 <p>Continuous Multi-parametric and Multi-layered Analysis Of Diabetes Type 1 & 2</p>	<p>COMMODITY12 IST-7-287841 <i>C</i>ontinuous <i>M</i>ulti-parametric and <i>M</i>ulti-layered <i>a</i>nalysis <i>O</i>f <i>D</i>iabetes <i>T</i>ype 1 & 2</p>
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Dissemination strategy, activities and plans

D9.1

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1 Executive Summary

Beside the event driven communication where the Commodity12 project inform the stakeholders about events of the project the activities of the dissemination will know three phases:

During the initial communication the participants will communicate about the project and their participation. After one year the choices made and the solutions to be tested will be presented. In the last year of the project we will make the results and the products public.

All possible channels and supports will be used: Web, social medias, press, publications and congresses. A map of relevant stakeholders (International scientific conferences, industrial fairs, scientific publications and normalisation bodies) is developed and targeted and a dashboard for measuring the progresses of dissemination with Key performance indicators is proposed.

Since the beginning of the project the basis of the platform has been set: the public and project websites are realised, the twitter and face book accounts are opened, the standard presentation, fact sheets and press release have been delivered. Beside of this two publications have been proposed to international academic congresses, two industrial fairs got some information on the project, one telemedicine congress planned a presentation of the project in the coming year congress, SNOMED is contacted to grant use of SNOMED CT for the whole project and the we participate in the NEN working group for interoperability and Software as a Medical Device.

2 Introduction

In this Dissemination strategy, activities and plans document we describe the plans and realisations of the dissemination of the project Commodity12. Description of the project is given on the [Site of Commodity12](#)¹. This document is a so called living document and will be reviewed at least at the end of each reporting period. The current version of the document is published at [COMMODITY12-Dissemination.pdf](#).

In this document we give in chapter 3 the general dissemination plan, with the description of the aim of dissemination, the dissemination channels, the descriptions of the three steps of the dissemination and an overview of the relevant stakeholders.

In chapter 4 we describe the progress made since the beginning of the project by the partners. Chapter 5 gives an overview of all the dissemination activities, realised and planned. In the appendix we give more information on the project and possibly on some content dissemination

¹ Full link: www.commodity12.eu

3 Initial dissemination plan

Dissemination activities by the project partners² will address the consortium, the external scientific community, industry, and the public through appropriate activities. Quantitative measures of success in disseminating project knowledge and results are indicated below.

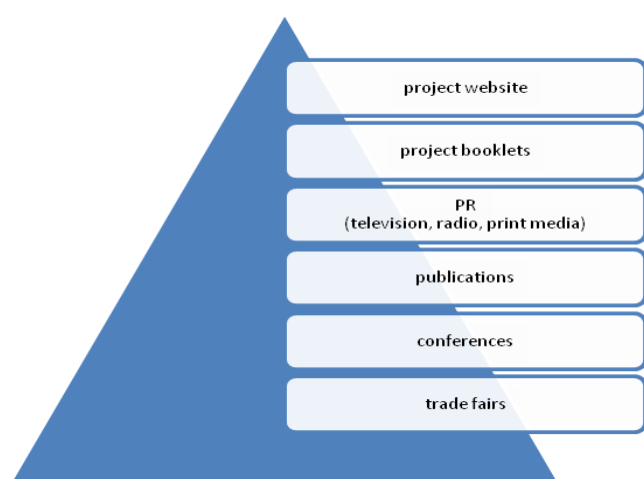
3.1 Dissemination activities

3.1.1 Communication of dissemination activities

The purpose of the Dissemination activities is to disseminate information about the project and the technical progress achieved in the project in such a way that other stakeholders in the area can make use of the results, or see how they can feed information into the project. In this way it acts as a vehicle for cross-fertilization of ideas and a means of establishing co-operation. Trial and validation experiments will also be run. It is intended for these to be shown at public events such as project meetings and conferences where appropriate. The consortium also intends to publish project results in conference and journal papers. As well as producing almost all its deliverables as publicly available material, the project will contribute to whatever consensus management mechanism is set up for IST. Lastly, one goal of the project is to disseminate the implemented system and make it available to interested third party developers and users.

