our flagship product.

This integrated Evidence-based Healthcare (EBHC) Management system has embedded Clinical Protocols navigated via a Decision-Support-Tree.

The mini-computer mobile app with integrated health-sensors, is a GSM module that also facilitates contact-tracing and geo-location capabilities via two-way SMS.

## Features description and additional details

This point-of-care lab-in-a-box system consists of several modules including Episode, Vital Signs, Lab, Prescription, Operation Theater, Blood Transfusion and Management, Discharge (with some discharge care plan templates), Project and a couple more. It decentralises healthcare, helps reduce re-admissions and wrong clinical diagnosis.

It is designed with users in mind to ensure access where they need it, when they need it. It facilitates learning on the job. It is easy-to-use, made available to clinicians via access privileges down to field level security, both in PRIMARY and SECONDARY care setting, enabling at point-of-care diagnosis, in real-time, On-Premise, OnLine or on Mobile. But what it is not, is a replacement for HUMAN clinical expertise.



<http://www.exolis.fr>

**FUNDED** 2015

**COUNTRY** France

**CONTACT** Christophe Rosso  
[christophe.rosso@exolis.fr](mailto:christophe.rosso@exolis.fr)

## THERAPEUTIC AREAS

COPD / CHF / Diabetes  
Other types of chronic diseases  
and surgery

## Solution Description

Exolis' mission is to provide simple, flexible and mobile solutions for patient engagement.

Exolis addresses healthcare organizations who want to ensure continuum of care and over-the-top services for their patients. The solution, "engage", comes with an app, a patient portal and a care dashboard. It allows hospitals to support use cases such as :

- surgery recovery or rehabilitation at home, with medical forms linked to real-time monitoring
- patient education for chronic diseases or long-term care (cancer, transplant)
- care coordination with appointment management, personal health record

The flexible and customizable solution allows them to address other processes that the organization would like to imagine with them.

## Features description and additional details

They provide several types of contents that can be used to interact with patients : surveys, quizzes, appointment lists, treatment plans, etc... Everything is gathered for the hospital side and the care givers

## Previous implementations...

They are in close partnership with Institut Paoli Calmettes, a renowned cancer hospital in Marseille, France. The partnership aims to encompass whole cancer care pathways, depending on each pathology.

They currently address remote monitoring for surgery recovery and patient education for onco-hematology patients (transplant). They also work with two other cancer hospitals in Rennes and Bordeaux, addressing surgery recovery, ambulatory chemotherapy and oral treatment home and side effects monitoring (chemotherapy, hormonotherapy).

Their solution is also being used in 2 other hospitals in the private sector, focusing on surgery recovery monitoring and overall patient e-services such as appointment reminders, hospital preadmission and satisfaction follow-up.

Finally, they work with Hôpital de Cannes in the field of cardiology and remote treatment monitoring for anti coagulation medication.



<http://www.ambucarehealthcare.com>

**FUNDED** 2007

**COUNTRY** France

**CONTACT** Michel Le Lan

[michel.lelan@ambucarehealthcare.com](mailto:michel.lelan@ambucarehealthcare.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

AMBUCARE-healthcare aims to become a European reference in the outpatient survey by covering various pathologies like chronic or acute, to the benefit of the patients, the care teams and the institutions. It allows, without completeness, to collect

- The benefits and the side effects of a new treatment
- Monitoring the progress of the rehabilitation of an operated patient via daily exchanges by acquiring the physical data activity and conditions
- The evolution of a skin lesion by regular pictures exchanges taken by the nurse
- Glucose of a diabetic patient, via a connected glucose meter
- The sleep apnea symptoms of a patient before and after treatment
- The rehabilitation progress through the stroke patient's physiotherapist

## Features description and additional details

The AMBUCARE healthcare platform comes from the conjunction of its medical and modeling Software business team expertise. It provides a solution to the outsource care and to the therapeutic education. Also improves the patients rehabilitation process for acute or chronic pathologies. Maintains the quality and security, along the duration of the outsourcing care activity. The AMBUCARE healthcare platform comes from the conjunction of its medical and modeling Software business team expertise.

It provides a solution to the outsource care and to the therapeutic education. Also improves the patients rehabilitation process for acute or chronic pathologies. Maintains the quality and security, along the duration of the outsourcing care activity.

- the ambulatory surgery
- the post-surgical and early rehabilitation
- the Oncology
- the ambulatory chemotherapy
- the obesity surgery
- the Dialysis
- the chronic diseases

## Previous implementations...

The technology is used today in 4 locations, more than 2000 patients have used the platform. Anthony Hospital Ramsay GDS group, Foch Hospital, CHIC Créteil, CHU nancy



<http://mhealthbox.com>

**FUNDED** 2009

**COUNTRY** Poland

**CONTACT** Tomasz Tomala

[tomasz.tomala@freshware.pl](mailto:tomasz.tomala@freshware.pl)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

The solution mHealthBox.com is based on advanced monitoring platform for doctors/hospital and dedicated mobile apps which cover different type of chronic diseases (CHF, hypertension, diabetes, asthma, COPD) and also obesity & hydration. Each application is tailored to users' needs and might be customized to their habits. All of them have ability to synchronize data between multiple mobiles & medical devices. They also allow for on-line communication (chat and on-line visit) and real-time monitoring what help all users to keep their disease under control.

Patients can easily control and monitor health & fitness conditions, enhance proper habits and manage disease on daily basis. Data collected in mobile apps are synchronized with mHealthBox platform what allows to analyze medical information by simple graphs and useful stats. All data can be shared with doctors to monitor their patients online and at the same time initiate corrective actions.

## Features description and additional details

The main goal of the solution is to address as fully as possible the key patients & doctors needs by enriching the application with innovative features that improve care management, incorporate a comprehensive approach to well-being and support patients in their daily living.

mHealthBox solution addresses all "must" requirements and "nice to have" features – the detailed description of each requirement with the functionalities is part of attached presentation. Below they would like to highlight only the most crucial features.

Every chronic disease requires a different treatment's approach that's why they created dedicated mobile applications for each disease - CHF, hypertension, diabetes, asthma, COPD. The apps enable to control also obesity and hydration what helps the patient to increase the quality of their lives and enhance proper habits. Mobile application are available in Spanish & English on all types of devices with Android...

## Previous implementations...

The mobile applications were downloaded by my more than 2 million users worldwide, they have more than 40,000 reviews and over 80,000 users rated the applications out of 5 stars.

The platform has not been implemented in other health care providers, because it is an innovative solution that we have launched recently. They are also convinced that mHealthBox solution will comprehensively and professionally address all your needs and requirements.



<http://gesi.it>

**FUNDED** 1987

**COUNTRY** Italy

**CONTACT** Marco Sornaga

[marco.sornaga@gesi.it](mailto:marco.sornaga@gesi.it)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

The system, born in cooperation with medical experts, represents an innovative end-to-end solution to implement a complete and cost-effective 24/7 remote monitoring service for chronic patients. The solution relies on the modern ICT and allows the acquisition, presentation, storage and secure exchange of vital and health data. It reduces distances and time barriers, enabling the patients and the extended care team to access the health information and contribute to its upgrade over the time.

Thanks to an in-house monitoring kit, with wireless biomedical sensors and a tablet, the patient is guided to self-acquire vital signs according to personalized and dynamic healthcare plans. All collected data are automatically synchronized with the cloud-based platform that provides multi-profile web access to the Electronic and Personal Health Record of each patient, including dedicated patient management dashboards and alarm to highlight suspect aggravations and take actions promptly.

## Features description and additional details

The system operates in the web; usable on workstation, mobile devices .Comprises: a web portal, focused on a "patient dashboard" ; communication system; "in house monitoring kit". The vital parameters are integrated in EHR available for clinician and PHR for patient care giver.

It's conformant to EN ISO 12967 "HISA .The communications between the different actors that assist the patient are facilitated, without extra effort Supports the frequent assessment of the clinical status of in-house patients based on personalized care profiles. Allows a rapid detection and intervention in case of signs of aggravations. The solution considers the key role of the clinical information that can be easily exchanged among the patients and the different actors of the extended care team.

Along with the self-measurement in-house kit, the solution is also extendible with kits dedicated to professional operators. The portal has dedicated areas allowing the management of informative material

## Previous implementations...

ASL ROMA G (Local Health Organization covering the Roma's East Area) Congestive Heart Failure Laboratory: more than 400 patients under control versus 2000 screened.

Filo Diretto Insurance Group: Developing of a personalized version named DOC24.

With pharmacological group SERVIER more than 300 training courses that involved GP's about the use of telemonitoring systems in the prevention of cardiac disease.

Pilot with 30 patients in the framework of AAL JP Health@Home project (With Fondazione Toscana Gabriele Monasterio IT, Hospitales Universitarios Virgen del Rocio ES and Zdravstveni Dom Koper SLO). •Pilot with 10 patients in the framework of Tuscany region RIS project (Clinical subject Fondazione Toscana Gabriele Monasterio IT)

Pilot completed with 50 patients of Tuscany region local health authority project (ASL 8 Arezzo).





<http://www.health-insight.de>

**FUNDED** 2007

**COUNTRY** Germany

**CONTACT** Christian Pohl  
[christian.pohl@health-insight.de](mailto:christian.pohl@health-insight.de)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Mental Diseases

## Solution Description

The HIS Santiago is an innovative telehealth solution based on Android Tablets. It was developed for citizens with chronic diseases, seniors and patients in rehabilitation. The Tablet application comprises several modules: Vital Measurements, Measurement History, Videoconference, Reminders, Scalable Questionnaires etc. All the wireless vital monitors connected to the Santiago are easy to handle by the patient and transmit the measurements automatically via Bluetooth. The tablets are connected to the dedicated web-based HIS Portal. It is a powerful tool that supports professional e.g. physicians, nurses etc. An overview chart in the patient's section displays the latest measurements. It also allows to configurate e.g. questionnaires for the patient's tablet. Threshold notifications, tendency alarms etc. can be adjusted individually for each patient or each group of patients. It allows prevention and early treatment when health worsening signs are detected.

### ● Features description and additional details

- Photo Application to send Photos of Wounds or Food
- Pain Navigator
- Reminder

### ● Previous implementations...

- Badalona Serveis Assistencials SA, Hospital Municipal de Badalona, Spain
- Regione Campania, Italy
- Splošna bolnišnica Slovenj Gradec Hospital, Slovenia
- Szpital Specjalistyczny im. A Falkiewicza; Wroclaw, Poland
- Universitätsspital Basel, Switzerland
- Fondazione Istituto Sacra Famiglia, Italy
- Europ Assistance Versicherungs-AG, Germany
- Langeland Kommune, Danmark
- Servicio Aragonés de la Salud, Hospital De Barbastro, Spain



<http://www.healthybluebits.com>

**FUNDED** 2014

**COUNTRY** Spain

**CONTACT** Manuel Escobar  
[manuel@healthybluebits.com](mailto:manuel@healthybluebits.com)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

Esporti Masters is a solution created to assist health professionals to remotely monitor vital and health data of patients.

Patients have a mobile app that uses gamification techniques to increase engagement. Some features included in the app are: digital pillbox, nutritional advices strictly conditioned by their pathologies, visual health stats (physical activity and vital indicators), health advices, surveys, etc.

Health professionals can access a dashboard with the list of patients and their alerts notified and messages sent to each of them. All the information included in it is collected in real time.

Alert system is intelligent, every indicator has its own rules to trigger an alert (value range, n repetitions, etc.).

