

# Minutes of WP 2 Meeting

18.07.2013, 10:30 – 16:30

## Participants:

Name			Organisation
Martine	Batoux	MB	NCP
Bartasova	Radka	RB	Inventya
Bernard	Marie-Madeleine	MMB	LISV
Breipohl	Winrich	WB	GRCM
Dumas	Claude	CD	CEREMH
Enste	Peter	PE	IAT
Epstein	Monique	ME	ESeniors
Fox	Charlotte	CF	Inventya
Girault	Ariane	AG	ESeniors
Merkel	Sebastian	SM	IAT
Pasche	Emilie	EP	HUG
Riou	Sabine	SR	ESeniors
Seck	M'ballo	MS	CEREMH
Verbeek	Anne	AV	GRCM
Wagstaff	Peter	PW	LISV
Wipfli	Rolf	RW	HUG

## Topic 1: Welcome and introduction of all partners including NCP

### Topic 2: Presentation IAT

- Introduction:
  - No exclusion of the technical partners, they agreed that they do not have to participate (minutes of last telephone conference).
  - Goal of today: starting the international collaboration
    - o Working plan time schedule 2013/2014
  - Getting a clear vision of Momo
  - Suggestion IAT: "*MoMo is a software solution to promote activity and social embeddedness.*"
  - Discussion:
    - o RB: But it is also a service
    - o PW: We have to include hardware
    - o MMB: No telemedicine, but telemonitoring would not have been funded, therefore called communication device
    - o MMB: Not call it a medical device (PE: problem of medical device in Germany because of legal regulations)
    - o MMB: in DOW: telemonitoring, coaching and evaluation in the homes of the patients, impact measurement socio-medico-economic evaluation
    - o MMB: send the conditions of the German NCP
- **Results:**

- *MoMo is a software solution to promote activity and social embeddedness*
- *MoMo focuses on primary prevention*
- *MoMo is no medical device but has a health impact*
  
- Discussion: *“What kind of technology do we need?”*
  - MMB: Meet the needs of the elderly
  - PW: No tablets, but smartphone, Android has more possibilities,
  - WB: Also training and education of all kind of end users
  - MMB: Incorporate in the overall objectives of MoMo; „promote and facilitate“ among seniors; communication among all users
  - RB: How is the technology linked between the devices?
  - PW: We are talking about prevention, (primary and secondary) so we do not talk about patients
  - MMB: 85% 65+ have at least one chronic disease
  - CD: But the aim is mobility, not disease; what is motivation? Define what we understand under the term „motivation“
  - AV: In German proposal the diabetes clinic is included
  - WB: key argument is the chronic condition, therefore „highly advisable to include all 65+“
  
- Discussion: Main effect parameter: activity and quality of life
  - MMB: Measure the implementation of mobility and cognitive skills and the socio-medico-economic impact on a subgroup; participants need to see how much have they improved?
  - CD: We know that mobility improves health
  - MMB: Tools of patients can be used to evaluate the needs; tailored game for each user
  - RB: What is the value proposition for health professionals?
  - MMB: Socio-medico-economic impact: the game will have an impact on the quality of care, lowering costs
  - PW: worried about the restriction to medical
  - RW: good idea to include paramedical personal
  - MMB: DOW says, that paramedical personal is included; respond to PE question: „are the practitioners involved directly during the game?“ → MMB no connection, just using the same station, no health professional has time to connect
  - PW: 4d in every home, too much costs for seniors
  - AV: GRC or other could buy the systems and include these into their programmes; possible funding by national governments
  - MMB: Inclusion of tertiary end user
  - AV: More contacts; if the insurance company would pay
  - PE: We are talking about two different models
  - MMB: Institutional solution are included in DOW
  - RB: Will both models include goniometric measurement?
  - AV: If possible, yes
  - MMB: Probably two or three solutions; modular according to the user’s needs

- ME: What are we doing for cognitive competences? Indirect through physical?
- MMB: LaMosca have developed this, inclusion of cognitive trainings
- ME: MoMo is not only a game, there will be more solutions like social networks
- PW: Cooperating with an organization, which is specialized in serious games
- MMB: Health professionals can customize the game
- ME: Simple game for the pedometer to see what has been done so far
- CD: There are plenty examples of different types of games