3.1.2 The dissemination channels

The figure depicts the major dissemination channels in COMMODITY12.



- Project website: a public and private site, use of social networks (Facebook and Twitter)

- Project booklets: standards project presentations, press releases, posters, flyers

- PR will be used via local TV, you tube diffusion, press releases.

- The scientific and medical partners will publish their findings in the relevant publications. Industrial partners will publish in industrial publications.

- Scientific and industrial conferences will be visited, addressed

and even workshops will be organised.

- Industrial and trade fairs will be visited and addressed.

² See the appendix one for a short description of the partners

3.1.3 Conditions during the dissemination

We are proud to be supported by the EC and we support the effort of the EC in communicating the effort the EC does to initiate and support effective innovation.

In particular, when performing our dissemination activities, we will make clear that we are sponsored by the EC and we will include an acknowledgement to the EC in every submitted publication. Furthermore, we will inform the European Commission of every accepted publication and we will provide to the EC an electronic copy of them.

3.1.4 The dissemination plan

The dissemination plan as a project deliverable includes at each update a summary of changes since the previous release, and an outline of expected future additions or changes. Being a publicly available document, it will be made available on the project web site and updated releases will be added there regularly.

3.2 Phases in the dissemination

Part of the dissemination will be event driven: at the moment of a realisation or at a project event publication and communication will take place. For instance at the start of the project and by all the public deliverables.

For the content of the dissemination we distinguish three phases in the dissemination:

3.2.1 Initial communication:

- In the first year of the project we mainly set the basis of the communication of the project which means:
- Realising the communication platform with initial web site, social medias, project documentation
- Communicating about the start of the project: press release
- Communicating participation to the project: the participants inform their relevant stake holders about the Commodity12 project

3.2.2 Communication on the choices made and solutions to be tested

In the second year the participants communicate on the choices made and the solutions chosen. This can be academic communication on the treatments and trial, technical choices. For instance the messages will be on: use of international standards as SNOMED CT, Data Repository, Sensors to be used, definition of the medical trials, the Artificial intelligence solutions, the security, normalisation and compliance (for instance Medical Device directive) aspects.

3.2.3 The results communication

In the third year the consortium will start with communicating the results of the project: conclusions and policy advices, product descriptions will be published. The partners will organise country or international workshops to present different aspects of the results of the project.

3.3 Relevant stake holders

3.3.1 International scientific conferences

- (i) EUPHA – European Public Health conferences (EUPHA 2012, Malta, 7-11 November, 2012)
- (ii) WONCA – European, and global conferences of primary healthcare (Wonca Europe Conference 2012, July 4-7, 2012 Vienna, Austria, WONCA Asia Pacific Region 2012, May 24 - 27, 2012 ICC, Jeju, South Korea, 20th Wonca World Conference Prague, June 2013, Czech Republic)
- (iii) European Congress of Endocrinology (ECE 2012, Florence, May 2012)
- (iv) HEALTHINF 2012 : International Conference on Health Informatics (Feb 1 - 4, 2012, Algarve, Portugal (v) 5th International Conference on Advanced Technologies & Treatments for Diabetes (Barcelona, Spain, February 8-11, 2012)
- (v) IHI 2012 : 2nd ACM SIGHIT International Health Informatics Symposium (Miami, Florida, USA, January 28-30, 2012);
- (vi) ATTD - International Conference on Advanced Technologies & Treatments for Diabetes (Barcelona, Spain, February 8-11, 2012)
- (vii) AAMAS – International Conference on Autonomous Agents and Multi-agent Systems (Valencia, Spain, 4-8 of June, 2012)
- (viii) SAC - Symposium On Applied Computing (Riva del Garda (Trento), Italy March 25-29, 2012)
- (ix) Pervasive Health – Conference on Pervasive Computing Technologies for Healthcare,
- (x) ECML – European Conference on Machine Learning (Bristol, UK, 2012),
- (i) International Conference on Machine Learning (Edinburgh, Scotland, June 25-29, 2012.),
- (ii) (xiii) ISSE- Information Security Solutions Europe (Prague, Czech Republic, November 2011).

