



MasterMind

Deliverable D9.2

Mapping activities beyond MasterMind: wider deployment

MASTERMIND

“Management of mental health
diSorders Through advancEd
technology and seRvices –
telehealth for the MIND”
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Mapping activities beyond MasterMind: wider deployment: activities beyond the MasterMind project for a wider deployment will be assessed

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EXECUTIVE SUMMARY

On the basis of the results from the implementation projects, a descriptive strategy was developed, presented here. This strategy describes potential activities to promote further uptake and use of the wealth of knowledge and expertise gained in the MasterMind project. The work and results of MasterMind have the potential to support new implementation activities in three ways:

- 1) advancing decision making, implementation, and upscaling processes in the sites involved in MasterMind;
- 2) knowledge might be transferred to inform different organisations in the same regions, or in regions other than those involved in MasterMind, of ongoing or new implementation trajectories concerning cCBT and/or ccVC for depressive disorders in routine mental healthcare; and
- 3) expand the services to disease areas other than depressive disorder in the domain of mental healthcare, such as anxiety and in somatic areas such as coping with cancer and pain management.

Based on this, and given the relevance, a number of possibilities are put forward that might support the future uptake of the knowledge and experiences gained by the MasterMind project. Suggested activities include:

- Knowledge sharing and networking through maintaining the website and social media channels, and liaising with various international and national ongoing initiatives, networks, and debates.
- Lowering the burden to engage in new implementation and up-scaling projects by providing community funding and acting as a best practice and hub for inspiration for new projects.
- Further development of methods and instruments to facilitate more homogeneous and scientifically founded assessment of eHealth technology (i.e. eHTA) through further evolution of the MAST framework.
- Going beyond barriers and facilitating factors by developing and testing methods for tailored implementation strategies that include context sensitive implementation interventions targeted to overcome local barriers.

With this report, the MasterMind consortium does not aim to present a complete and exhaustive strategy, but to formulate and present ways of liaising to ensure wider deployment of MasterMind results beyond the project lifetime.

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1 Introduction

1.1 Purpose of the document

This document reports on liaison activities that could be beneficial for wider deployment of the MasterMind project. Deliverable D9.1 focuses on liaison activities carried out at project and partner level during the project lifetime. This report, D9.2, supplements D9.1 by describing and presenting a possible strategy for future liaison and wider deployment of MasterMind. The strategy serves the purpose of sustaining the MasterMind results and lessons learned.

1.2 Objective

WP9 is meant to keep the project in sync with other EU and non-EU initiatives with similar or complementary objectives to MasterMind, and to foster, where appropriate, the exchange of information and ideas, and any other kind of synergy between MasterMind on the one hand and these other initiatives on the other. The objective of D9.2 is to ensure wider deployment of MasterMind after the project ends in 2017. In this way, the lessons learned during MasterMind will not be lost, but will be transferred to other projects and initiatives.

1.3 Methods

On the basis of the results from the implementation projects (i.e. deliverables D5.5, D6.5, and D7.6), the final evaluation report (D3.5), the deployment plans of the trial sites (D3.6), and the past liaison activities described in D9.1, a descriptive strategy has been developed and is presented here. This strategy describes potential activities to cater for further uptake and use of the wealth of knowledge and expertise gained in the MasterMind project.

2 Transferability

MasterMind has gained a large amount of knowledge and experiences that seem relevant to persons and organisations in other regions and in other disciplines and sectors. These experiences and data have been captured through a sophisticated evaluation framework that was based on the Model for Assessment of Telemedicine (MAST), with the central tenet of a shared understanding and a shared learning of what it entails to implement services like cCBT and ccVC in routine mental healthcare. The results are described in detail in the full trial reports in D5.5, D6.5 and D7.6. Although context dependent, and despite the heterogeneous nature of this knowledge, it does have the potential to support new implementation activities in three ways:

