

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population			Starting date***	Deadline mm/yy	Main Outcome
				N. of people****	geographical area	category			
GSK		Atlantis Healthcare	Carry out market research with renal cell cancer (RCC) patients and physicians treating RCC patients to understand behaviours that lead to non-adherence. This research to be published and to help develop appropriate programmes to support patients and pharmacists looking after those patients.	84 patients 36 physicians	EU: UK, Germany, Spain, Italy, US	Metastatic RCC patients	Q3 2012	Q4 2012	To gain insight into adherence and non-adherence issues with patients with mRCC
GSK	to be determined	Atlantis Healthcare Pharmacy organisations (to be determined)	Patient adherence screening tool		Global	Metastatic RCC patients	Q1-2 2013	Q3 2013	Appropriate support programmes, tools, materials for patients, physicians and other HCPs (eg. Pharmacists)
GSK	to be determined	Atlantis Healthcare Pharmacy organisations (to be determined)	Tools/Training to support effective patient / HCP communication		Global	Metastatic RCC patients	Q1-2 2013	Q3 2013	Appropriate support programmes, tools, materials for patients, physicians and other HCPs (eg. Pharmacists)
GSK	Italian Local Health units; university consortium (eg.CINECA, CIRF)	General practitioners, specialists (pulmonologists), pharmacists, local health units/hospitals, healthcare managers, industry, scientific societies	<ol style="list-style-type: none"> 1) To improve quality of care following the clinical audit approach and to provide an integrated set of data for HCPs involved in the disease pathways, to payers and to health care managers; 2) To obtain new real practice data on epidemiology, diagnosis, care, use of drugs and costs of the disease at regional and local levels and make them available to the communities of professionals, health care managers and scientists; 3) To allow Local Health Units to experience new multidisciplinary way of working (including pharmacists, physicians, health care managers, budget holder, specialists) based on common data, methodology, knowledge; 4) To build specific way of working based on continuous improvement while implementing performance indicators that include clinical, economical and organizational outcomes; 5) To recognize and immediately implement the best practices from local health care units to all other units; 6) To identify and discuss with EEs the principal topics of COPD management to identify possible solutions based on the consensus conference methodology and to promptly publish available results; 7) To maintaining and exploit the F2F 	All patients referring to 53 Italian local health units	Italy – local healthcare providers	COPD patients	2011	Q4 2013	<ol style="list-style-type: none"> 1) Decrease and subsequent elimination of interventions by local units that are not evidence based by providing guidance on COPD treatment, in particular pharmacological, when the quality of management of the disease not appropriately addressed; 2) Increase the knowledge of the GPs and Pharmacists regarding of COPD problem and improve collaboration across those professionals; 3) KPIs eg: reduction of the hospital admission rate; reduction of the exacerbation of COPD, etc.;
who ???			Document that analyses and describes our current situation using information from administrative databases (drug prescriptions, hospitalizations, ambulatory procedures) to describe current adherence of patients for chronic diseases. Identify predictive factors for good and poor adherence and attempt to correlate these factors with particular outcomes e.g. hospitalization, institutionalization or death.						
CIRFF University of Naples/Campana Region		Federico II University, University of Salerno, Specialists, Association of GPs, Regional health authorities of Campania Region	Document that analyses and describes our current situation using information from administrative databases (drug prescriptions, hospitalizations, ambulatory procedures) to describe current adherence of patients for chronic diseases. Identify predictive factors for good and poor adherence and attempt to correlate these factors with particular outcomes e.g. hospitalization, institutionalization or death.	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		December 2013	<ol style="list-style-type: none"> 1) Population risk stratification for specific target population; 2) Evaluate rational use of medication and estimate outcomes in real-world conditions.