3.3.2 Industrial fairs

- (i) CeBIT 2012, 2013, 2014,
- (ii) World of Health IT,
- (iii) ICT 2012 and 2014,
- (iv) Medica in Dusseldorf (November 2011, November 2012),
- (v) Zorg & ICT: the Dutch Fair for ICT products and services in Holland, (2011,2012,2013,2014). Then
- (vi) NPCF events - the national patient organization organizes several exhibitions/seminars per year (2012,2013,2014),
- (vii) Zuidelijke eerstelijnsdag - day for all first line care providers (GP, physiotherapists, dieticians etc.) in the southern part of the Netherlands(2012,2013,2014),
- (viii) Noordelijke eerstelijnsdag - Day for all firstline care providers (GP, physiotherapists, dieticians etc.) in the northern part of the Netherlands (2012,2013,2014),
- (ix) Orego exhibition - +/- 600 GP's using ICT systems,
- (x) Huisartsenbeurs - a big event for +/- 2000 GP's (24th of March, 2012, Utrecht).

3.3.3 Scientific publications.

Target peer-reviewed journals include:

- (i) JAMIA – Journal of the American Medical Informatics Association,
- (ii) International Journal of Medical Informatics,
- (iii) Diabetes care, Diabetes self-management,
- (iv) European journal of endocrinology, The European journal of general practice, and
- (v) The Journal of family practice.

3.3.4 Contribution to standards

One of the principal aims of COMMODITY12 project is to set up a European consensus terminology for both research and clinical practice in the field of patient compliance. Thus, COMMODITY12 results will undoubtedly contribute to European standards, as lack of such common terminology is a major obstacle for effective benchmarking of compliance-enhancing strategies nowadays. Moreover, by objective evaluation of both effectiveness and cost-effectiveness of compliance-enhancing interventions, the project will contribute to the development of relevant standards in this field.

In particular, Portavita already participates (via the Dutch standardization body, the NEN) in: CEN/TC 251 Health informatics that has workgroups on Information models, Terminology and knowledge representation, Security, safety and quality. Portavita also participates to Technology for interoperability, in ISO/TC 215 Health informatics, that have work groups on data structure, data interchange, semantic content, security, pharmacy and medication, devices, business requirements for electronic health records, and it participates in joint groups in CEN, ISO, HL7, CDISC, IHTSDO, GS, through the Joint Initiative on SDO (Standards Development Organizations) standardization. Moreover, Portavita is a member of HL7 and IHE. Through Portavita, COMMODITY12 will provide inputs and improvements to all of these standard bodies. Similarly, BodyTel will become a member of the Continua Health Alliance (<http://www.continuaalliance.org/index.html>) that is a consortium of over 230 companies that collaborate to improve healthcare and healthcare interoperability. Being an interdisciplinary and innovative project, COMMODITY12 could provide an essential input to the Continua Health Alliance.

3.3.5 European and national projects and initiatives

Most of COMMODITY12 partners have been active in previous EU projects on a variety of topics and with various goals. All partners are also involved in national projects allowing cross fertilization between national initiatives and projects at a European Level.