All the system is 100% developed by Healthy Blue Bits and we can adapt it to your needs. The same applies to the contents of the apps (tips, foods, physical activities types, etc.).

## Features description and additional details

In the solution the user tracks other indicators like daily cigarettes smoked, hours of sleep per night, steps daily, VAS scale, etc.

We use gamification all around the app because it's a very powerful tool to increase the engagement and to promote healthy habits. Users can participate in challenges of physical activity, can gain badges when they achieve goals, can view and like activities tracked by other friends, etc.

We include a quiz game to favour the learning of topics about health habits with more than 200 questions. This number is growing every month.

Users can share their achievements in twitter and/or facebook.

The solution is absolutely cost-effective with low entry barriers, you don't need a lot of resources to implement the solution in your systems and we are ready and open to integrate your technologies in the solution and vice versa.

## Previous implementations...

They successfully used a previous version of this solution with 100 children, based on the Esporti Revolution mobile app, in a clinical study in Hospital Vinalopó (Elche) in 2014/2015. Last year we improved this platform and developed a new version based on the Esporti Masters app (focused on adult people). With this solution they are starting the first steps to use this system in another clinical study in Hospital U. de Puerto Real (Puerto Real, Cadiz). This study is to monitor cardiac patients for a year, in order to evaluate if this intervention is cost-effective compared to other alternatives that they currently implement.



<https://www.heartin.net/index.html>

**FUNDED** 2007

**COUNTRY** Netherlands

**CONTACT** Alex Vinogradov  
[alex.vinogradov@heartin.net](mailto:alex.vinogradov@heartin.net)

**THERAPEUTIC AREAS**

CHF

**VIDEO**

## Solution Description

HeartIn presents their cardio service with their own line of devices, applications, web part and team of cardiologists. With HeartIn services consumers can check their hearts from anywhere in the world at anytime, using our bracelet, T-shirt or miniature, portable but full function 12 lead Electrocardiograph through our network of certified cardiology experts, all from their Smart Phone or PC.

It offers not a separate device but the full-featured service with our own line of devices, applications, cloud storage and consultations. It gives access to automatic analysis of the cardio data, with automatic detection of dysrhythmias and life-threatening conditions.

### Features description and additional details

With our devices you solve the following problems:

- timely diagnosis of heart diseases,
- susceptibility to them, as well as
- the diagnosis of psychological stress.

Our Advantages:

1. Customer can have cardiac diagnostic testing at home or office
2. Reasonable price
3. Full Cardio Analysis and stress test, detection of dysrhythmias even with bracelet
4. Ability to make a 24 hours Holter monitoring
5. User can check diagnosis with different doctors from all over the world
6. All cardio code placed on the server, which allows for quick and convenient feature updates
7. Data safety
8. Quality of signal not worse that, or the same as, on hospital's ECG

### Previous implementations...

At promotional sales, they have sold 93 devices for testing and received positive responses, and after the completion of certification procedures, they are ready to begin mass sales. HeartIn has contracts in the US, Israel, South Korea, and Ukraine, Switzerland and 10 pre-approved contracts. In the last six months, they have started the formation of the dealer network, completed clinical testing of 12-channel cardiograph, created a prototype of the bracelet for 1 channel ECG, have finished clinical trials of textile electrodes and built a prototype of T-shirts (1-leads and 7-leads) for ECG. Also, they have finished validation of the cardio analysis and stress analysis algorithms.



<http://www.hope-care.pt>

**FUNDED** 2012

**COUNTRY** Portugal

**CONTACT** Jose Paulo Carvalho  
[jose.carvalho@hope-care.pt](mailto:jose.carvalho@hope-care.pt)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Obesity / Pregancy / Wellness  
Programs / Peritonal / Dialisy

### **VIDEO**

## **Solution Description**

Hope Care vision is to build the “Hospital at Home”. The solution develops several telehealth projects with Portuguese Hospitals, Private and Public, including monitoring at home COPD, Diabetic and CHF patients. The solution is a 360° remote patient monitoring system designed for rising-risk chronic patients (diabetes, HTN, ATH, COPD, CHF and obesity). Instead of using hardware hubs and specialized peripherals, the solution embraces the BYOD model by providing RPM solutions using white-labeled mobile apps, off-the-shelf connected health devices and HIPAA-compliant secured cloud services and APIs. They connect more than 240 medical devices from 23 manufactures, such as Nonin, Roche, A&D, Welch Allyn and others. This allows to use a single App (iOS and Android) to collect several different data from patients, send it to a secure server and provide it to health professionals. They are selected by the Portuguese National Health System as Telemedicine Provider in Public Hospitals.

### **Features description and additional details**

The system proposed by Hope Care have 2 layers:

1 - App-Enabled Remote Patient Monitoring (RPM)

RPM1000 acts as the telemedicine “hub” of the remote patient monitoring system (RPM), syncing with a secured health cloud (RPM7000) to provide patient-generated data to the clinical monitoring interface (RPM6000). Replacing hardware hubs with apps allows Hope Care to deliver RPM solutions under a disruptive pricing model and offer value-added features like white-labelling, self-management support and remote patient engagement. Data they ca collect: Weight, Nutrition, Pulse Oximetry, Pregnancy, Type 1 Diabetes, Sleep, Mood, Type 2 Diabetes, Body Temperature, Cardio-Vascular Risk, Steps, Blood Pressure, Gestational Diabetes, Lab Results, Metabolic Syndrome Risk, Physical Activity, Glucose, Lipids, Vaccination, Type 2 Diabetes Risk

2 - HCAAlert – Health Monitoring Center

HCAAlert is a monitoring center software for triage and compliance validation.

### **Previous implementations...**

They implemented in Portuguese National Health. Today we are working with several different public hospitals, with a Private Hospital group (CUF Hospitals - <https://www.saudecuf.pt/>), telco (NOS - <http://www.nos.pt/>), and assistance company ( AxA Assistance Group - <https://www.axa-assistance.be/fr/health/healthlook>).



<http://www.i3s.it>

**FUNDED** 2012

**COUNTRY** Italy

**CONTACT** Antonio Sterpetti

[asterpetti@i3s.it](mailto:asterpetti@i3s.it)

## **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Angiology / Psychology / Aged  
patients / Chronical diseases

## **Solution Description**

F.A.T.A. (Far Assistance Telemedicine Analyzer) is the evolution of a many years long telemedicine project held in an important public Italian hospital. Now FATA is a multiple purposes platform for treating several different kinds of patients remotely. It is composed of many modules that can operate alone or combined to customise the platform to client's needs. Patients or caregivers can acquire their own data by commercial biomedical devices or manually (symptoms and other unmeasurable data included) at home or everywhere. Medical operators may take measurements by a multipatient kit at patient's home. Physicians can monitor patients' status real time by secure web apps (Windows, Mac, Linux, Android, iOS) and change therapies, ask or send second opinions, analyze data (also graphically). A strong alert system helps physicians and patients to keep in touch and be always informed of important updates (e.g. dangerous measures).

## **Features description and additional details**

FATA platform enables physicians monitor any kind of patient affected by diseases that may require the use of these biomedical devices: ECG, blood pressure, heart rate, glucose, oximetry, body weight, temperature, blood tests. Images can also be acquired (i.e. for angiological purposes), and symptomatic data can be acquired too. So the spectrum of possible diseases that may be treated by the platform is quite wide, from aged patients, to psychological diseases, to chronic diseases.

A specific module for a deep interaction between physician and patient will be released in 1st half 2017. By this module, the physicians will be able to suggest healthy habits to patients directly monitoring data acquired. An evolved check and alert software helps medical staff to be informed when patient data are unattended, so to contact patient. A specific module lets patients and physicians communicate through the most known communication media.

## **Previous implementations...**

F.A.T.A. is the direct evolution of a similar solution developed for a huge Italian hospital where a telemedicine ward was created. In a 7 year period of patient treatment (mostly for cardiological or pneumological diseases), more than 900 patients were monitored with a high satisfaction level both on patient and on medical side.

Later a territorial services society has requested F.A.T.A. for deploying a remote health check in a central region in Italy. Service is planned to start in 2017.

FATA is the telemedicine system for a PoC at the Armed Forces in Brazil: acquisition of biomedical data at barracks on Brazilian territory, analysis and monitoring of troops from the central hospital.



<http://www.ideable.net>

**FUNDED** 2011

**COUNTRY** Spain

**CONTACT** Iñaki Bartolome  
[ibartolome@ideable.net](mailto:ibartolome@ideable.net)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

KWIDO ([www.kwido.com](http://www.kwido.com)) is the most complete, flexible and revolutionary platform for caring elderly patients at home, focused on the telecare service providers and their clients (public and private institutions) as customers.

KWIDO main differentiation and innovative aspects are based on:

- increasing elder independency at home;
- accelerating access to telemedicine;
- allowing depression, cognitive impairment, Alzheimer and dementia detection and prevention;
- allowing intelligence to eldercare services by measuring with big data daily activity, detecting falls, identifying patterns in elderlies behaviour to be totally proactive in the way they care for them.

KWIDO is the most important platform for monitoring and promoting mental and physical wellbeing by using a preventive and multidevice accessible approach.

## Features description and additional details

Main features and added-value functionalities:

- Social media apps for providing telecare at home. Kwido includes a complete accessible tablet apk that can be used by users that have not used the Internet before.
- Teleconsultation functionality for providing telemedicine services at home: easy and multidevice accessible video call and meeting agenda features for controlling and monitoring elderly patients at home.
- Optimized Cognitive stimulation tool for cognitive impairment prevention and detection at home
- Face recognition of emotional status for users.
- Mobile phones and fitbits are used for monitoring physical activity and detecting falls.
- Automatic phone calls from cloud APIs for voice calls.
- Big data & Machine Learning for all info collected by KWIDO and available in healthcare backends.

## Previous implementations...

A small version of Kwido for teleconsultation purposes (videocalls, messages and health monitoring) using tablets is being used in Bullas by the Murcian Health Service in the FICHe program. Also other companies as Osatek, Tunstall Televida, Cognitiva Memory Units, Grupo SSI, etc. are already using the solution.



<http://www.idieikon.com/adsum>

**FUNDED** 1989

**COUNTRY** Spain

**CONTACT** Miguel Alborg

[miguel@idieikon.com](mailto:miguel@idieikon.com)

#### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Palliative Care / HTA / Dementia /  
Alzheimer

#### **VIDEO**

## Solution Description

A+ platform delivers services to the healthcare market to:

- Enable Integrated, Co-ordinated and Proactive Care including different type of providers in shared care plans to optimize available resources' usage maximizing the number of encounters with patients. A+ is multi-condition since moment zero (COPD and HF already tested)
- Empower Patients and Caregiver which participate in the (self)-care process using easy-to-handle wizard-based interfaces (questionnaires, vital signs' data, advice and education materials...)
- Get KPIs on patient's and provider's performances while accomplishing care plans
- Act as a CDSS for Patients and Providers; triggering specific care actions to the proper responsible when something happens (i.e. new medication prescribed, specific vital sign data, etc.)
- Interoperating with pre-existent systems, so processes are not duplicated (i.e. patient's databases, encounters' summaries, etc.)
- A+ is cloud-based and can perfectly run under pay-per-user models

## Features description and additional details

A+ Care Plan Engine: provides client 100% independence to self-manage as many care plans as needed.

A+ Horizontal Integration of Care: A+ has already demonstrated how the tool can be used to co-ordinate care with Social Services Providers, improving even more efficiency while attending chronic patient's needs.

A+ Care Calendars: Tracking chronic conditions become as easy as interact with Google Calendar. Wizard-based interfaces guide users to complete anything required from them.

