



# IDIH

INTERNATIONAL COLLABORATION  
DIGITAL TRANSFORMATION  
HEALTHY AGEING

## Expert Groups - Terms of References



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# 1 Introduction

IDIH (International Digital Health Cooperation for Preventive, Integrated, Independent and Inclusive Living) is a 36-month Coordination and Support Action (CSA) (May 1<sup>st</sup>, 2019 – April 30<sup>th</sup>, 2022), co-funded by the European Commission (EC) under the European Union (EU) Horizon 2020 research and innovation programme, aiming to promote and increase international cooperation to **advance digital health in the EU and key Strategic Partner Countries to support active and healthy ageing (AHA) through innovation.**

IDIH will operate as a catalyst for the international dialogue in digital health. Based on identified key opportunities and shared priorities for global cooperation in digital health, the IDIH project will set up a Digital Health Transformation Forum as a long-lasting and expert-driven mechanism to foster collaboration between the **EU and five Strategic Partner Countries (i.e. the USA, Canada, China, Japan and South Korea).**

More in detail, IDIH has set the following high-level objectives:

- Support the definition of common priorities to **enhance strategic international cooperation in digital health for AHA** in line with policy orientations;
- Provide specific contributions to the **international dialogue in digital health for AHA**;
- Facilitate the **exchange between Research, Technology and Innovation (RTI) stakeholders** from the EU and Strategic Partner Countries in digital health for AHA;
- Foster **international collaboration for digital solutions** for health care benefitting the society and industry.

## 2 Set up of a “Digital Health Transformation Forum” with four Expert Groups on selected focus topics

The Expert Groups (EGs), involving consortium members and external experts, are a core element of the IDIH project. Together they will form the Digital Health Transformation Forum, which is aiming to become a sustainable platform for international cooperation in digital health.

As the IDIH project aims to establish a collaborative and open approach for the international expert cooperation, the members, including the EG Chairs, will be selected via an open call. **The EG members will involve individuals from the EU and all Strategic Partner Countries and will be selected with respect to their expertise in alignment with pre-selected focus topics** while ensuring a good representation of all major stakeholder groups of the IDIH project (research, technology, industry, innovation facilitators, user associations, etc.).

The four EGs will undertake collaborative actions in **four selected focus topics** (these topics are to be confirmed):

## 1. Preventive care - Focus: Early diagnosis and detection

**AHA begins with a prolonged health regimen. Tech-enabled solutions that engage users in health and wellness techniques will allow active and meaningful senior lifestyles.**

**Current State:** The current state of technologies in the preventative care realm include wearable technology, which is primarily based around safety and vital monitoring, and health technology that utilises new ways to allow individuals to remain active and healthy when advancing in age. General health and wellness technologies allow users to practice in a conscious and participatory way. These applications allow for coaching, testing for sharpness, and more clinical applications that can detect conditions early on. New advances in health devices add to the internet of things (IoT) that can affect healthcare; apps that test and practice visual acuity, gamified memory apps, health logging and medicine reminders all help delay onset of issues associated with age. With greater access to medical data, and the ability to monitor it at home, solutions can now utilise artificial intelligence (AI) and clinical workflows to assist health awareness like sleep cycle, blood sugar, exercise, and blood pressure. The most advanced solutions can communicate across the continuum of care, looping in professionals to monitor and suggest modifications in lifestyle, increasing the potential for early detection.

**IDIH project focus:** the focus of IDIH within this field will be on innovative technological themes and applications on early diagnosis and detection such as health information technology, mHealth, portable and wearable devices, eHealth, telehealth/connected health, gamification, big data analytics, personal genomics, health and wellness apps, interoperability, social media and quantified self.