COMMODITY12 will use resources and tools from previous and current EU projects where the partners have participated, including:

- **KHRESMOI**: FP7 IP, 2010-2014, we will reuse information retrieval techniques for unstructured text. HES-SO is the coordinator of the KHRESMOI project.
- **InterAct**: FP6 IP, 2006-2011, we will reuse the data produced in InterAct as the basis for the definition of the genetic rules for treatment adjustment. CNRS is a partner in InterAct.
- **ARGUGRID**: FP6 STREP, 2006-2009, we will reuse multi-agent technology for agent environments such as GOLEM [BromuriStathis09]. RHUL has been a partner in ARGUGRID.
- **SOCS**: FP5 STREP, 2002-2005, we will reuse part of the results on the cognitive model for abductive logic agents [KGP04]. The RHUL partner has been involved in SOCS.
- **"Chips on the go": towards truly wearable EEG systems**: ERC grant, 2007-2013, we will reuse the results on wearable EEG systems. Imperial College is the depositary of this grant.
- **ABC Project**: FP7 STREP, 2009-2011, we will reuse the results of ABC to deal with patient compliance. LODZ is coordinating the ABC project.
- **VITAL**: FP6 STREP, 2007-2009, we will reuse the architecture of the home based environment. DFKI is coordinating the VITAL project.

Moreover, the partners involved in the project have direct contact with other European Projects, European initiatives and associations such as the following ones:

- Portavita is participating to epSOS (<http://www.epsos.eu/about-epsos.html>), Smart Open Services for European Patients, an Open eHealth initiative for a large scale European pilot of patient summary and electronic prescription. In particular Portavita will utilize MDES (Medical Data Exchange Solution an integrated end-to-end, standards-based solution that enables patient-centric access to medical records) developed by Tiani Spirit GmbH in the epSOS project. This tool can generate HL7 version 3.0 XML interfaces between the different parts of the system. This interface is then compliant with the Clinical detailed Administration standards of the IHE (Integrating the Healthcare Enterprise).
- HES-SO is in contact with ATOS Origin (<http://www.atosorigin.com>), which is participating in KHRESMOI and is in charge of coordinating the REACTION project [REACTION.
- DFKI has a [EuroPrise](#) (**The European Privacy Seal**)³ certificated member.
EuroPrise Certifies IT products and IT-based services privacy compliance with European data protection regulations. EuroPriSe offers a **transparent European privacy certificate** that fosters consumer protection & civil rights, trust in IT and privacy by marketing mechanisms.
- BodyTel is going to be member of the Continua Health Alliance, a non-profit, open industry organization of healthcare and technology companies joining to improve the quality of personal healthcare. Continua counts more than 230 companies and is dedicated to establish a system of interoperable health solutions with the knowledge that extending those solutions into the home fosters independence, empowers individuals and provides the opportunity for truly personalized health and wellness management

Finally, the partners are involved in national projects, initiatives and associations as specified below:

- LODZ is in direct contact with the **Polish Patients Association**, as shown by the support letter in appendix B. This will ensure a rapid and effective enrolment of the patients in the trials at the LODZ site.

³ Full link: <https://www.european-privacy-seal.eu/about-europrise>

- Portavita is in direct contact with the **Dutch Patient Consumer Federation (NPCF)**. This expressed its direct interest in the project and endorses it as it will allow to bring benefits to the currently existing Portavita infrastructure, improving the current collaboration between the NPCF and Portavita.
- CHUV participates to the Diabetes Network of the canton of VAUD in Switzerland, which comprises patients associations and companies working on diabetes. This will represent an asset for the enrolment of the patients in the CHUV site.
- HES-SO, CHUV and RHUL are currently collaborating to the **G-DEMANDE** [G-DEMANDE] and **MONDAINE** [MONDAINE] national projects to handle gestational diabetes using intelligent agent technology. The results of these two projects will be completely reused within COMMODITY12
- [MediCoordination](#) is a Swiss national project that aims at improving interoperability amongst hospitals, by utilizing medical standards. The experience and technology developed in MediCoordination will be reused as an aid to Portavita infrastructure.
- The RHUL partner has links with the **South East Health Technologies Alliance** (SEHTA: www.sehta.co.uk/), a UK government-sponsored network of health industry SMEs including M-Health companies.
- RHUL has links with St George's University of London and its Medical School. St Georges and Royal Holloway have particularly close links because both are members of WestFocus (<http://www.westfocus.org.uk/>), a consortium of seven universities, which has received significant UK government funding to strengthen technology transfer links with SMEs.