- First, it can support the MasterMind implementation sites themselves in the further decision making processes and subsequent implementation, upscaling, and normalisation of the services trialled, and in maintaining these services as part of routine care. Further, the knowledge gained by each implementation site and partner is likely to be sustained and used in other large scale eHealth projects both regional and European.
- Secondly, the knowledge might be transferred to inform different organisations in the same regions, or in regions other than those involved in MasterMind, in ongoing or new implementation trajectories concerning cCBT and/or ccVC for depressive disorders in routine mental healthcare. As various service modalities and healthcare systems were involved in MasterMind, it is likely that regions and organisations new to the services can find similarities and extract information relevant to their situation.
- Thirdly, the experiences and knowledge generated by the MasterMind consortium can be relevant to expand the services to disease areas other than depressive disorder. For example, videoconferencing can easily be adjusted to other types of consultancy, as well as to different forms of collaborative care. Similar, cCBT can be applied to other mental disorders such as anxiety and sleeping disorder, but also to somatic care and cure such as pain management, and living with cancer. Lessons learned in MasterMind can inform organisations that seek to implement these services for their specific needs and goals.

Based on this background, and given the relevance, a number of possibilities are put forward in the next section that might support the future uptake of the knowledge and experiences gained by the MasterMind project. The aim of the report is not to present a complete and exhaustive strategy, but to formulate and present ways of liaising to ensure wider deployment of MasterMind results beyond the project lifetime.

3 How: a strategy

Four distinct but related areas are identified that require attention in order to enable wider uptake of the gains of MasterMind:

- knowledge sharing;
- addressing burdens for organisations to engage in implementation projects;
- methodologies; and
- going beyond the barriers and facilitators, and engage in evidence informed implementation interventions.

3.1 Knowledge sharing

During its lifetime, the MasterMind consortium has reached and established a lively community of stakeholders interested in the project's findings. Various instruments were employed to create awareness and share the results and knowledge gained, including the website, active twitter and other social media communication activities, the Board of Committed Regions, Patient Advisory Board, the mid-term workshop, uptake seminar, the final conference, and various local initiatives.

These activities have ensured broad liaison, but have also created an opportunity for future liaison. The connection to and liaison with the World Health Organisation (WHO) can be seen as a unique opportunity for wider deployment of MasterMind, as there is potential to spread the knowledge to many different stakeholders. Also, it shows that a project like MasterMind can benefit from sustaining a close connection to organisations similar to WHO.

It is in the interest of MasterMind and the European Commission to ensure that future knowledge sharing remains possible; it is imperative to make the information easily accessible in a sustainable manner. In order to support knowledge sharing, the first and logical initiative is to keep the website active, up-to-date and indexed in relevant search engines which will be sustained for minimum of two years. The various repositories (e.g. projects database) available at the European Commission could be used to store and be linked to make the reports available to (future) stakeholders. In addition, it is advisable to attend relevant conferences, meetings, and networks to share the results with our audience for the first two years after the project ends. The liaison activities reported in D9.1 reflect some of the fora where liaison could be beneficial to support wider deployment; these should be taken into consideration.

Also, as part of the WP9 questionnaire presented in D9.1, the MasterMind partners were asked to report if they knew of any other ongoing EU funded projects, programmes or initiatives that have similar and/or complementary objectives to MasterMind that could benefit from liaison with MasterMind. In this way, it was possible to collect the partners' view in terms of further liaison and wider deployment of the MasterMind experiences.

Some of the initiatives reported in the table below have already been mentioned as reported liaison activities in D9.1, but this result may reflect that some partners could still benefit from liaison with projects such as iCare, United4Health and e-Compared. Also, new initiatives have been reported where the MasterMind partners and project can support wider deployment of the project results and experiences by means of liaison.

Table 1: EU initiatives to support wider deployment of MasterMind

Name	Type	Relevance
MILESTONE	Project	MILESTONE aims to improve the transition of adolescents with mental health problems who become adult and thus need to be transferred from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS).
ADOCARE	Project	Improve mental health care for adolescents by focussing on themes such as accessibility and collaboration between services.
ImpleMentAll	Project	Insights on Deployment of eMental Health solutions.
iCare	Project	Implementation.
FEDER	Project	Development of electronic clinical report and other ICT programmes that we are using in MMIND project.
United4health	Project	Telemedicine integrating primary and hospital care improving liaison between them.
CareWell	Project	Telehealth in general.
Do CHANGE	H2020 - RIA	Behavioural change, in the case of Do CHANGE towards healthier cardiac lifestyle factors. Interesting to learn from the Do Something Different platform and algorithms.
Integrating Technology into Mental Healthcare Delivery in Europe	Research and Innovation action	
MoodFood	Project	Mental Health and Depression.
e-Compared	Project	European-COMPARative Effectiveness research on online Depression.
'eMEN' Digital Mental Health European Project	Programme	Evaluation of eMental Health, shared learning.