## 2. Integrated care - Focus: Using new technologies to redesign, coordinate and integrate health and social services and place citizens, patients and seniors at the centre of health systems

**Every unique individual represents the core of health solutions and services. Technology in the integrated care domain is intended to provide support at the point of care, anytime and anywhere. This type of innovation includes data sharing between relevant users, and seamless interoperability of devices, tools and care providers.**

**Current State:** Tech that can bring other services to a singular point will flourish in this developing market. Whether connecting devices to offer personal health insights, making scheduling and coordinating with caretakers more seamless, or automating once laborious processes, integrated care will be at the heart of impactful innovation in this space. Ease of use and functionality will be a key element to ensuring proper patient engagement and adoption, leading to future commercial success. Solutions can be developed and promoted on both the consumer and provider side with different pricing and services offered allowing user acceptability.

**IDIH project focus:** work to be done will focus on new and innovative technologies for the following application areas:

- For the individual: tools to enable them to manage their own health conditions and/or care and support arrangements, getting information, advice, peer support etc.;
- For professionals: information sharing, shared records and assessments; happening in places but much nervousness about information governance issues;
- For organisations: in communicating and engaging with the public they serve crowdsourcing etc.

### 3. Independent and connected living - Focus: Tele-monitoring via smart home and living technologies

With the burden of innovation on the device and software companies, there is a considerably low barrier of entry to offering quality tech enabled solutions. Many businesses are currently prototyping and developing in this space. These companies are comfortable sharing application programme interfaces (APIs) with developers, enabling a broader range of options to the consumer and a creative collaboration of ideas to ensure that the best products are brought into the market. Connected living is being made possible through smart sensors and buildings, mHealth solutions, mobility aids, secure data, robotics, and eHealth.

**Current State:** There are various tele-monitoring solutions on the market right now. Technologies in the total home care market allow remote management of a loved one's home by allowing one to connect with smart home devices. Voice enabled solutions, particularly those that pair with existing AI and consumer tech solutions such as Alexa and Google home show a promising way to aid the elderly in their day-to-day lives. While these products are available to support the elderly through routine tasks, the question remains as to their true potential and how much these technologies can truly be of aid to the elderly, other than serving as simple chatbots that they can talk to and helping on tasks like medication management, logging daily habits, general monitoring, etc.

**IDIH project focus:** technological topics and themes such as IoT, automated emergency call systems, vital signs monitoring systems, reminding systems, automated health assessment and automated activity and fall detection systems will form the basis of all activities to be implemented with the scope of IDIH project.

### 4. Inclusive living - Focus: Helping the elderly feel more connected socially/ healthy living

Healthy environments bolster healthy individuals. In the aging population, a component of healthy living is inclusivity, promoting positive social engagement, and ensuring a rewarding social aspect to age.

**Current State:** There are various technologies that support inclusive living, including those that act as communication platforms for the elderly. These platforms work to connect family members, caregivers, and those being cared for. Isolation, and consequently depression and despondency, are critical concerns in the aging community. Using tech to breed a sense of inclusion, and worth, will go a long way for health outcomes. Simple things like geolocated social networks can have a large impact.

**IDIH project focus:** IDIH project will examine in depth a number of existing technologies and platforms in order to define the requirements for international collaboration on developing innovative platforms and solutions to support elderly people in their everyday life. By combining the functionalities of online service, retrieval and composition with respect to healthcare and wellbeing with those of an online social network, such a platform will provide an integrated online environment for elderly people in particular help to bridge the gap between professional and voluntary peer-to-peer service offerings and communication between family members.

### 3 Expert Group structure

Each EG operates on a chosen “focus topic” and is chaired by a **scientific expert**, supported by a **professional facilitator** (who is a member of the IDIH consortium).