3.4 Dissemination evaluation measures

The success of the implementation of the Dissemination plan is evaluated with the indicators shown in the table.

Type of activity	Indicators	Proposed target values	Partners involved
Scientific publications	number scientific papers related to the project	at least one publication per year per scientific partner	Scientific partners
Scientific conferences	number of conferences attended	at least one conference per year per scientific partner)	Scientific partners
Industrial fairs	number of fairs attended	at least one fair per year per industrial partner	Industrial partners

Type of activity	Indicators	Proposed target values	Partners involved
Publication in industrial journals	number of papers	at least one per industrial partner	Industrial partners in cooperation with scientific partners
Dissemination workshops	number of workshops, regional coverage	at least one in each participating country	Industrial partners in cooperation with scientific partners
Presentations in European organizations	Coverage of main relevant organizations	at least one in each organization	Partners that are members of the respective organizations
Presentations on EU events	Successful presentation	Presentation at ICT conferences	Coordinator with support of other partners
Presentation of project on project web-page	Visibility, links from other (EU) sites	Site referenced on major EU web-sites	Coordinator with support of other partners
Public relation activities (TV, radio, print media)	Number of project booklets printed, Number of press releases to print media, radio, TV	At least one booklet (project flyer); at least one press release per six months	Coordinator, all partners

Table 1: Minimum Implementation of DISSEMINATION PLAN.

Among the dissemination measures, presentation of COMMODITY12 on industrial fairs and scientific conferences will play an important role. The following is a list of events that will be considered for this purpose.

4 Progresses

Since the beginning of the project partner **DFKI** was mainly involved in the preparation of overall dissemination material which had to be submitted to the commission and which will be available for future dissemination activities:

- Support of a first press release
- Preparation of the project fact sheet
- Preparation of the one-slide presentation
- Preparation of a common project presentation
- Submission of press release, fact sheet and one-slide presentation to the commission services

Social networks will be targeted during the next project months. In addition DFKI will work on further dissemination material like a project flyer and a project poster which will be used during future dissemination activities.

The dissemination plan of **UMED** targets both national Polish market, as well as international forum.

Since the beginning of the project UMED participated in two events of interest for the Commodity12 project and mentioned the project on these occasions.

- UMED gave a presentation on the COMMODITY12 project at the internal meeting at the Medical University of Lodz in January 2012.
- UMED submitted a presentation on certain functionalities of the COMMODITY 12 system (the use of electronic assessment of adherence for tele-health system) to the 6th International Conference on Bioinformatics and Biomedical Engineering in Shanghai (May 2012)

The dissemination plan for **Royal Holloway, University of London**, is mainly focused on ensuring that a variety of stakeholders in E-Health, particularly in the research community, are aware of the increasingly valuable intelligent middleware technologies available to assist in the analysis and interpretation of patient healthcare information, as are being developed by COMMODITY12.

Royal Holloway has begun to assess how best to communicate to key stakeholders as the project progresses, and have prepared a public relations release concerning the project, in advance of contacting these. The planned MSc in Global Health, mentioned as one of the potential dissemination routes in the project plan, is not now going to be developed by Royal Holloway.

HES-SO had one publication accepted as a demo paper. This paper will be presented in June 2012:

Agent Based Monitoring of Gestational Diabetes Mellitus, in: Proceedings of the 11th International Conference on Autonomous Agents and Multiagent Systems (AAMAS 2012), Valencia, Spain, International Foundation for Autonomous Agents and Multiagent Systems (www.ifaamas.org), 2012

Bodytel built the Commodity Public site (www.commodity12.eu), the Facebook page and the twitter account. Bodytel also became a member of the Continua Health Alliance, a non-profit, open industry organization of healthcare and technology companies joining to improve the quality of personal healthcare.