A+ "Bring your own device": cloud-based interfaces, standard (HTML5) for PC, Tablet, Smart Phone or even Smart TV.

A+ Interoperability: 100% bi-directional interoperability guaranteed with other systems using standards (ETL, CSV, HL7, Web Services)

A+ KPIs: available under demand, already proving Cost-Efficiency and Improving Patient's Satisfaction.

## Previous implementations...

Hospital de Manises (Valencia; Heart Failure, Palliative Care, Crohn Disease; Patient Satisfaction increased by a 28%; Hospital Stays reduced by a 21%; other detailed KPIs available under demand);

SMS (Murcia; Diabetes);

Sanitas (Spain; multiple conditions);

Generalitat Valencia (Valencia; COPD - implementation in progress);

CUDECA (Andalucia; Palliative Care - implementation in progress);

BUPA (United Kingdom; multiple conditions - implementation in progress)

# iHealth

<http://www.ihealthlabs.eu>

**FUNDED** 2014

**COUNTRY** France

**CONTACT** Louie LYU  
[louie@ihealthlabs.com](mailto:louie@ihealthlabs.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

iHealth as a leading connected healthcare company, are providing from connected medical sensor, mobile app/data aggregator, to web app/system solution, specially targeting to hypertension management, diabetes management, COPD/Asthma care and population health. All iHealth hardware, which includes connected blood pressure monitor, glucose monitor, pulse oximeter, body component scale, activity & sleeping tracker, are clinical validated and certified with the highest regulatory standard. Together with iHealth connected medical sensors, iHealth offers end-to-end tele-health solutions, which provides toolkits of easily monitoring patients' vital signs and symptoms with/without physician's supervision, meanwhile physicians are able to track all relevant patient's vital data instantly, communicate with patients via messaging/video call system, receiving alerts of abnormal readings and eventually deliver effective treatment and more affordable healthcare service in the eco-system.

## Features description and additional details

- Zero-delay data transmission  
iHealth patient management solution (iHealth NEXT) is using the latest data transmission technology. The duration of data transmission is in seconds within EU territories, which hugely increases the efficiency and usability.
- Wide Compatibility  
Smart phone/tablet and computer becomes a nature accessory of daily life for every person. iHealth NEXT is available from any computer or any mobile device - any time, anywhere. They are and definitely tend to have highest adoption rates, with a short learning curve for all size medical organisations.
- Seamless Upgrade  
iHealth NEXT manages all updates and upgrades on line, there are no patches for partners to download or install.
- Cost Efficiency  
iHealth NEXT is subscription based. No license fees mean lower costs.

## Previous implementations...

iHealth is working with UK NHS, to prove iHealth solution's efficiency and ease of use, they asked 20 GP practices to use iHealth products and solutions for a 6-month period. Over 6 months, and 13,000 patients, iHealth solution saved GPs more than 400 hours in consultation time and avoided nearly 20% of unnecessary face-to-face appointments.

User Satisfaction

95% rated their experience of product usage is easy and reliable.

91% said they were extremely satisfied with the educational contents and suggestions after measurement.

78% concurred that the service had saved them time

83% were extremely likely to recommend the service

GP Outcomes

60% of the alerts solved remotely

80% of telephone consultations closed remotely

18% of unnecessary appointments avoided

63% of time saving by connected sensors compared with face to face appointment.





<http://www.infosolution.it/>

**FUNDED** 1998

**COUNTRY** Italy

**CONTACT** Giovanni De Salvo  
[g.desalvo@infosolution.it](mailto:g.desalvo@infosolution.it)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

Info Solution, a medium sized Italian company, developed "Kedos-net", an end to end telemedicine solution built to allow an advanced monitoring service for patients at home.

Kedos-net makes available a set of biomedical devices that collect vital and health data, a tablet that receives this data and send them from patient home to a server. The hospital staff can access the data through a patient management dashboard for PC equipped with adjustable alarm and alert system developed for clinical staff.

Kedos net assembles multiple sources of information coming from different sensors in order to offer a global view of the patient state in one patient dashboard allowing an easy identification of sudden problems as well as the trend for health status.

Messages can be sent from medical and patient side, they consist in text messages as well as files containing reports or any other relevant content. Audio/videoconference can be started at anytime by Hospital staff. <http://www.kedos-net.com>  
e) Interoperating with pre-existent systems, so processes are not duplicated (i.e. patient's databases, encounters' summaries, etc.)

f) A+ is cloud-based and can perfectly run under pay-per-user models

## Features description and additional details

Several medical conditions can be monitored depending on which of the available sensors are connected

PULMONOLOGY/ CARDIOLOGY

Pulse Oximeter, Spirometer (in integration phase), Scale, Sphygmomanometer (BPM), ECG

DIABETOLOGY

Devices: Glucose meter, Scale, Pedometer (in integration phase)

NEUROLOGY

Devices: Pulse Oximeter, Spirometer, ECG, Throat Microphone, EMG

Solution is able to collect and share patients' vitals and health data with hospital staff remotely.

Solution is meant to be end-to-end, providing all the necessary hardware/software for both patient and hospital sides.

Solution interface is currently available in Italian and English but it can be translated in any requested language.

Patients and their families can communicate via text messages or by audio/video conference started by medical side.

## Previous implementations...

This projects are funded research projects that included clinical trial: "STELE" clinical trials monitoring of patients suffering from SLA and other neurodegenerative diseases and the development of a new system dedicated to the rehabilitation post stroke. Partner: Fondazione Santa Lucia ([www.hsantalucia.it/](http://www.hsantalucia.it/)) ed il Policlinico Umberto Primo ([www.policlinicoumberto1.it](http://www.policlinicoumberto1.it)) "Life Monitor" a system for monitoring and remote assistance for some chronic conditions: diabetes, atrial fibrillation, Chronic obstructive pulmonary disease. Partner: ICP "Istituti Clinici di Perfezionamento" ([www.icp.mi.it/](http://www.icp.mi.it/)) "EAD" It 'a project that has as its purpose the monitoring and treatment of pediatric patients with diabetes through telemedicine sensor. Partner: Ospedale Pediatrico Bambin Gesù ([www.ospedalebambinogesu.it](http://www.ospedalebambinogesu.it)) "ON" project deals with the compensation of compromised autonomy of the patient with SLA.



<http://theinit.com/init-services/>

**FUNDED** 2006

**COUNTRY** Spain

**CONTACT** Carlos Cabezón  
[cabezon@theinit.com](mailto:cabezon@theinit.com)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
Oncology / Morbid Obesity /  
Palliatives / Home hospitalization /  
Early discharge / Clinical trials

### VIDEO

## Solution Description

The Remote Patient Monitoring (RPM) solution allows Health professionals to remotely monitor and track their patients, as well as it enables patients for self-management of their conditions, either at home or on-the-go. Thanks to our solution, technology is put at the service of the current care model, facilitating the evolution towards a preventive and proactive model, more efficient and sustainable, in which the patient is involved in their self-care, thus managing to delay of the evolution of the pathologies, the decrease of the acute episodes, and therefore a smaller number of hospitalizations. All this accompanied by an improvement in the satisfaction and quality of life of the patient, who sees how they increase their permanence in their home.

## Features description and additional details

The solution is based on 3 main features pillars:

(1) Patient's Module

It's the application that the patient uses to report on his health condition (upload vital signs, respond questionnaires, etc.) and receive relevant information about it (warns, reports, educational contents, etc.).

(2) Clinical Management Module

Its main goal is to receive and record all data related to vital signs (measured with biometric devices) and questionnaires, attained through the set of devices provided to the patient. This module also assesses and handles the alarms related to such vital signs and questionnaires.

(3) Operating Management Module

It manages all the devices, communications, logistics and operations of the whole Service. This module doesn't access clinical data, but the minimum set of personal data that are essential to manage the users.

## Previous implementations...

1. United4health (Galicia). Patient Monitoring COPD. Up to 500 high risk patients
2. CRONEX 3.0 COPD (Extremadura). 120 Patients. High risk COPD
3. CRONEX 3.0 IC (Extremadura). 120 Patients. High risk HF
4. Location CASTILLA LA MANCHA. 100 Multi-pathological patients with chronic high-risk diseases. Integration with clinical history
5. AtlantiC Programs (Andalucía). 510 patients, 3 hospitals. Integration with Salud Responde and ASSDALocation COMUNIDAD VALENCIANA
6. Valcronic Program (Comunidad Valenciana). 550 high and medium risk patients monitored. 18 clinical programs. 2 departments, 6 health centers and more than 150 health professionals involved. Integration with clinical history
7. ICOR Project (Cataluña). Cardiology service of Hospital del Mar. 200 HF patients.
8. Telemac Project (Cataluña). 400 complex multi-patient patients. Integration with Clinical History
9. Ciber Project (MADRID). 200 patients. Infectious disease detection program

**Insulclock** 

<http://www.insulclock.com>

**FUNDED** 2015

**COUNTRY** Spain

**CONTACT** Jose Lus Lopez  
Sánchez-Pascuala

[joseluis@insulclock.com](mailto:joseluis@insulclock.com)

**THERAPEUTIC AREAS**

Diabetes

**VIDEO**

## Solution Description

Insulclock is a system to get diabetes under control. Composed by an small electronic device that connects the insulin pen with the smartphone of diabetes patients or relatives and the cloud.

Insulclock gets key info in real time like hour, quantity and type of insulin at every injection. Sends the info via bluetooth to the app in the patient's mobile. Also can put alarms and reminders.

This info can be shared with parents or relatives if the patient is a child or dependent people.

Also doctors have their own access to the patients data in real time to make a better follow up of their diabetes to improve the treatment or receive alarms if they forget the insulin.

The device in 100% finished, the APP 100% finished and the dashboard for doctors 100 % finished.

They are testing with patients at Fundación Jimenez Diaz Hospital in Madrid and Juan Canalejo y Galicia.

## Features description and additional details

Thinking about old/dependent people without a smartphone or children, the device can work alone.

That means that with sounds and light can alert the patient that is time to get the insulin. Their relatives or caregiver can program the alarms during the day and receive a message ones the patient gets the insulin.

An extra feature is a temperature alarm. The insulin hormone lose efficiency with high temperature and the sensor will report it.

## Previous implementations...

Fundación Jimenez Díaz in Madrid.

On going in Grady Memorial Hospital in Atlanta - Emory University. Conducted by Dr. Guillermo Umpierrez one of the top experts in diabetes.



*comunicare,  
semplicemente.*

<http://www.i-tel.it/it/>

**FUNDED** 2005

**COUNTRY** Italy

**CONTACT** Domenico  
Mezzapesa

[domenico.mezzapesa@i-tel.it](mailto:domenico.mezzapesa@i-tel.it)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
Chronic pain and other diseases  
which can be managed by sensors  
and devices

### VIDEO

## Solution Description

The I-Tel telemedicine project is based on a model that can govern the patient's clinical progress. It connects and coordinates various facilities and professional figures to improve and personalize patient care and create more fitting services.

The project:

- motivates patients to take part in a process deemed fundamental for the management of their health. Although perhaps initially hard to learn, it puts them in "constant" contact with a health care facility that can help them (like in a hospital ward)
- means the patient always has someone by their side
- guarantees a direct line between the patient and specialized personnel, 24 hours a day, 7 days a week, via app, chat, video call, voice or telephone
- provides tools for patients and their care givers, and also for the social and health workers or volunteers, with all of the patient's data in a single place
- is not linked to specific electromedical devices but integrates the data via Bluetooth
- it reduces the use of hospital facilities.