### **Topic 3: Definition of the target groups**

#### **Inclusion criteria:**

- RW: Secondary user group at HUG including physicians and other health professionals
- PE: Should age be an exclusion criteria?
- WB: 65+ could be problematic, because of heterogeneity
- RB: Elderly are different people with different life styles,
- PW: The advantage is that 65+ are retired and available
- MMB: Respect to age, not restriction
- Result: Talk about the elderly, but no focus on a concrete age
- RW: Most important: motivation to change behavior

→ **Results:** *Inclusion criteria are elderly (no specific age) and motivation to change behavior*

#### **Number of target groups:**

- PE: How many user groups do we have?
- ME: One group at eSeniors
- CD: Another group in France
- RW: Secondary user group at HUG including physicians and other health professionals
- PE: Number of participants
- EP: Decide what we will measure and then define the effect. Based on this, a statistician will be define the number
- MMB: Diabetes: 40 (+40 control group)

#### → **Results:**

- *1 diabetes group at GRCM*
- *3 groups of elderly (Eseniors, LISV, GRCM)*
- *1 group of secondary end users (HUG)*

### **Topic 4: Presentation Claude Dumas and discussion**

- MMB: Social links as a motivational factor; people learn from each other
- PW: Do we need a “researcher” or not?
- MMB: The duet is one way to motivation
- PE: We have two different forms of motivation: motivation for the game solution and motivation of changing behavior

- PW: Very different motivation: intrinsic and extrinsic
- MMB: The project is to promote mobility and communication and social links. Therefore we have to build an environment
- CD: No isolation, social link is very important
- RB: Explorer and researcher need to be tested
- MMB: We are not preparing a device whereby the senior will be playing alone, most important to fight isolation
- PW: Outside is no isolation; testing to have someone available is an aim of WP 2
- MMB: Keep an open mind of innovative models; proven that people need to interact
- CD: Important to create communities
- MMB: There could be more duets that compete with each other or maybe with other retirement homes
- PW: Bottom-up process, „nothing is sacred“

### **Topic 5: Living-lab environment and questionnaire**

- MMB: We have to define which seniors we will target
- RB: What is the questionnaire for? For recruiting the persons for the living lab?
- MMB: Target population of the elderly be delayed till October; no wasting time, if they wait for the survey
- PW: We do not wait, mixed group will be fine
- PE: Short draft with a focus on activity; not necessary to wait for the results of the survey; motivation of changing behavior can be measured, as a first step only ask if someone will take part does not mean they will continue throughout the project development
- MMB: We need a common trunk and then it won't take long
- PE: number of participants?
- MMB: Diabetes 40 and 40 control, or the Sofia national programme, but this will take time
- PE: 50 for the elderly
- RW: HUG will translate the questionnaire and send it
- PE: Active Ageing Index will be used as a basis for semi-structured interviews;
- CD: Specification of the game?
- MMB: The usual process is within the development;
- CD: The scenario of the games need to be done in parallel; the game developers need to know what is the content
- MMB: we need a project plan (part of WP 1)
- CD: Prototype could be useful to find out what the users want; a functional one, which could be useful to work with the different partners
- PE: To avoid misunderstandings, IAT will not develop scenarios, we are giving input
- MMB: to gain time we will need to have a meeting with the industrial partners

#### **→ Results:**

- *Questionnaire will be sent out by IAT in August*

- *First results will be expected in October*
- *The recruitment of the target groups will be done until the end of 2013*
- *IAT will not develop game scenarios, so the development process can be done in parallel (IAT will contact the technical partners)*

**Topic 6: Presentation RW secondary end user**

- RW: Needs feedback from the developers
- RW: Will give methods to increase the numbers; methods need to undergo a submission of the ethical committee
- MMB: Recruiting could be used during the discussion of clinical cases

**Topic 7: Final discussion and summary**

- PE: IAT will be prepare a time schedule and send out within the next month; meanwhile we will describe the target-groups; during 2014 we will have interviews and focus groups;
- MMB: We will wait till October for the survey; parallel we will need to start a meeting in WP 3
- PW: Early October will be the meeting of WP 3