In addition, the partners were also asked if they had knowledge of any non-EU initiatives where liaison could be relevant for MasterMind. The partners reported some local, regional and national initiatives which are shown in the table below. These initiatives will primarily be relevant for the partners in their local setting, but the partners play an important role in initiating and participating in liaison activities to support the wider deployment of MasterMind because of their valuable experiences from the project.

Table 2: Non-EU initiatives to support wider deployment of MasterMind

Name	Type	Relevance
	Ordine Nazionale Psicologi	Interest in low intensive treatment.
	Some ongoing research in the field of cCBT is emerging	

Name	Type	Relevance
Barcelona Health app	Pilot project	Providing cCBT through smartphone for eating disorders.
Sonreir es difertido	Project	Use of ICT in the management (prevention) of depression.
eMeistring	Project/service	Internet solutions for treatment in psychiatry.
Burcin Unlu Ince	Initiative	Collaboration.

3.2 Lowering burden to engage in new projects and initiatives

Healthcare is a complex sector, and incentives to innovate should go beyond the traditional demand-supply tenet. Health and wellbeing is difficult to express in economic values, and much debate is placed on public versus privately funded healthcare systems and the elements within.

Despite this, increasingly more emphasis is placed on the importance of understanding implementation processes and concrete change activities to make healthcare systems and organisations more sustainable, in terms of health and wellbeing, economic, and in quality of care.

The MasterMind project is co-funded by the European Union; this proved to be a fruitful mix of shared gains and responsibility for organisations to engage in concrete implementation processes to enhance mental healthcare in various settings. The benefits are many, and at various levels, including local, national, and European.

Given this experience, and the complexity illustrated above, MasterMind strongly advises the European Union to allocate significant funding to facilitate the initiation and execution of pan-European implementation and up-scaling projects. The MasterMind project can act as a best practice example in this regard, and the network it has built and interacted with during the three years of the project can function as a hub to generate new ideas that are relevant to clinical, innovation and implementation practices. An example is the EIPonAHA.

3.2.1 European Innovation Partnership on Active and Healthy Ageing (EIPonAHA)

MasterMind has engaged in the European Innovation Partnership on Active and Healthy Ageing to underline the importance of focusing on mental health in Europe. Generally, the field of mental health has experienced an increasing focus on and demand for (e)mental health services in Europe. At this point, there are several thoroughly tested solutions on the market, good evidence, and thus new opportunities for interaction with industry players. However, there is no place or forum to gather these experiences and knowledge.

A commitment has been submitted to ensure that the MasterMind knowledge and lessons learned can be deployed beyond the project duration. The experiences from MasterMind included in the commitment include the use of a wave system, strong evaluation, and a market place concept, as these results and concepts are easily transferable.

Additionally, the following activities are found relevant to include in the commitment:

- Enlarging the number of committed regions based on and inspired by the regions engaged in MasterMind.
- Deployment of (e)mental health services.
- Exchange of knowledge and experiences through different market place activities and twinning sessions, as well as establishing guidelines for regional policies and beyond.
- Expand the services to other relevant conditions and patient groups.
- Invite members of the EIPonAHA to webinars to disseminate the results of MasterMind, and kick-off discussions on eMental health.

The overall commitment to participate in the EIPonAHA can be considered a future and ongoing liaison activity, and it has great potential to influence the future deployment of eMental health services and utilise the experiences from the project.

It is advisable for MasterMind partners to continue engaging in strategic partnerships, and include the experiences from MasterMind in these initiatives to foster uptake of MasterMind results.

In the end, the commitment and activities can potentially create the basis for the next calls for research, development, and deployment projects.