For **Imperial College**, publication and dissemination of ground-breaking technical results will be through appropriate conferences and journals in the field. Early results will be submitted to conferences of international repute, such as International Conference on Wearable and Implantable Body Sensors Networks or IEEE Engineering in Medicine and Biology Conference. More definitive results will be submitted to top journals in the field such as IEEE Transactions on Biomedical Engineering. Local dissemination will be in the form of technical meetings within appropriate British and International fora that are open to the UK community. This will allow rapid dissemination of results to patients and researchers, thereby increasing speed of uptake of the technology, and providing valuable feedback about other possible areas of impact.

The dissemination plan of **Portavita** is mainly targeted to its main market countries: Netherlands, Germany and France.

- Since the beginning of the project Portavita participated to three congresses of interest for the Commodity1 project and mentioned the project at these congresses.
- Portavita gave a presentation at the ASIP en FIEEC European day of the Telemedicine in Paris. The presentation has been published at the site of the French government. One slide of the presentation was about the start of the project Commodity12.
- Portavita agreed with the chairman of ANTEL (Association Nationale de la Télémédecine, French association of Telemedicine) to give a presentation on the status of the Commodity12 project at the yearly congress of the association in November 2012.
- Portavita presented detailed Clinical models to the congress of the Health IT in Barcelona (November 2012)

Portavita applied by the IHTSDO for a public-good exemption to apply to use of SNOMED CT as part of the COMMODITY12 Project in non-IHTSDO Member territories (Germany, France and Switzerland). Decision is expected begin April 2012.

An employee of Portavita became member of the Dutch chapter of the ISO CEN on interoperability of the health systems and an other is member of the platform "Software as a Medical Device" Overview dissemination activities

4.1 Table of the progress of dissemination activities

nr	Date ⁴	Description	Audience ⁵	Countries	Size of the audience	Partners involved
1	11/2011	One-slide presentation	all	Europe	> 1 Mio	DFKI, all
2	11/2011	Project presentation	all	Europe	n.a.	DFKI, all
3	11/2011	Project fact sheet	All	Europe	n.a.	DFKI, all
4	May 2012	International Conference on Healthcare, Bioinformatics and Biomedical Engineering in Shanghai (May 2012)	Healthcare, industry	China	>500	UMED
5	2013, 2014	EUPHA – European Public Health conferences	healthcare	Europe	>3000	UMED
6	2013, 2014	European Congress of Endocrinology	healthcare	Denmark, Poland	>3000	UMED
7	2013, 2014	ICICTH - International Conference on ICT in Health	healthcare	Europe	>1000	UMED
8	2013, 2014	ATTD - International Conference on Advanced Technologies & Treatments for Diabetes	Healthcare, industry	Europe	>1000	UMED
9	2012	Formal PR on Royal Holloway website and distributed to press	Academic, healthcare, government, other projects	Primarily UK		Royal Holloway
10	2011	Realisaation WWW.Commodity12.eu	of Public	WWW	n.a.	Bodytel
11	2012	Face book page	Public	WWW	n.a.	Bodytel
12	2012	Twitter account	Public	WWW	n.a.	
13	2013, 2014	IEEE Engineering in Medicine and Biology Conference	From academia and industry.	Paper submission from 52 different countries (2011).	Over 2000 accepted peer reviewed papers in 2011.	Imperial College

⁴ The realised activities are written in bold, other are planned

⁵ Audience: industry, academic, health care, governments and regulators, normalisation, patients, other projects

nr	Date ⁴	Description	Audience ⁵	Countries	Size of the audience	Partners involved
14	2013, 2014	International Conference on Wearable and Implantable Body Sensors Networks	Academia	International		Imperial College
15	No date, open submission	IEEE Transactions on Biomedical Engineering	Academia	International		Imperial College
16	10/2011	One page presented to the FIEEC ASIP congress	to the Industry	France	80	Portavita
17	11-2012	ANTEL Congress in France: communication on the project	healthcare	France / European	400	Portavita
18	2012, 2013, 2014	CeBIT	healthcare			Portavita
19	2012	World of Health IT: communication of CEO Portavita	healthcare	Europe		Portavita
20	2012	Membership of the NEN working group on technological Interoperability	Standardisation	International		Portavita
21	11-2011, 11-2012	Attending the Medica in Dusseldorf	healthcare	European		Portavita
22	'13, '14	Zorg & ICT: the Dutch Fair for ICT products and services in Holland	healthcare	NL		Portavita
23	Several year	a NPCF events - the national patient exhibitions/seminars	healthcare	NL		Portavita
24		Orego exhibition -	GP's using ICT systems	NL	+/- 600,	Portavita
25	2012, 2013, 2014	eerstelijnsdag - day for all first line care providers,	healthcare	NL		Portavita
26	24th of March, 2012,	Huisartsenbeurs - a big event for +/- (Utrecht).	GP's	NL	2000	Portavita
27	2012 and 2014	ICT	healthcare	NL		Portavita