## Features description and additional details

Treating a chronically ill person requires numerous interventions with the goal of slowing down the progress of the illness, reducing hospitalization, increasing survival and reducing symptoms in order to improve quality of life. Local health care, however, cannot only consist of monitoring clinical parameters. Instead, it must be based on a model that can govern the patient's clinical progress, that connects and coordinates various facilities and professional figures to improve how patients are dealt with, increase the appropriacy of the services, and personalize patient care.

Therefore, the widespread use of multichannel communication technologies between patient and health workers promotes constant care provision, intensified follow-up and the active involvement of the patients and their family members.

The main components of the multi-level solution are as follows:

- multichannel contact centre+alarm signals dashboard
- App for patient
- App for health workers
- electromedical devices

## Previous implementations...

The solution has been implemented at the Monzino, one of the most important hospital in Italy for cardiovascular diseases. It monitors various devices and is absolutely proactive, for ex. as a reminder to the intake of medicines or the reporting of irregular tracings. In the future Monzino will introduce a system of "one to many" rehabilitation where, through the multichannel communication technologies, a single physiotherapist can interact simultaneously, even in video presence, with a multiplicity of remotized patients. By App, the Monzino's medical staff can, in any place and at any time, consult the history of the parameters for single patient, detect anomalies, check the correct intake of medication, communicate with the patient, the family and all the care team. By app, as well as from a web dashboard, the hospital staff can observe the real-time tracks, compare them with the past, manage priorities. The solution is really appreciated. It will be deployed as a pay-per-use model.



<http://jinga.life>

**FUNDED** 2013

**COUNTRY** Ireland

**CONTACT** Barry Ronayne  
[info@jinga.life](mailto:info@jinga.life)

### **THERAPEUTIC AREAS**

COPD / CHF  
Solution is not focused on one specific condition

### **VIDEO**

## **Solution Description**

Jinga Life is a mobile, personalised family EHR platform that places the true curator of care within a family at the centre of her Circle of Care. They integrate existing innovative tools on a democratised platform to enable medical professionals, patients and Jingas to monitor the ongoing health of the patients, providing an effective support tool for care provision and clinical decision-making. Jinga Life, in tandem with iHealth Labs, provide intuitive, simple technologies to record biometric and vital data which is uploaded to the open API platform.

### **Features description and additional details**

The Jinga Life platform, currently trading as Linkedcare in Portugal, offers a fully compliant paperless prescription solution. The platform enables the patient to collect and upload biometric and vitals data from home and instantly share with their doctors.

Jinga Life places the Jinga, the curator of health in the family, at the centre of her Circle of Care. They recognise this vital role in healthcare and ensure her voice is heard and she has an impact on the provision of care.

The Jinga Life platform enables the user to monitor the health of a patient over time, through the analytics tools. The platform also enables the doctor to upload scans, reports, medication, relevant documents, and any tests all to the patients file, keeping all relevant information in one place.

### **Previous implementations...**

Jinga Life is currently operating live in Portugal under the linkedcare brand name, providing a paperless prescription and digital patient health record repository for GPs.



<http://www.linkcareapp.com>

**FUNDED** 2010

**COUNTRY** Spain

**CONTACT** Jose Sanchez

[jose.sanchez@linkcare.es](mailto:jose.sanchez@linkcare.es)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Hypertension / Smoke cessation /  
activity coaching / weight control

### **VIDEO**

## Solution Description

Linkcare is a turnkey solution composed by two main components: (1) The "Open platform", and the "Carepedia library".

\* The Linkcare platform includes: (a) a web portal for health professionals and patients; (b) a mobile App accessible to professionals, patients and patient's associates (relatives, caregivers...).

\* The Carepedia library is a set of "care plans" including: (a) activities to state the patient's health profile; (b) verification of eligibility criteria; (c) stratification to assign the best suited plan; (d) kick off activities; (d) follow up activities to be performed by the patient and his/her relatives or health care professionals; (e) tools to monitor patient's compliance and adherence to the plan; (f) alert management to detect and handle harmful conditions revealed; and (g) periodical assessments to review the patient's health condition.

## Features description and additional details

Linkcare uses standard mobiles and browsers. No special equipment other than small inexpensive medical devices (provided as part of the proposed pay-for-service fee) required.

The proposal adds "hypertension" and three "support" programs for "smoke cessation", "weight control" and "activity coaching".

All data is accessible to hospital staff. Patient can also grant access to relatives and caregivers for informative or supportive purposes. Monthly reports can be sent to relatives or other associates.

The Case Manager has a dashboard to control adherence and manage alerts and enrolment requests. Alerts are automatically generated under predefined conditions.

Patients, associates and caregivers can post messages to each other.

The Linkcare platform is an open one, can be integrated by third parties and installed in house and under software as a service (SaaS) model. All personal data is conveniently secured in a separate repository than anonymous clinical data for LOPD compliance.

## Previous implementations...

The solution is running for the last five years in Osakidetza (Barque Country Medical Service) for COPD screening, in 150 primary care centres; in UZ Leuven Hospital for activity coaching and in Filoktitis Hospital for COPD pulmonary rehabilitation, among others (see all references in presentation file).



<http://mcs-datalabs.com>

**FUNDED** 2013

**COUNTRY** Germany

**CONTACT** Suheib Mousa  
[suheib.mousa@mcs-datalabs.com](mailto:suheib.mousa@mcs-datalabs.com)

### **THERAPEUTIC AREAS**

All, as long as there is a Bluetooth connection to devices

### **VIDEO**

## **Solution Description**

SmarKo Health™ is an award-winning sensor- and application-based technology focusing on the needs of patients and medical experts, particularly in the area of distant diagnosis and treatment. The system exists as functioning prototype.

SmarKo™ offers a holistic solution with integrated sensor and application technology that aims at reducing stress in the healthcare sector while leveraging recent technological advances. It allows for third-party device integration.

Data privacy and security at European standards are central to the SmarKo™ development. MCS Data Labs is committed to high ethical standards required for the handling of patient data. Different to many other applications, users can decide where to store their data.

Within the legal boundaries, SmarKo™ is set up for data sharing, document management, clinical studies and customized data analytics

### **Features description and additional details**

SmarKo Health™ is a holistic system that can be customized to particular needs, this to monitor and treat specific diseases.

Hardware: SmarKo™ Vital Data Device (wrist, arm, belt, etc.). This device can also serve as a gateway for data of third-party devices. The system is open to any third-party device that contains Bluetooth. SmarKo includes alert button and audio functions.

Doctor and patient software: medical plans, history, data and photo sharing, customized setting of report and alert thresholds, customizable dashboard, ease of use. Three-dimensional, rotating body allows for pinpointing of affected areas.

Real-time communication in video audio and texting for doctors, patients, caretakers and other target groups.

### **Previous implementations...**

SmarKo™, both hardware and software, is currently (2017) being implemented in a toddler monitoring system with serial production planned for 2018, this under private label. MCS' own hardware device will deliver several vital data, provide analysis and history. This serves as advanced entry-level system in a non-EU geographic region.

SmarKo™ communications functions are made being part of a clinical cooperation project in Berlin (Germany) in October 2017 for real-time video communication between doctor and patient.



<http://medeo-health.com>

**FUNDED** 2016

**COUNTRY** France

**CONTACT** Remi Berger

[remi@medeo-health.com](mailto:remi@medeo-health.com)

**THERAPEUTIC AREAS**

CHF / Diabetes  
Chronic Kidney Disease

**VIDEO**

## Solution Description

Medeo has a complete eco system that integrates medical devices such as blood pressure monitors, glucose meters, thermometers, heart monitor, etc to monitor the health of patients. These devices are bluetooth enabled which means that the readings from these devices will automatically be stored to the patients profile. It is particularly helpful in the case of patients with chronic diseases as the software has a database of health parameters for different kinds of chronic diseases and it can alert the hospital/ doctor in case the parameters of the patients go beyond or below the normal level.

It is also helpful for post surgery care as hospitals can remotely monitor the health of their patients.

### ● Features description and additional details

The solution can be easily used on any iOS and Android smartphone/ tablet.

No special/expensive hardware required

Patients can maintain an online record of their medical history

The software compares the current condition of the patient and compares it with the medical database to warn about any possible symptoms

Patients can also book appointments with their doctors via the application

The software also understands the kind of diseases people are suffering with in a particular area and helps the government take action

### ● Previous implementations...

They are currently in talks with Ramaiah Memorial Hospital in Bangalore, India to implement a very similar project. This is in partnership with bpi France and BIRAC.

Apart from this they have worked with several medical centre in France and 2 centre (1 private hospital and 1 Alzheimer centre for elderly people).





<http://www.medicinemen.eu>

**FUNDED** 2013

**COUNTRY** Netherlands

**CONTACT** Oscar van Dijk

[oscar@medicinemen.eu](mailto:oscar@medicinemen.eu)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Thrombosis / Medication /  
Dehydration

## **Solution Description**

Emma Professional Care platform supports patients managing their chronic disease and medication using a mobile web platform. With Emma patients manage their COPD, diabetes2, CVRM, thrombosis and medication. Emma is very flexible, in that it allows patients to add both their professional care givers and their family members into their private community. Professionals can remotely monitor patients on different vitals, including blood pressure, weight, temperature, activity, sleep and medication. They use wireless equipment from partners like Withings/Nokia and can easily add other equipment if required so. The Emma webplatform is medical devices class I certified. Patients and family can communicate with hospital staff using the Emma app or webbrowser. Care professionals use a web dashboard to oversee patient vitals and communicate to the patients and their loved ones.

### **Features description and additional details**

Professionals can remotely monitor patients on different vitals, including blood pressure, weight, temperature, activity, sleep and medication. They use wireless equipment from partners like Withings/Nokia and can easily add other equipment if required so. Emma is very flexible, in that it allows patients to add both their professional care givers and their family members into their private community. The Emma webplatform is medical devices class I certified. Patients and family can communicate with hospital staff using the Emma app or web browser. Care professionals use a web dashboard to oversee patient vitals and communicate to the patients and their loved ones. The patient, family and care givers can set alerts to be notified if certain vital thresholds are passed. Alerts can be sent through the Emma app, sms message or email, depending on urgency and personal preferences. Emma is multilingual, presently English and Dutch, but they add very easily Spanish as a new language.

### **Previous implementations...**

- 2015 | Lely zorggroep-Rotterdam: pilot with elderly 65-85 years using the medication adherence functionality. After 18 months they all wanted to continue using Emma.
- 2016 | HRC dietitians Rotterdam: pilot using Emma for remote monitoring of clients with eating disorders
- 2016 | eFarma Internet pharmacy: using Emma for malaria prophylaxe treatment in Africa
- 2016 | Bravis Hospital: using Emm to monitor and coach COPD patients at home
- 2016 | Amsterdam University Medical Centre: using Emma to monitor medication adherence with adolescents with a chronic illness
- 2017 | ROHA GP caregroup Amsterdam (180 GPs): pilot COPD/DM2/CVRM patients supported self management and remote monitoring
- 2017 | Wilskracht Werk Rotterdam: 500 elderly, using Emma for self management and for contact with volunteers.



**FUNDED** 2013

**COUNTRY** Poland

**CONTACT** Tomasz Kościelny

[tomasz.koscielny@mediguard.pl](mailto:tomasz.koscielny@mediguard.pl)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

Mediguard is an ICT company developing telemedicine solution for medical facilities willing to provide telemedicine services.

Solution offered by Mediguard (the "System") is based on three key components: 1) telemedicine platform for the medical facility; 2) mobile application for patients and physicians; 3) medical devices for patients & medical facility.