3.3 Further development of methods and instruments

During the project, MasterMind has tailored and operationalised the MAST framework to suit the needs for summative evaluation of implementing cCBT and ccVC in a heterogeneous sample of mental healthcare service providers (see deliverable D3.2 Generic Study protocol for more information).

MAST provides a systematic and multidisciplinary assessment of the impact of telemedicine in general. The overall framework is founded on a broad view and analysis of the factors and areas to consider and account for when introducing and implementing telemedicine in an existing healthcare setting.

Currently, a number of large scale implementation projects have employed MAST for various purposes and in various settings, and MAST has shown its value in enabling informed decision making in eHealth.

Similar to the benefits of a uniform approach to the assessment of pharmaceuticals offered by e.g. EUnetHTA, the benefit of a harmonised European eHTA would be the sharing of knowledge on relevance, consequences, possibilities and limitations of specific eHealth solutions at a pan-European level, and inform and regulate fair pricing and quality control.

In that respect, partners of the MasterMind consortium seek collaboration with the EUnetHTA network and other relevant parties to further refine MAST and its instruments. The EUnetHTA joint action 3 has started recently, and a connection has been established with the Dutch leadership. As a first step, an overview of the currently available and used eHealth assessment tools should be conducted, including available measurement instruments and outcome measures.

Involvement in the further development of MAST is an ongoing liaison activity for MasterMind, as the experiences from this work will be used beyond the project lifetime.

This will also ensure that the specific assessment approach used in MasterMind can be used in future projects related to eMental health services. To facilitate this, and to ensure a framework for the development of the MAST model, the MAST EEIG has been established. This not-for-profit member organisation aims to maintain and consolidate the knowledge and experience gained with applying MAST in various contexts.

3.4 Beyond barriers and facilitators

MasterMind provided a broad and unprecedented view on the barriers and facilitating factors in implementing cCBT and ccCV in routine practice. Implementation, seen as a process in which people intend to bring into operation new or modified practices, takes place in a context, and face barriers that vary considerably from setting to setting. However, knowing these determinants is only the starting point.

There is a need for effective strategies to promote their use in routine practice. However, one-size-fits-all interventions to improve the implementation of clinical innovations most likely do not exist. Tailored implementation is regarded as one approach to effectively and efficiently change practices. Tailoring is a systematic process that includes identifying the factors hindering and facilitating implementation, designing implementation interventions appropriate to those determinants, and the actual application and evaluation of those implementation interventions. By systematically addressing the factors that impede and facilitate the uptake of evidence-based clinical practices and interventions in the context of a local setting, it is expected that innovations can be implemented more quickly and more efficiently.

Some of the MasterMind partners are engaged in the ImpleMentAll project that started 1st January 2017. In this project, the results in terms of hindering and facilitating factors will be used to develop tailored implementation strategies, and test them for their effect on ongoing implementation processes of cCBT in 12 implementation sites, including the Netherlands, Germany, Denmark, France, Italy, Spain, Albania, Kosovo, and Australia. The project is funded under the Horizon 2020 programme, and runs until March 2021.

4 Conclusion

The lessons learned and knowledge gained by the MasterMind project and consortium members in the past three years is vast. Despite the heterogeneous nature, these experiences and results can inform ongoing and new implementation initiatives for cCBT and videoconferencing technologies in both the mental healthcare sector and beyond.

The consortium recommends engaging in four activities to ensure that the wealth of information does not remain unused:

- 1) Share knowledge through a limited number of dissemination activities and networking.
- 2) Provide (financial) incentives to engage in projects similar to MasterMind to lower the burden for organisations and regions to engage in innovating healthcare.
- 3) Consolidate the MAST framework by harmonising methods for assessment of eHealth and synchronising with other health technology assessment initiatives such as EUnetHTA.
- 4) Go beyond barriers and facilitating factors by developing and testing the utility of tailored implementation strategies for eHealth services.

The MasterMind partners will bring their knowledge and the services to other projects, but in order for MasterMind to ensure wider deployment, there is a need for establishing new projects to build on the existing knowledge and lessons learned. This has been initiated by the ImpleMentAll project, but more projects are needed to secure wider deployment of MasterMind services and to supplement the evidence built up in the field of eMental health.