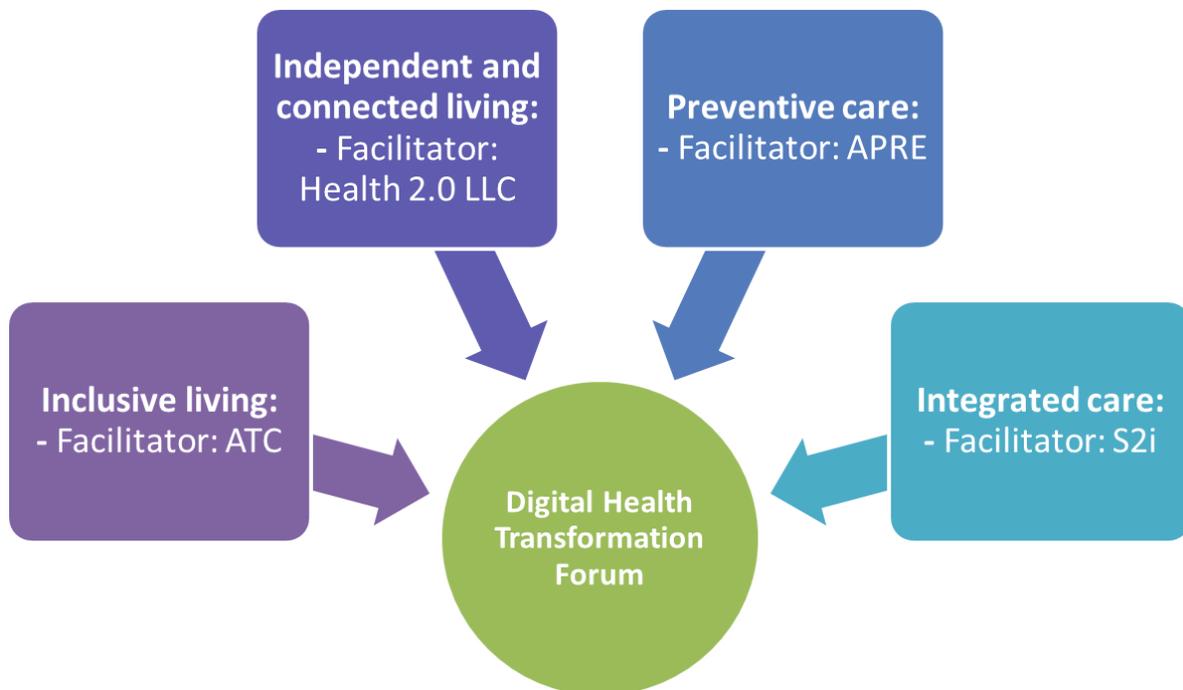


Figure 1: Facilitators of the Expert Groups

The **facilitators** will have the responsibility of ensuring a fruitful interaction between the members of their group, both internal and external, and should be capable of driving discussions, extracting valuable points and propositions and managing a widespread and multicultural network of people. The facilitators will also be in charge of the follow-up of project deliverables, as well as administrative and financial activities.

The scientific exchange will be managed by an **Expert Group Chair** who will be selected from the RTI community. Each EG Chair will manage the planning of their respective group activity on a “scientific” level.

**The EGs will be composed of at least six members each (24 in total) including the EG Chairs and will be selected from the EU and all Strategic Partner Countries (i.e. USA, Canada, China, Japan and South Korea).**

## 4 Selection process of the Expert Group members

As the IDIH project aims at establishing a collaborative and open approach for the international expert cooperation, **experts will be selected via an open call, including the EG Chairs. EG members will be selected with respect to their expertise in alignment with the focus topics** and ensuring a good representation of different stakeholder groups (i.e. **research, technology, industry, innovation facilitators, user associations, advocacy groups, etc.**).

The call is open until the **31<sup>st</sup> of January 2020**, but experts will be **recruited on a rolling basis**, so we advise you to apply early! **To apply, please send your CV** with a short explanation on why you are interested in becoming an Expert Group member or Chair, to [experts@idih-global.eu](mailto:experts@idih-global.eu).

### Selection criteria:

- Candidate's **expertise is in line with the EG topics** that reflect the common priorities of the EU and the Strategic Partner Countries (based on their CV);
- At least **10 years of experience in their field** (or proven track record in exceptional cases);
- Ability to **contribute towards the objectives of the EG** and the IDIH project;
- The candidate is currently active in the field and represents one of the following stakeholder groups: **RTI actor, industry actor, innovation facilitator, user association, advocacy group**;
- The candidate must be from the **EU, USA, Canada, China, Japan or South Korea**.