The System allows aggregation, analysis and transfer of the examination data collected by diagnostic devices integrated with the System. The System is dedicated to cardiology, diabetology and pulmonology diseases monitoring as well as is equipped with solutions for elderly patients (eg. special mobile gateway, operated by pushing large, single buttons).

Mediguard purchases medical devices from third-party manufacturers and pair them with the proprietary application on mobile devices with Android OS. The data is collected in the application via BT and transferred to the central database on MS Azure Cloud. The System can be easily customized by Mediguard to its customers' requirements.

## Features description and additional details

Mediguard System is dedicated to monitor Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), diabetes, and monitors other parameters (body temperature, weight, blood saturation)

The only requirement to transfer the data remotely to the hospital is internet connection.

Mediguard provides comprehensive solution, incl. software and maintenance, mobile application, tablets, SIM cards with mobile data and mobile diagnostic devices. Various language versions are planned to be introduced (Spanish version is advanced).

The System assures direct communication channels between patients, families and medical staff: e-mail, SMS, application push, chat, images & video transferring, and 24/7 access to the medical data history.

## Previous implementations...

The first implementation of the System took place in the Medical University of Łódź. Project assumed development of the system's COPD related functionality & algorithms based on the data collected from the patients. Ca. 120 devices (incl. tablets with mobile data and BT, telemedicine system and application, spirometers, oximeters, blood pressure) have been provided for the project.

The biggest implementation of Mediguard Sytem was for a private hospital located in Katowice. Mediguard provided ca. 1,200 devices (ECGs, spirometers, oximeters, 2-in-1 blood pressure, glucometers, weight scales) as well as system maintenance, tablets and SIM cards.

Mediguard identified several benefits from using the System:

1. For the physicians – on-going monitoring of the measures and immediate alerts of bad symptoms (e-mail, SMS, push notification) based on automatized algorithms analyzing data
2. For the patients – direct, multichannel communication with medical staff (chat, allowing asking questions on simple medical problems and sending descriptions, photos & videos).

**MEDIXINE**

<http://www.medixine.com>

**FUNDED** 1994

**COUNTRY** Finland

**CONTACT** Tapio Jokinen

[tapio.joknen@medixine.com](mailto:tapio.joknen@medixine.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

Medixine Suite is a disease independent multi-channel communication system for disease management. It is a flexible cloud software solution specifically designed to connect professional care teams and their patients. Care teams can communicate using secure messaging or video, develop and deliver coaching and care programs, monitor both individual and population level progress, and provide automated, personalized feedback to individuals receiving care and coaching remotely. It has been designed with the goal of keeping individuals engaged with their entire care team, including their caregivers, coaches, and friends, all in a secure, closed environment. Medixine Suite forms a complete disease management solution that serves as a storage and data management system for various types of patient-related data and provides several interactive functionalities for patients and the healthcare professionals treating the patients.

Medicine suite supports hundreds of measurement devices.

### Features description and additional details

Medixine Suite is based on 15 years of experience in connected care with over 300.000 patients.

### Previous implementations...

The Finnish National Student Healthcare system (120.000 patients), NHS in the UK, several communal providers in Denmark and Finland. Full list of references is available.



<http://minoxsys.com>

**FUNDED** 2012

**COUNTRY** United Kingdom

**CONTACT** Greg Payne  
[greg.payne@minoxsys.com](mailto:greg.payne@minoxsys.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Cancer

## Solution Description

Minoxsys has developed a care pathway management solution that seamlessly integrates with existing healthcare IT infrastructure to:

- Track patients with LTCs
- Drive higher quality, and more timely patient care
- Open up opportunities for deeper patient interaction.

The system reduces the time and cost burden to monitor patients with LTCs – enabling clinicians to manage flow, anticipate and mitigate against risks arising; and has the potential to promote self-care through interactive content provision based on pathway events.

Event data that is recorded against a patient's care is monitored in the platform and is interpreted and can trigger communication to ensure patients know where they have been and where they are going next with relevant notifications and information along the way. They provide both a healthcare navigational tool and a meaningful reason for patients to interact and monitor their care and can include caregivers, friends, and family.

## Features description and additional details

They believe they have a unique approach to a complete, unified view of patient events across a health community, with access to planned events from all providers to interact with them positively. Access to these events can provide vital support and allow the system to adapt to patient needs throughout the course of their disease.

Access to event data can:

Facilitate service redesign, by offering a view of cross-organisational care pathways and indicate where problems are occurring.

It can allow alterations to be instantly visible, driving improvements in co-ordination of care, clinical safety and patient outcomes.

They can interact with patients based on the outcome of their most recent event to ensure:

Follow-up care is coordinated with patients;

Information is provided for drug adherence – through reminders, or push notifications that are engaging;

Support and empowerment of patients; and

Learnings are shared through peer to peer visual interaction.

## Previous implementations...

They are currently doing a COPD and Asthma tracking pilot with Portsmouth NHS Trust in the UK and tracking cancer patients in another trial with Imperial NHS Trust in London



<http://stethome.com>

**FUNDED** 2015

**COUNTRY** Poland

**CONTACT** Wojciech Radomski  
[radomski@stethome.com](mailto:radomski@stethome.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

StethoMe™:

- The wireless stethoscope enables independent and precise examination at home.
  - The contactless thermometer measures the temperature quickly, precisely and silently, even when patient is asleep.
  - Sound analysis system – if any disturbing signals appear in the respiratory system, the intelligent StethoMe™ is notified about that immediately
  - Medical history – the sounds recorded and temperature measurements registered create the medical history and at any moment it is possible to send them to a physician of choice.
  - Monitoring of chronic diseases, including asthma
- Care Clix:
- most comprehensive telemedicine platform today
  - Chronic Health Management Solution
  - Remote Patient Monitoring

## Features description and additional details

The advantage of the solution is the innovative approach towards respiratory system diseases, taking advantage of cutting-edge algorithms based on neural networks in order to detect respiratory system pathologies and monitor the health condition. Medical service will be able to check the health condition of their patients remotely. Physicians, on the other hand, are going to receive the useful data to which they have not had access before. This information is going to help treat patients more efficiently. One of the main competitive advantages is going to be the sound quality. The stethoscopes available on the market provide sounds that are valid, but differing from those that the physicians hear when using traditional stethoscopes. CareClix enables remote consultations in a seamless and secure environment between patients and physicians and allows for the sharing and collaboration of clinical data between all parties involved.

## Previous implementations...

Care Clix is an industry proven solution. Details can be found here: <https://careclix.com/health-systems>. StethoMe™ is at the stage of prototype and not yet ready for implementation.



<http://www.neat-group.com>

**FUNDED** 1988

**COUNTRY** Spain

**CONTACT** Aurora Requejo  
[aurora.requejo@neat-group.com](mailto:aurora.requejo@neat-group.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

NEAT provides a set of platform tools that together with some devices and peripherals help service providers on their task to provide social and health services to the users, primarily elderly and chronically ill users.

### Features description and additional details

The Telehealth Service is a health service that aims to help in health monitoring for the chronically ill, as well as : Improved patient experience of the health system, Reduce anxiety by establishing ongoing connection with care providers, Restore patient independence by self-empowerment, Access to personalized care in timely, coordinated and effective manner. TeleMedCare solution achieves this by: Collecting and feeding up-to-date patient health data back to care teams, Presenting useful information to patients fostering better understand and self-management, Presenting complete patient health profile to care teams supporting development of personalized treatment plans.

### Previous implementations...

Servicio Madrileño de Salud - SERMAS, Cruz Roja Colombiana

**nexus** | **sisinf**

<http://www.sisinf.com>

**FUNDED** 1997

**COUNTRY** Spain

**CONTACT** Alfons Puig  
[apuig@sisinf.com](mailto:apuig@sisinf.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

The solution proposed is named TESIS mHealth. It is based in the hospital's solution called TESIS, with specific modules for remote-monitoring.

For the patients, TESIS mHealth provides medical measuring devices, like scale, tensiometer, polioximeter, glucometer, etc. We are still adding new devices. These devices are connected via Bluetooth to a tablet that collects the data and sends them to the backend. The tablet also allows the Patient to answer a questionnaire that allow the healthcare professional how the Patient feels. The tablet has also a videoconference system to allow the healthcare professionals to have a live remote visit with the Patient.

For the hospital staff, TESIS mHealth provides a dashboard with the main information for each patient, including some alerts depending on the pathology, based on the results received (measures from devices and questionnaire responses). The system allows to manage the alerts (add comments, discard, start new actions), add clinical notes

## Features description and additional details

Videoconference is perhaps the most important feature, that allows the communication between the hospital staff and the patient, just to make remote monitoring as handy as possible. Besides, professional staff is able to send messages or to configure periodic feedback that contributes to enhance the adherence to treatment and increase patient's quality of life through a permanent monitoring.

Because TESIS mHealth is a specialization from TESIS, it can provide other features, like Clinical Notes, Reports, Adaptive Clinical Guides, Customizable Forms, Agendas, etc.

## Previous implementations...

TESIS mHealth is currently running in Hospital del Mar in Barcelona for CHF from last year. This year we will also start with the service of psychiatry and the service of pneumology for COPD.

However, TESIS, the base solution is installed in several other Hospitals and Clinics in Spain.



<http://nouveal.com/en/>

**FUNDED** 2013

**COUNTRY** France

**CONTACT** Agnès BRIARD  
[abriard@nouveal.com](mailto:abriard@nouveal.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

**VIDEO**

## Solution Description

e-fitback, developed by Nouveal company, is a digital assistant for medical follow-up. It is available on the web, tablets and smartphones and has been designed for both patients and healthcare professionals. This e-health solution is currently used to enhance day surgery. The solution has already been used by hundreds of healthcare professionals for ambulatory surgery & "enhanced recovery after surgery" (ERAS) departments. It is about to be applied to other medical areas like psychiatry, oncology and chronic diseases. The whole patients' medical pathway is monitored through the application, from pre-admission to the end of their recovery.

## Features description and additional details

Back home, after first appointment with a surgeon, patients start the pre-admission paperwork without having to return to hospital. It allows patients to gather all administrative papers required, whilst being still at home by taking photos from their smartphone. They also receive pre-operative instructions regarding their surgery: information about how to be well prepared, and about their recovery. Pre-hospitalization through e-fitback prepares and guides patients by providing them with educational contents, and preparation checklists. After their hospitalization, patients can fill out a survey by entering their vitals and answering questions regarding their symptoms. According to their answers, an alert is triggered and sent to the medical staff. It detects risk situations allowing doctors to focus on patients who need particular attention. This allows better priority management.

## Previous implementations...

They have already implemented the solution into healthcare establishments, both public and private ones. Most of them are private healthcare centers (pools of different actors or independent ones) which want to enhance ambulatory and ERAS departments. They have also introduced e-fitback into public centers dealing with long term follow-up protocols like psychiatry and oncology. Seventeen establishments are currently testing the solution in Europe. Today, more than 10000 patients are using e-fitback application. The application is available in English, Swedish, German and in Spanish (at the end of March 2017). Until now, major feedbacks they got came from private hospitals:

- CAPIO GROUP: a patient recovering after his surgery told that "I needed about 5 minutes to reach the surgeon who told me to come back to the clinic for another auscultation [...] without the medical questionnaire I would not thought it could be important."



