Conference Abstract

The Regional ICT based Clusters for Healthcare Applications and R&D Integration (RICHARD) Project

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Abstract

Introduction: The use of Information Communication Technologies (ICT), in particular telehealth, can be clinically effective for the treatment and management of individuals with a number of long-term conditions (McClean et al, 2011). However, the integration of scalable telehealth technologies and interventions into clinical practice has been slow to develop; due in part to a lack of regional organisational models that facilitate the reorganisation of health provisions. In order to meet the challenges of switching from an application based model of care to a comprehensive and sustainable chronic care model the RICHARD Project has been developed. The Regional ICT based Clusters for Healthcare Applications and R&D Integration (RICHARD) is a € 2, 750. 000 European Commission Seventh Framework Programme, Regions of Knowledge Health, funded partnership between 15 partners involving industry, academia, the health service and local government across 4 European clusters; Italy, United Kingdom (UK), Sweden and Poland.

Aims and objectives: The consortium aims are to enhance and promote the study of new or promising European territorial clinical models of ICT-based in the field of home care applied to the management of chronic conditions. To this end a number of work packages were proposed including (WP1) Project management, (WP2) SWOT analysis of regional ICT models for the delivery of care in chronic pathologies, (WP3) the development of a Joint Action Plan (JAP), (WP4) Measures towards the implementation of the JAP, (WP5) Mentoring activities and (WP6) Dissemination and communication.

Results: A strong coordination of research resources and innovation stakeholders has been clearly identified. A JAP has been developed inspired by medium-long term vision that looks at e-health services into perspective of economic growth for the European regions along the principles of open competition for better and pan-European healthcare services. United Kingdom partners have taken the lead on (WP4) 'Measures towards the implementation of the JAP'. The work package comprises the organisation of a number of regional healthcare manager study tours on ICT applications and multiple research brokerage workshops; the latter has been developed with the purpose of creating networks and stimulating collaboration, resulting in developed research applications for regional, national and international bids. Finally, to further develop and raise the profile of less advanced regions involved in the project a series of mentoring activities are underway. A significant output from the project is the Ready, Steady, Go toolkit for telehealth deployment at scale http://www.richardproject.eu/richard/publications.html

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Conclusions: On a national level the RICHARD project builds on the 3millionlives initiative (2012) and provides an excellent example of how industry, health and social care can work with the academic community to the benefit of both the health and wealth of a region.

Keywords:

richard project, **telehealth**, **european collaboration**, **ict**, **e-health**

References

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Presentation available at**:** http://www.kingsfund.org.uk/events/third-annual-international-congress-telehealth-and-telecare

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