nr	Date ⁴	Description	Audience ⁵	Countries	Size of the audience	Partners involved
28	Januari 2012	UMED gave a presentation on the COMMODITY12 project at the internal meeting at the Medical University of Lodz in January 2012.	healthcare	Poland		UMED
29	May 2012	UMED submitted a presentation on certain functionalities of the COMMODITY 12 system (the use of electronic assessment of adherence for tele-health system) to the 6th International Conference on Bioinformatics and Biomedical Engineering in Shanghai (May 2012)	Bio medicine and bio informatics	International	>1000	UMED

4.2 Detailed description of the dissemination activities

ad. 1: One slide presentation giving an overview of the project objectives and goals. The presentation should be used by the commission for promoting the COMMODITY12-project within activities.

[COMMODITY12-OneSlide-Presentation.pdf](http://extern.bodytel.com/commodity12/downloads/IST-287841-COMMODITY12-OneSlide-Presentation.pdf)⁶

ad. 2: Detailed presentation which can be used by the partners to present the COMMODITY12-project during public events. The presentation gives an overview of objectives, goals, technologies, expected results and outcome of the project.

ad. 3: Project fact sheet. A document required by the commission to promote the COMMODITY12 project. A document presenting the project's objectives, the project description, a short use-case-scenario, expected results and overall project facts.

[COMMODITY12-ID-Card.pdf](http://extern.bodytel.com/commodity12/downloads/IST-287841-COMMODITY12-ID-Card.pdf)⁷

ad. 9: Royal Holloway will make a formal press release on the Royal Holloway website to attract interest from key stakeholders as the project progresses, in advance of directly approaching existing interested partners such as St George's University of London, with its hospital and medical school, Kingston University and the charity Diabetes UK.

ad. 16: On October 21st Portavita held a presentation to the "journée Internationale de la Télémédecine" organised by the French industry association FIEEC (Fédération des Industries Electriques, Electroniques et de Communication) and the French government

⁶ Full link: <http://extern.bodytel.com/commodity12/downloads/IST-287841-COMMODITY12-OneSlide-Presentation.pdf>

⁷ Full link: <http://extern.bodytel.com/commodity12/downloads/IST-287841-COMMODITY12-ID-Card.pdf>

agency ASIP Santé (Agence des Systèmes d'Information Partagés de Santé). Attendance 80 industrials and consultants. In the presentation there was one page on the Commodity12 project as one of the important developments of the Portavita Company. See the whole presentation at [FIEEC ASIP presentation Portavita October 2011](#)⁸ The presentation is published on the official site of the Health minister.

- ad. 17: The Association Nationale de la TELémédecine has every year a congress of her members (Academics and doctors for the most). In 2011 we agreed with the chairman of the association mister Pierre Simon to give a presentation on the Commodity12 project. Interest of the ANTEL lies on the international, scientific and innovative aspects of the project.
- ad. 18: Evert Jan Hoijtink (CEO Portavita) presented our vision on the Detailed Clinical Models at the Openhealth Forum in Barcelona the 28th of November. This is a part of the Commodity12 scope and is a dissemination activity.
- ad. 19: The NEN is the Dutch Chapter of CEN and ISO. Marc Peters of Portavita became an expert on the interoperability work group. This workgroup works together with the CEN/TC 251 WG IV :
- Adoption, promotion and, where necessary, development of European standards for the application of information and communication technology to:
 - medical devices for plug-and-play interoperability at the point of care, together with facilitation of the efficient exchange of device data in all healthcare environments;
 - intra- and inter- laboratory, analyser-LIS and analyzer-analyser communications;
 - medical imagery, including as appropriate non-radiological imaging;
 - such other device related areas as may from time to time be required;
 - such other areas for technical interoperability as may from time to time be required.