## Solution Description



<http://www.opentelehealth.com>

**FUNDED** 2015

**COUNTRY** Denmark

**CONTACT** Henrik Ibsen  
[hibsen@opentelehealth.com](mailto:hibsen@opentelehealth.com)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
(Configurable)

### VIDEO

OpenTeleHealth (OTH) is a cloud based platform, designed for Remote Patient Monitoring of multiple chronic diseases by configuration.

It has been in production since 2013 in Denmark with more than 2000 patients on average continually, so it is extremely reliable and mature.

It is a CE marked platform, medical device class 2a by end of 2017.

The platform has gone through clinical trial (Telecare North) and has demonstrated substantial reduction of hospitalization cost - most notable with PROM patients with a total documented reduction of the cost with 77%.

Throughout the project they have demonstrated in the COPD project that 1 nurse can process (including intervention) 50 patients per hour.

OTH support multiple clinical conditions by configuration, effectively empowering the clinician to design the protocol using visual programming of the interactions with the patient.

This unique feature allow OTH to be configured to deploy any protocol that can be described/programmed by the empowered clinicians. Coaching can be embedded.

## Features description and additional details

New languages can be added on the fly.

Videoconferences are supported, even team based training and multi-conferences.

SMS broadcasting supported.

Measurement types supported: bluetooth, blood saturation/pulse, CTG, ECG (3-lead), blood pressure, weight, glucose in blood, lung function (spirometer), continual glucose measurement, temperature, manual input, glucose i urine, CRP, hemoglobin, protein i urine, blood in urine, nitrites in urine, leukocytes in urine, respiratory rate, height, peak flow.

System support manual input for most values, and support BYOD. System can even get data from patients with only GSM phones. Complex patients can be supported with bluetooth kits. System has open interfaces to both APP's and EHR, and support full integration. APP sourcecode is free, so Bernal and/or affiliated software organization can freely change/adapt APP to local and/or special use. APP is available in HTML5 version (cross platform) without device integration that run on ALL devices.

## Previous implementations...

3 out of 5 Danish Regions has used the system since 2013. In addition government are funding 20.000 COPD patients initielly enrolled in this architecture setup in Denmark before end of 2019. Business case published by government.

System is in production in Norway with 29 municipalities, Finland, Canada and UK - where OTH's partner Baywater scored highest compliance (95,9%) in the NHS national tender.



<http://powhealth.com>

**FUNDED** 2011

**COUNTRY** United Kingdom

**CONTACT** Ifty Ahmed  
[ifty.ahmed@powhealth.com](mailto:ifty.ahmed@powhealth.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Any condition requiring self-reporting or automated data capture from wearables, apps or devices.

### **VIDEO**

## **Solution Description**

Pow Health is making it easier for people to manage their health by bringing their health data together in one place. Pow Health offers you a 360-degree view of your health where you can create health goals, track health indicators, manage a personal health record and share your progress with doctors, carers or family. The unique customization engine, developed alongside Alzheimer Europe, academia and leading European hospitals, allows the technology to be configured for the needs of older patients.

Pow Health can engage individuals with personal data insights and education whilst also helping them connect and learn from other people with similar health goals or conditions. Relevant engagement is used to drive behavior change and boost treatment compliance. The Technology connects with over 300 devices and apps and has 1000+ pre-installed trackers to offer the largest collection of health trackers on the planet, catering for the varying health needs of patients.

### **Features description and additional details**

- Multi-account feature to allow spouse/carer to track their health also.
- Contributor feature - permits other users to contribute to a users health information provision.
- Quality of life, health, lifestyle and exercise tracking.
- Allows one or many conditions to be centrally managed.
- Social platform (forums and messaging if required).
- Personal Health Record can be managed and controlled.
- Beautiful visualization of tracked data to reveal insights and trends.

### **Previous implementations...**

Currently working with several health organizations in Spain and Europe including Servicio Andaluz de Salud and Consorci Sanitaria de Terrassa (alongside Alzheimer Europe) to adapt the platform to support patients with early dementia (medicine, appointment reminders, health tracking, remote monitoring, education). Clinical trial commencing shortly.

Mobile app for pharma company and patient organization to support patients with pancreatic cancer.

Working with GP practices in UK who have initiated trial with patients managing diabetes and COPD with focus on remote monitoring aspect.

Working alongside Alzheimer Society and large local authority to develop version of platform to help older people live more independently. Supports health tracking and connectivity with 'internet of things'.



<http://www.qalyo.com>

**FUNDED** 2014

**COUNTRY** France

**CONTACT** Goldstein Laurent  
[laurent.goldstein@qalyo.com](mailto:laurent.goldstein@qalyo.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Hypertension

## Solution Description

QALYO is at health what Spotify is at music.

It creates for each individual specific medical pathways allowing patient to stay in the best possible health condition and healthcare professional to monitor their patient from remote location.

QALYO was designated best 2017 patient follow software in 2017 in France.

They presently work with health insurance Cies, pharmacist

For hospitals QALYO secures patient discharge and allow monitoring services for them.

QALYO is going to be translated in Spanish if selected.

QALYO is compatible with multiple connected device

### Features description and additional details

It integrates regional medical guideline and hospitals specific guidelines in the QALYO data analysis algorithms.

This is to allow very personalized patient support program and monitoring services.

QALYO provides also a very advanced User Experience to facilitate patient compliance and acceptance of the monitoring software by the patient, and sophisticated interaction tools between patient and medical health team.

The overall project for Bernal hospital will be managed directly by the President of QALYO, who is a medical doctor with extensive know how in patient monitoring services.

### Previous implementations...

Insurance : ACM-CIC-Crédit Mutuel-MTRL

Pharmacist : Univers Pharmacie (200)

Hospitals : Ongoing project with Centre Hospitalier de Quimper and Fondation Arnault Tzanck (Mougins) and multiple potential new customer in 2017 since the software is seen as one of the best solution in the market.

## Real Time Services

<http://www.realtimeservices.eu>

**FUNDED** 2017

**COUNTRY** Italy

**CONTACT** Francesco Vasapollo  
[francesco.vasapollo@realtimeservices.eu](mailto:francesco.vasapollo@realtimeservices.eu)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
BradyArrhythmia /  
Supraventricular Tachycardia:  
Atrial Fibrillation (AFib) / Atrial  
Flutter / PAC / PSVT / Intermittent  
Bundle Branch Block / Pause  
/ Arrhythmic evaluation of  
symptoms such as syncope of  
unknown etiology / dyspnea and  
palpitations /Ar

### VIDEO

## Solution Description

Real Time Services may implement and end to end solution that allows hospitals, doctors, caregivers and relatives to monitor in real time and in multiple sessions from any device like tablets, smartphones or pc's, continuously the patient at home and in mobility. Transmitted data is compliance with EE privacy directives and HL7 rules; sensible information is highly encrypted.

Sensors used are non invasive and may be worn simply and quickly by the patient himself or with the support of nurses and relatives. It's a pay per user model. Language will be in Spanish. The solution has low entry barriers; it's scalable and the system may be interfaced to multiple different sensors providing API.

## Features description and additional details

In primis, patients may also be monitored while they are not in the hospital, that is in mobility; Second, Depending on the doctor, Hospitals requirements/decisions other conditions of patient may be monitored at the same time. The system is a multichannel and a multi-protocol data carrier. Monitoring may be configured and optimized through the scalable intelligent software.

## Previous implementations...

The solution has been implemented all over USA and some Arab countries. I would like to point out that Mr Obama has awarded the system as one of the best existing in North America!



**FUNDED** 2002

**COUNTRY** United Kingdom

**CONTACT** Natasha Newton  
[natasha@rinicare.com](mailto:natasha@rinicare.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

PRIME is an e-solution which allows clinicians to visualize, monitor and record patient data in a remote location. PRIME consists of a durable, fit-for-purpose tablet, a range of Bluetooth medical sensors and an associated software package.

PRIME can be linked to a patient data source for ease of communication or can simply produce a PDF report for action/filing. PRIME's key attributes are its ability to efficiently produce patient data reducing administration times, its ability to remove erroneous records due to the collection of raw patient data and its ability to be used in remote locations leading to a vastly increased scope of care for clinicians.

PRIME is customizable to suit the clinicians and patients requirements. It uses intelligent software to produce an Early Warning Score to calculate risk and further development is on-going to include prediction based on the patients physiological baseline.

### Features description and additional details

- Actual data captured leading to removal of erroneous records, reduction of administrative time & production of PDF report
- Range of Bluetooth sensors for ease of use, enabling a multitude of conditions to be monitored
- Long battery life, hardware and software developed and sourced in house
- Intelligent software is available as an Early Warning Score. This reviews existing risk prediction scores and calculates the risk retrospectively by analyzing a fraction of the available data and comparing observations with population – derived “normal” ranges. Further development is in progress to apply a customized and adaptive Dynamic Bayesian Network to the patient's biometric data to produce a prediction based on the patient's individual physiological baseline.
- Further development is in progress to design a forum based tool within the platform to encourage communication between patients, families and hospital staff - PRIME is able to share pictures and videos with clinicians.

### Previous implementations...

PRIME is already used by the University Hospital of South Manchester in a joint collaboration project with the British Heart Foundation. The project utilizes proven expertise in risk prediction for surgery, aviation and other industries to develop the Intensive care Risk Identification System (IRIS). Using data from >3100 cardiac surgery patients, they will develop Bayesian models which continuously analyze each patient's data identifying abnormal patterns by comparison with the individual's own previous values rather than population “normal” values. Building on successful pilot studies, IRIS will display continually updated risk scores and provide early warning of impending complications, allowing timely intervention to prevent the complication occurring or reduce its impact.



<http://www.ruokatek.com>

**FUNDED** 2016

**COUNTRY** Estonia

**CONTACT** Jose Costa-  
Requena  
[jose.costareq@gmail.com](mailto:jose.costareq@gmail.com)

**THERAPEUTIC AREAS**  
CHF / Diabetes

**VIDEO**

## Solution Description

Ruokatek was found from EU research project named PRECIOUS (<http://www.thepreciousproject.eu/> ). The solution consists of a set of i) sensors installed in home of elderly people ii) bracelet that monitors heartbeat and activity iii) Mobile application and iv) cloud service that offers an interface to medical experts to monitor the information from i), ii) and iii) and enter rules into the system. These rules will automatically monitor the information and send SMS or voice message to the mobile application. This allows the medical experts not only to monitor but also modify the system for each individual patient based on the information collected from i), ii) and iii)

### ● Features description and additional details

The system has been validated with Hospital Vall Hebron in Barcelona, Campden BRI in London and Helsinki University in Finland for diabetes monitoring and change behavior to improve exercise and other activities.

### ● Previous implementations...

The system has been tested as research project with Hospital Vall Hebron, Campden BRI and University Helsinki



<http://www.sanidoctor.com>

**FUNDED** 2014

**COUNTRY** Spain

**CONTACT** Juan Custardoy  
[juan.custardoy@sanidoctor.com](mailto:juan.custardoy@sanidoctor.com)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

This is a Telemedicine and telemonitoring platform.

### ● Features description and additional details

Modular platform that can adapt to particular needs of patients/customers/hospitals/homecare professionals or providers.



<http://www.selfecho.com/>

**FUNDED** 2012

**COUNTRY** United Kingdom

**CONTACT** Jacques Habra  
[jacques@selfecho.com](mailto:jacques@selfecho.com)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

SelfEcho is a mobile and web based platform to monitor patients managing chronic pain, anxiety, mental health issues. Clinicians are able to remote monitor patients through the Web based interface and patients passively and actively update data via the iOS and Android smartphone apps.