*In line with General Data Protection Regulations (Regulation n°2016/679, GDPR), the data collected through the applications will be kept completely confidential and will be used exclusively for the purpose of recruiting Expert Group members.*

### Selection process:

The project consortium will act as the selection committee. They will **review the applications based on the selection criteria and choose successful candidates from all targeted regions for each EG**. It is aimed to **achieve a balance regarding the number of EG members from each targeted region**, to ensure that all countries and regions are similarly represented. If you are not selected as one of the six core members of an EG, however have a strong profile, we will put you on our reserve list and contact you in case additional contribution is needed or if a slot becomes available.

## 5 EG members' contribution and expected outcome

### EG members' contribution:

- **To contribute to the EG activities** defined by an **action plan**. All EGs will operate on an individual action plan, but close exchange through joint meetings and reports will ensure overall alignment. Each action plan – and scheduled activities – will aim to advance on the focus topic and elaborate on strategies to enhance collaboration of RTI stakeholders. Examples of activities to be included in each action plan could be (but are not limited to):
  - Innovation & Policy observatory for digital health: establishing a “soft” monitoring mechanism to record any recent advancements and trends on innovation and policy aspects related to digital health topics/areas of interest;
  - Foresight exercises: implement foresight exercise to define or predict where specific digital health areas will be 10 years from now;
  - Networking and community building activities: i.e. organisation of webinars, workshops.
- **To participate in three EG Workshops** over the project lifetime (36 months). All EGs will meet at least three times in person and virtually as needed in order to promote interactions among EG members. More specifically, each EG will organise three workshops:

**1st EG Workshop:** the first EG Workshop will be organised in order to set the foundations for each EG and support knowledge exchange and mutual learning on the topics of interest. Topics for discussion will include presentations on the current status in the domains of the EG groups and relevant application domains; policy gaps in the thematic group domains, future perspectives, needs for future development; research and innovation challenges. A report will be written on the results of the workshop, and a first version of the roadmap *“Towards an international collaboration in digital health”* will be prepared.

**2nd EG Workshop:** the second EG workshop will aim to update previous findings and develop concrete steps for collaboration between all countries in the field of digital health. The report *“Towards an international collaboration in digital health, version 1.0”* will be updated if necessary. A report will be written on the results of the workshop.

**3rd EG Workshop:** the third EG Workshop will be co-organised with the Final Event of the project and will target on setting up the final agenda for collaboration in digital health in all countries and will validate the results of the roadmap *“Towards an international collaboration in digital health, version 2”*. A separate report will also be written on the results of the workshop.

**The major outcome of the work undertaken during the EGs' activities will be the development of the “Towards an international collaboration in digital health roadmap”.** The report will be addressed mainly to policy makers and funding agencies of all engaged countries and regions, while dedicated chapters (per each EG groups) will provide clear suggestions per topic of interest.

## 6 Operational modalities of the Expert Groups

### 6.1 Expert Group Workshops

Tentative planning of the workshops has commenced. The possibility of co-locating all three workshops with other project events and/or back-to-back with suitable events where relevant stakeholders will already be gathered, such as major health conferences to offer an added value to the experts, will be explored.

### 6.2 Confidentiality issues

The materials of the EGs will be made public, after validation by the EG members. Those documents will be circulated to the EG members, asking for comments and remarks where applicable until a certain deadline. If no feedback is provided until this deadline, the consortium will consider the documents as approved.

### 6.3 Resources

The travel costs of the first six nominated/selected members of each EG (24 EG members overall), from both the EU and the Strategic Partner Countries, will be funded by the IDIH project. The costs of additional experts (in case there are any) will not be funded by the project.

### 6.4 Timescale and duration

The EGs are established for the duration of the project.

### 6.5 Legal status

The Terms of Reference are not intended to create any legally binding obligations and do not constitute an agreement under international law.