and with the ISO/TC 215 WG 7:

- Standardization in the application of information and communication technology (ICT) to medical devices for plug-and-play interoperability at the point of care, as well as facilitating the efficient exchange of device in all health care environments.

⁸ Full link: http://prezi.com/e1q8cnbvxxhw/presentation-portavita-fieec-asip-paris/?auth_key=c2f4716c925da0613a72a44c4c83ecfb15b5c218

5 Overview publications

5.1 Publications table

nr	title	Main Author	Title of the periodical or the series	#, date or frequency	Publisher	Place of pub.	Year of pub.	pag	Identifier	Status ⁹
1	Agent Based Monitoring of Gestational Diabetes Mellitus	René Schumann, Stefano Bromuri, Johannes Krampf and Michael I. Schumacher	Proceedings of the 11th International Conference on Autonomous Agents and Multiagent Systems (AAMAS 2012)		International Foundation for Autonomous Agents and Multiagent Systems (www.ifaamas.org)	Valencia, Spain,	2012			Public with publicity
29	functionalities of the COMMODITY 12 system (the use of electronic assessment of adherence for tele-health system)	UMED submitted a presentation on certain to the (May 2012)	6th International Conference on Bioinformatics and Biomedical Engineering	Yearly congress	International Conference on Bioinformatics and Biomedical Engineering	Shangai	2012			

⁹ Status: private, public no publicity, public with publicity

5.2 Detailed description of the publications

ad. 1: HES-SO has the following accepted publications related to COMMODITY12:

René Schumann, Stefano Bromuri, Johannes Krampf and Michael Schumacher, Agent Based Monitoring of Gestational Diabetes Mellitus, in: Proceedings of the 11th International Conference on Autonomous Agents and Multiagent Systems (AAMAS 2012), Valencia, Spain, International Foundation for Autonomous Agents and Multiagent Systems (www.ifaamas.org), 2012

6 Appendix 1 The partners of the project

German Research Centre for Artificial Intelligence (**DFKI**) - DFKI is the coordinator of the project and it will be involved in all security aspects.

Centre Hospitalier Universitaire Vaudois Lausanne (**CHUV**) - CHUV is one of the three medical partners involved in the project and they will focus on the trials and on the knowledge engineering part of the project.

Medical University of Lodz (**UMED**) - UMED is one of the three medical partners involved in the project and they will focus on the trials and on the knowledge engineering part of the project.

Centre national de la recherche scientifique (**CNRS**) - CNRS is one of the three medical partners involved in the project and they will focus on providing medical knowledge from the genetic perspective.

Royal Holloway, University of London, United Kingdom (**RHUL**) - RHUL expertise lies in the areas of multi-agent systems, machine learning and relational machine learning.

University of Applied Sciences Western Switzerland (**HES**) - HES-SO is an expert in the areas of e-Health, Interoperability and Pervasive Health care and it will be in charge of the standardisation to define the data model for COMMODITY12 and to provide structured information to the intelligent agents.

BodyTel - BodyTel is an expert of Personal Health Systems and they will deal with the portable multi-parametric analysis of the physiological data coming from the BAN.

Imperial College (**IC**) – Imperial College expertise lies in the area of sensors and Body-Area-Network, and they will be in charge of defining the signal aggregation and the protocols of interaction to aggregate the data in the BAN.

Portavita – is an expert of interoperability and it will be in charge to deal with the definition of the data model for EHR as well as the data retrieval queries from structured text in the EHR for diabetic patients.