### ● Features description and additional details

Large universities and larger clinical practices. Outcomes have varied, but the platform has performed in its purpose of collecting data and empowering clinicians to monitor key vitals/metrics.

### ● Previous implementations...

The system has been tested as research project with Hospital Vall Hebron, Campden BRI and University Helsinki





<http://emessage.it>

**FUNDED** 2002

**COUNTRY** Italy

**CONTACT** Roberto Manenti  
[serteaweb@gmail.com](mailto:serteaweb@gmail.com)

**THERAPEUTIC AREAS**

Diabetes

**VIDEO**

## Solution Description

eMessage provides communication solutions to support WELL-AGEING and Elders Cognitive and Social-Relational Empowerment.

We developed a device which combine television with telephone. TV is the most used technology and it is better-known by elderly people. Therefore TV can be used as an interactive custom-made communication platform. It is easy to use but powerful.

This solution is able to monitor health conditions and it support the relationship among people. The goal is to slow down the elders' physical, cognitive and social downfall.

### ● Features description and additional details

The communication system is able to engage Hospital staff, patients and their families. Every individual can share information and communicate directly between one another.

The communication can be via SMS, Wifi or even bluetooth. Furthermore patients can call someone in case of necessity thanks to external speaker and microphone.

The device monitors patients' condition. It collects relevant health data and it shares them in real time with the hospital. This solution allows elders to stay at home and properly monitored thanks to a 24/7 assistance.

### ● Previous implementations...

Currently the solution is being implemented with a project of the Regione Lombardia project lasting 30 months.



<http://www.semic.es>

**FUNDED** 1982

**COUNTRY** Spain

**CONTACT** José Luis Asensio  
[jlasensio@semic.es](mailto:jlasensio@semic.es)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
 Preeclampsia / Asthma

## Solution Description

Semic includes all the needed elements to run a chronic followup program. It includes all the Software and Hardware needed, from the systems and tool used by the healthcare professionals to the terminals and medical devices used by the patients. The platform collects and store patients' vitals in a seamless and secure mode, and let the hospital staff to access them remotely.

The platform let the healthcare professionals to collect more that 80 figures, that combined can be used to follow up many chronic conditions. Because health data is very sensitive, the platform grants users control over their data by providing fine-grained control over the information that apps can share. Patient-generated data is encrypted and securely transferred from the patient terminal to the EHR.

The platform will let Hospital Bernal to treat chronic disease more efficiently and at a lower cost.

## Features description and additional details

- EHR: Customisable cloud based EHR to manage all the patients included in the chronic followup program, only accesible by Hospital Bernal healthcare professionals.
- Communication tools: that allows healthcare professionals to connect with their patients via video consultations, and private messaging.
- Informed consent: that will allow the patients actively choose to enrol in the program with a signed consent provided by the hospital, that will be digitally stored in the EHR patient record.
- e-prescription system: The solution includes a electronic prescription system that let the patients to receive remotely their prescriptions without having to go to the hospital.
- Patient terminal: The patient will be provided with an iPhone or an iPod Touch depending on their specific connection needs.
- Data Monitors: the patient will be provided with a specific set of electronic monitoring devices defined by the Hospital Bernal healthcare team depending of the specific chronic disease.

## Previous implementations...

UK National Health Service:

- <https://mhealthinsight.com/2015/04/20/patients-can-now-share-their-apple-healthkit-data-with-nhs-gps/>
- <https://www.emisgroupplc.com/news-and-media/news/emis-integrates-with-apple-s-healthkit-enabling-smarter-health-records-for-40-million-uk-patients/>

Ochsner:

- <http://www.apple.com/es/business/ochsner/>

Duke University Hospital:

- <http://www.mobihealthnews.com/38891/eight-things-we-learned-about-healthkit-from-duke-oschner>

Lucile Packard Children's Hospital Stanford

- <https://med.stanford.edu/news/all-news/2015/11/using-apple-healthkit-to-care-for-patients-with-type-1-diabetes.html>



<http://doctortab.net/>

**FUNDED** 2014

**COUNTRY** Spain

**CONTACT** Juan Carlos Sevilla  
Camacho  
[info@doctortab.net](mailto:info@doctortab.net)

**THERAPEUTIC AREAS**

COPD / CHF / Diabetes

## Solution Description

Doctor Tab provides of monitor Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) and diabetes. It collects and share patients' vitals and health data with hospital staff remotely. The solution providing all the necessary hardware/software for both patient and hospital sides and all is in Spanish language. Patients and their families are included in the communication & information exchange loop.

Solution adopts a pay-per-user model. Solution measures the vital parameters, such as Weight, tension, oxygen in blood. Data is sent over a private mobile network to a cloud platform where the health staff can consult and activate alerts.

### Features description and additional details

The solution provide of monitor Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) and diabetes. It collect and share patients' vitals and health data with hospital staff remotely. The solution providing all the necessary hardware/software for both patient and hospital sides and all is in Spanish language. Patients and their families are included in the communication & information exchange loop.

Solution adopts a pay-per-user model. Solution measures the vital parameters, such as Weight, tension, oxygen in blood. Data is sent over a private mobile network to a cloud platform where the health staff can consult and activate alerts.

### Previous implementations...

During 2012 and 2013 several commercial demos have been established with different Companies and entities of the Primum Health systems. The Cloud Platform

Demonstrative Compuntig ([Http://demo.primum.es](http://demo.primum.es))

Is located in the Center TIC demonstrator from Andalusia. They can stand out:

- Spain: Virgen del Rocío Hospital , Infanta Luisa Hospital (Madrid), Sarquavitaie, Aura Andalucía, Hispalense de pediatria, Clinica Insego, Mentor Impulsa Ayesa.
- italy: Ospedale di Chieti.
- america: Centro Cardiovascular Escalon (El Salvador), Cronix Ecuador.



<http://snap40.com>

**FUNDED** 2014

**COUNTRY** United Kingdom

**CONTACT** David Bowie  
[jlasensio@semic.es](mailto:jlasensio@semic.es)

## THERAPEUTIC AREAS

COPD / CHF  
They detect deterioration and the conditions that they may pick up such as Pneumonia, Sepsis, Shock

## Solution Description

Snap40 is a software company that uses advanced analytics, machine learning and artificial intelligence to identify individuals at risk of becoming sick. They are targeted at non-critical care areas in hospital, and the community.

It provides intelligent early alerts, via a mobile application, to the individual, their family or their doctor or nurse, so that action can be taken far earlier. This can either be to prevent an acute deterioration or it can enable management of chronic decline e.g. by identifying the risk factors of a fall, falls can be prevented.

To obtain data, they use an arm-band, worn on the upper arm, to continuously monitor the individual across.

Using that data, they compute more vital signs from a single device, than any other on the market – signs like change in blood pressure, respiratory rate, heart rate, temperature, oxygen saturation levels and movement.

## Features description and additional details

snap40's solution is completely standalone and requires no integration with healthcare provider systems, such as electronic health records. However, additional value can be provided to customers through integration, which can be achieved through the international interoperability standard, HL-7. The company also foresees developing an external API in the future, through which integration with value-added partners can be achieved. Authorized healthcare staff can also access data on their patients via the secure mobile application or via a centralized dashboard, accessible from any hospital computer. Patients are grouped based on risk, allowing healthcare staff to easily and quickly identify high risk patients. They can then drill down on those patients and gain access to live and historical vital signs data. The wearable device uses Bluetooth Low Energy so the mobile application knows seamlessly which wearable device is closest and can automatically bring up that patient's details.

## Previous implementations...

The company conducted a clinical evaluation at the Victoria Hospital, Kirkcaldy in 2016. In this study, the company compared vital sign observations from its product to vital sign observations from a Draeger IACS intensive care monitor. This was conducted with 143 patients in the medical and surgical high dependency unit and 20 patients in Emergency Department. This study will provide snap40 with the data and published papers necessary to prove its product works on sick patients, which is crucial for gaining the support of healthcare staff. The data from this study was also used to gain EU market clearance, Class IIA CE marking, due in March 2017 and US market clearance, FDA 510(k) approval, in Q3 2017. The company has also carried out a healthy volunteer study on 100 participants.



<http://www.tunstalltelevida.es/en/>

**FUNDED** 2004

**COUNTRY** Spain

**CONTACT** Raul Gomez  
[rgomez@tunstall.es](mailto:rgomez@tunstall.es)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes

### **VIDEO**

## **Solution Description**

Tunstall's focus is to provide services involving the deployment of medically-approved devices, generating accurate, actionable, clinically reliable data, supported by expert clinical advice, and/or general support, as appropriate. Remote patient monitoring and patient support enable more efficient management of long term conditions. Enabling timely, accurate and efficient management of chronic conditions, through the remote monitoring of health parameters and the delivery of targeted clinical support that improves health programme compliance.

### **Features description and additional details**

Tunstall platform is part of the Electronic Patient Record as it stores the information gathered on a Tele Monitoring process. This process is based on the different patient snapshots taken over time.

Currently it is available the below solutions:

- Single-User. Designed to be used by patients at home.
- Multi-user. Designed to be used by a health professionals that need to take Information from patients in residences/hospitals or placed in a kiosk where patients can access e.g. pharmacies.

Both applications allow manual and Bluetooth sensors data capture.

They allow to answer questionnaires, display advices, tutorials and are able to take decisions based on the captured data, providing different outcomes or/and advices.

### **Previous implementations...**

Tunstall has a deeply experience mainly focused on the Basque Country, where it has developed telehealth and telecare projects. On the other hand, it has carried out clinical trials that have provided a wide range of proofs of the benefits of telehealth for hospitals.

The portfolio of solutions can be used in different areas such as telemonitoring at home, nursing homes, hospitals and pharmacies.



<http://victrix.solutions>

**FUNDED** 2016

**COUNTRY** Spain

**CONTACT** Rafael Llarena  
Gómez  
[rlarena@victrixsocsan.es](mailto:rlarena@victrixsocsan.es)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Renal conditions / Mental disorders  
(e.g. depression)

### **VIDEO**

## **Solution Description**

Victrix offers a joint solution in collaboration with UK company Rescon Technologies. Together, they have developed a remote monitoring and well-being platform designed to support proactive health care services. This platform allows to capture mental, physical and social data using app, web or phone calls. The platform also allows to review data, generate alarms and implement proactive interventions in the context of a preventive and coordinated service (as opposed to traditional reactive services).

Victrix/Rescon's platform analyses patient's profile and data, to detect potential risks and suggests proactive interventions (in the form of calls, messages, targeted training content, etc). On the patient side, the platform is compatible with a wide range of medical devices and activity trackers. It also allows to do surveys to capture mental and well-being information (including life styles). On the professional side, the platform allows to review data and plan and deliver interventions.

## **Features description and additional details**

Victrix and Rescon joint solution has been built upon the extended experience of both organizations in the provision of well being solutions, telecare, telehealth and coordinated proactive care.

Rescon solutions are already in use in many customers in including UK's NHS, Liverpool City Council, YMCA Liverpool, US Department of Veterans and the British Army. Victrix builds on advanced proactive care software platforms, such as those already deployed in Spain for over 750,000 telecare users, and also in the implementation of remote monitoring programs for both public and private health providers and multinational pharmaceutical companies.

A detailed description is included in the attached document

## **Previous implementations...**

NHS, YMCA, Liverpool City Council and British Army.



<http://www.vidavo.eu>

**FUNDED** 2005

**COUNTRY** Greece

**CONTACT** Markella Psymarnou  
[markella@vidavo.eu](mailto:markella@vidavo.eu)

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
 Hypertension / Metabolic  
 syndrome / Obesity, nutrition &  
 physical activity / Any combination  
 of chronic diseases & nutrition /  
 Tele-psychiatry

## Solution Description

The Vida24® chronic disease management and connected care platform, already operational in Europe for more than ten years is an innovative patient telemonitoring service, which enables doctor-patient ubiquitous communication and collaboration, while the patient is at home, work, vacation or on the move. Via an app and connected devices the patient uploads on the cloud platform health related data including vitals, facilitating the medical professionals in monitoring his disease and creating highly individualized care paths. Vida24 triggers a patient-centric approach, focusing on prevention and empowered disease management and initiates patients' active involvement in health coordination. The solution is CE certified, scientifically proven, large scale tested and commercially operational in different business settings in Greece and abroad

### Features description and additional details

Vida24 was designed bearing in mind the fact that patients are the most underused resource in healthcare hence the innovation that brings forward as a service is that it makes the most of the patient's or worried well citizen's participation into his/her healthcare status monitoring. Vida24 with its specially designed applications in order to compensate for the lack of skills of the inexperienced user bridges the gap between citizen and treating physician with a plethora of information targeting to cover all aspects of the person's physical status. The flexible design and parameterisation of the service render it ideal for both chronic disease management that constitutes the heaviest financial burden of national health systems worldwide as well as personal wellbeing monitoring for the needs of the extremely active and mobile individual of the 21st century.

The Vida24 services are based on scientifically validated processes both from technological and medical aspect

### Previous implementations...

Vidavo's customer base includes private and public healthcare providers, private practices, regional authorities (health/government) and telecommunications providers, in Greece and abroad, as reference below.

The customer base includes Vodafone Hellas SA, Municipalities in Greece, Papanicolaou hospital, and more.

Customers of Vida24 abroad include Vodafone UK, Cyta Cyprus, Vodafone Albania Foundation, NGO-Asociatia React in Romania, which serve as the service intermediate, on a B2B2C basis, and distribution channels.

Additionally, in the frame of EU projects, the system has served as the test bed for a large scale trial within the European Project like Smartcare. At the same time, Vida24® is being utilized by a group of nutritionists, diabetes experts and fitness players in private practice in Greece, who provide it as a value-added service to their customers.

[http://www.vodafone.gr/portal/client/cms/viewCmsPage.action?pageId=11280&request\\_locale=en](http://www.vodafone.gr/portal/client/cms/viewCmsPage.action?pageId=11280&request_locale=en)



<https://www.vital-services.de>

**FUNDED** 2010

**COUNTRY** Germany

**CONTACT** Florian Meißner  
[meissner@vital-services.de](mailto:meissner@vital-services.de)

**THERAPEUTIC AREAS**  
COPD / CHF / Diabetes

**VIDEO**

## Solution Description

An ageing population calls for innovative and patient centered systems like GerontoNet. GerontoNet is an ecosystem to provide individualized medical and social care as well as advanced diagnostics for risk stratification and treatment services that promote patients' well being supported by web-based technologies. For broadening the view from solely health to a much wider coverage of both health and social care the ecosystem connects technologies from different vendors to create business value in a tailored superior solution. Remote monitoring of vital signs like blood pressure, heart rate, weight, blood glucose and oxygen saturation levels as well as the general state of health and other symptoms is solved by a comprehensive telemonitoring solution. With GerontoNet we deliver an ecosystem for enabling new business models and new ways of collaboration in health and social care. Integrated outcome measures can be used as an economic lever for pay-for-performance models.

## Features description and additional details

GerontoNet contains a flexible assessment center to identify patients' needs for directing patients to the most suitable, cost-effective sites of care, or advice about how to manage their health at home. The result of this clinical and non-clinical triage is the draft of an individual care plan to foster coordination with confidence and based on patients' needs. The used guidelines and measurements depend on the clinical protocol defined by the hospital staff in co-creation with the multi-disciplinary team of clinical and technical professionals. If requested the existing hospital EHR system could be connected with GerontoNet via standard interfaces to avoid documenting the same information twice. In addition to recommendations for treatments in ambulatory care and social services the individual suggested care plan contains advices for the patients' telehealth program (devices, measurements and thresholds, educational and exercise modules).

## Previous implementations...

GerontoNet is established with the Partner PHILIPS Healthcare in a joint market-driven research and development project ("ATMoSPHERE") with a regional network of health and social care providers in Saxony. Single Modules of GerontoNet are used by healthcare facilities and companies in Germany and Switzerland.





<http://www.vitalmobile.eu>

**FUNDED** 2013

**COUNTRY** Portugal

**CONTACT** José Belo

[jab@vitalmobile.eu](mailto:jab@vitalmobile.eu)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Hypertension / Multi-chronic /  
Weight

### **VIDEO**

## **Solution Description**

The mobile solutions have proven and responded to the needs of collecting and making available anywhere and at any time Bio-information gathered with advanced technologies, non-invasive, wireless, real-time, allowing an increased quality of life and work of all people involved: the patient, his relatives, the nurses and the doctor himself, without neglecting the costs involved.

The platform has a practice of more than 10 years partnership experience with a leading multinational company on the COPD area and they are working Nationwide. They are also working on diabetes and Cardiac (including pediatric patients).

The team using VitalMobile system was been awarded with the "Best practices for Telemedicine country wide award" in 2015 by the Portuguese Ministry of Health).

### **Features description and additional details**

1. Quality of life for the patient:
  - Permanent and on-line patient continuous monitoring, or when the doctor requires it
  - Designed in a way the patient is fully self-sufficient with no extra aid (very easy to use)
  - Patient increase safety awareness, self education on the disease, relaxes life of family and care-takers
  - Patients and doctors have full mobility (only GSM coverage is required)
  - Patients can stay at home, where they feel better
2. Doctors and clinical staff: quality of the service provided to their patients
  - Doctor – patient relationship gets strengthened
  - Better therapeutic efficacy (based on real permanent data)
  - Doctors has access to data on a 24/24 hours basis or when required. A first line clinical staff screening can save 90% of doctor's time.
3. Hospital: Better services, wider coverage
  - Reduction of critical situations, reducing urgencies and internships
  - Better hospital management in terms of bed occupancy, releasing resources for additional surgeries

### **Previous implementations...**

A large multinational company is one of their partners in Portugal for more than 10 years and they use the platform in more than 10 hospitals Country wide.

They made a successful pilot on COPD with the Ministry of Health at one Hospital where they proved they could increase efficiency, generated new services and reduce running costs, based on hospital official numbers. An award was won by the clinical team for this project in 2016 and the project is now expanding.

They have also pilots in the pediatric cardiac, cardiac insufficiency and diabetes going currently on.



sales@winmedical.com

**FUNDED** 2009

**COUNTRY** Italy

**CONTACT** Donato Mazzeo  
sales@winmedical.com

### THERAPEUTIC AREAS

COPD / CHF / Diabetes  
Discharged Patient: Neurological,  
Post-surgical, bedridden patient

### VIDEO

## Solution Description

The project solution is proposed in collaboration with Telemeware (www.telemeware.com). It provides a homecare Hub for all stakeholders thanks to a multichannel ICT solution. Solution proposed is composed by a remote software platform and electromedical devices (EMD) worn by patient. The EMD is able to monitor COPD patient, CHF Patient and Diabetes with a spot check glucose measure or with a continuous glucose monitoring system (they are currently integrating with). It allows to monitor post-discharge patient where monitoring of NIBP, ECG, HR, SpO2, Temp, Body Position, RR and Arrhythmia Events is needed. The Platform is suited for telemedicine and homecare, allowing collecting and remotely sharing patients' vitals and health data with hospital staff. The project solution provides a multichannel interaction paradigm (email/text notice and teleconferences) among patients, doctors and families. All data are directly accessible by web through the platform only for all authorized stakeholders

## Features description and additional details

Provides real and effective tools to answer chronic patient needs, as post-acute discharged patient

- Includes the Early Evaluation Center software (EEC), intuitive and easy-to-use monitoring software to evaluating patient's clinical risk. EEC calculates the NEWS score representing the patient clinical instability, providing proper care facilities for each patient
- Is intelligent: automatically regulates calculation frequency of NEWS in order to optimize monitoring
- Is a multichannel platform among patients, physicians, and families: stakeholders can be included in the ICT exchange loop with email/text alert notice, realtime conference and realtime / prerecorded multimedia messages. Providing interactive questionnaires and sending broadcasting multimedia messages, platform allows training and control healthy habits of patient
- Is cost-effective: it doesn't need specific equipment for installation and the simple and intuitive interface is suitable for minimal/no IT knowledge users

## Previous implementations...

They already installed similar platform all over Italian territory. Some example below:

- ASL-SI, IT: enlargement territory
- AOUP-PI, IT: early discharge in post-surgical patient
- IRCCS-BA, IT, decreasing length of stay with significant cost savings and benefits Outcome Model
- ASL Chioggia (VE), IT: home telemonitoring of elderly patients with CHF
- IRCCS INRCA Ancona, IT: home telemonitoring of elderly patients with CHF
- Gaslini Hospital Genova, IT: remote monitoring of young patients suffering from neuro-muscular disorders
- ISMETT Hospital Palermo (IT): telemonitoring of patients discharged after liver transplantation



<https://yecco.com/>

**FUNDED** 2012

**COUNTRY** United Kingdom

**CONTACT** Janet Jadavji  
[janet@yecco.com](mailto:janet@yecco.com)

### **THERAPEUTIC AREAS**

COPD / CHF / Diabetes  
Dementia / AF

### **VIDEO**

## **Solution Description**

Yecco is a new mobile platform for management of many long term conditions (including diabetes, CHF, COPD, dementia and more). Yecco provides a secure communication and device integration platform that they develop natively to allow patients, family, care-givers or friends to gain access to (in a social media format but with very granular controls). They then provide a dashboard, reporting, alerting and management interface which is accessible by an organisation (with the ability to have a hierarchy of sub-organisations or groups). All platforms include clinical and environmental sensor dashboards. They provide the patient with a simple home gateway which can be dedicated (operates as a standalone gateway server on any Android device) and can be combined with the intelligent home hub, which then adds numerous radio technologies to create a fully versatile IoT hub. The platforms combine a video consulting capability, voice promoting, secure messaging and task management.

### **Features description and additional details**

The Yecco solution was designed from a career's perspective in terms of how to keep a person with a long term condition, living independently, safely and yet fully monitored clinically. Also to ensure that all generations can also be connected to a family member and step in when help is required. The system has been developed in IOS, Android and web based platforms and is used in conjunction with a range of high quality yet low cost devices have been either integrated, developed and manufactured by Yecco. The aim to ensure telehealth and telecare can reach the masses, unlike today's expensive and out of date solutions. So from cholesterol testing to urine analysis, to blood pressure, to disposable wearable 3 day single lead ECG patches for that provide temperature, posture, respiration rate, heart rate through to more standard blood pressure, hydration assessment and oxygen sats. However, if you require something else to included, then Yecco has the capability to offer that service as well.

### **Previous implementations...**

Leeds city council UK (Long term condition management and reduction of isolation)

Surrey NHS - IoT programme to provide technology to patients with early to mid-stage dementia (often with other long term conditions)

Medway NHS - Long term conditions (diabetes, COPD)

Essex - yet to start, but replacement of existing Telehealth and care solutions from existing provider

Centra/clarion Housing association - Just starting now with a variety of home sensor products and blood pressure monitoring



[info@ehealth-hub.eu](mailto:info@ehealth-hub.eu)  
[www.ehealth-hub.eu](http://www.ehealth-hub.eu)



designed by APRE