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CIRFF University of Naples/Campania Region		Federico II University, University of Salerno, Specialists, Association of GPs, Regional health authorities of Campania Region	Database containing clinical information including drug prescriptions, hospitalizations, outpatient procedures will be designed for access by IT platform tools (Web Application, analysis tools etc.).	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		June 2014	1) Develop an early warning system on poor adherence to treatment resulting in an integrated adherence monitoring system; 2) Implement new information tools for patients and health care professionals; Evaluate rational use of medication and estimate outcomes in real-world conditions
CIRFF University of Naples/Campania Region		Federico II University, University of Salerno, Specialists, Association of GPs, Regional health authorities of Campania Region	Algorithms will score persistence and adherence for chronic diseases of interest using the information from established databases.	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		October 2014	1) Develop an algorithm to identify indicators of levels of adherence and predictors of discontinuation, which will result in a score for intervention in patients. 2) Allow a more efficient use of resources and enhance efficacy of health interventions
CIRFF University of Naples/Campania Region		Federico II University, University of Salerno, Specialists, Association of GPs, Association of Pharmacists, Regional health authorities of Campania Region	Develop and test guidelines for improving adherence to medical plans for diabetes, hypertension, heart failure, obesity, osteoporosis/fracture, dementia, depression, falls etc. This document will provide integrated care and communication protocols for patients, GPs, pharmacists, specialists and local authorities and can be used as a working draft in clinical audit.	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		December 2014	1) Allow a more efficient use of resources and enhance efficacy of health interventions; 2) Deliver efficient and sustainable pharmaceutical care
CIRFF University of Naples/Campania Region		Federico II University, University of Salerno, Specialists, Association of GPs, Regional health authorities of Campania Region	Web Application to show appropriate information about adherence levels. This software will grant access to each stakeholder to information of their interest. Interface will be designed to maximize accessibility to contents. This software will also provide instruments of communication, creating a social network among stakeholders. It will finally provide analysis tools to allow efficient monitoring of system activities.	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		December 2014	1) Implement new information tools for patients and health care professionals: Telematic health counselling device, Remote warning system for adherence. 2) Develop a Web Application linked to prescription databases to pull out appropriate information about adherence levels for different type of stakeholders. 3) Develop a content-share platform to allow future information campaigns and formative interventions. 4) Design specific content to support informative campaigns aimed to patients and carers.
CIRFF University of Naples/Campania Region		Federico II University, University of Salerno, Specialists, Association of GPs, Regional health authorities of Campania Region	Data Analysis to outline the results obtained	Citizens: 800000 (about 15% of total Campania Region population) Patients: 120000	Campania Region, Italy	Patients with diabetes, hypertension, heart failure, osteoporosis/renal fracture		December 2015	1) Evaluation of results achieved
NHS Scotland		NHS Scotland Third Sector organisations	Adopting patient e health and social media innovations to support self management. Development to date include patient portals. Examples to date are for diabetic patients. Implement use of a health literacy tool ("Teachback") to improve adherence and concordance		Scotland	all patients	décembre 2015		Use of ICT solutions as well as use of self-management/behaviour changing tools.
NHS Scotland		Scottish Government NHS Scotland Royal Colleges – GPs/Pharmacists/Physicians	Using ICT and portal communication to maximise clinical communication. Roll out of Emergency Care Summary, key information summary and pilot of sharing of pharmaceutical care records within the Chronic Medication Service across primary and secondary care		Scotland	Patients with LTCs	décembre 2013		More timely and appropriate information sharing leading to improved appropriate prescribing.

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NHS Scotland		Scottish Government	e-health strategy- electronic prescribing capture by all clinicians in primary and secondary care will allow for accurate picture of medications patients are taking. This will allow for monitoring not only of adherence but of safe and effective prescribing. Examples include electronic prescribing and HEPMA		Scotland	Patients with LTCs	octobre 2012	Ongoing	Reduced harm to patients through inappropriate prescribing or due to communication/cognitive issues for patients. Integrated medicines management system implemented across Scotland.
NHS Scotland		Scottish Government NHS Scotland Royal Colleges – GPs/Pharmacists/Physicians	Guidance on dealing with appropriate prescribing and initial outcome data from Boards addressing Polypharmacy and value of risk of admissions data to inform which patient groups to target.		Scotland	Patients on complex or inappropriate drug regimens	décembre 2012		Reduction in inappropriate prescribing and number of patients identified as being inappropriately polymedicated.
NHS Scotland		SG/ NHS Scotland/ Digital health Consortium/ Glasgow School of Art	To develop decisions support tools that patients can use to help them manage their medication for their LTC that patients can use with mobile technology . Examples to date include tele monitoring of COPD and Heart failure but mobile technology could help patients manage medication in exacerbations.		Scotland	Patients with one or more LTC	12/12/2012		Development of mobile technology solutions.
		Scottish Government/Third sector	Investment in the development of a research-informed national toolkit to support the sharing of good practice and the promotion of literacy sensitivity in health and social care organisations		Scotland	Patients requiring support to improve their health literacy	12/12/2012		Patients are able to be lead partners in their care and treatment.
		Scottish Government/Third sector	Investment in the development of a robust national demonstrator programme to ensure consistent provision of personalised communication to enable effective participation in health care		Scotland	Patients requiring support to improve their health literacy	12/12/2012		Evaluated materials that can be rolled out across Scotland.
NHS Scotland		RCGP/ RPS / Scottish Gov/ Social care	Collaboration in working on polypharmacy and pharmaceutical care for patients still living at home to improve appropriate prescribing and patient decision making. Outcomes from work where pharmaceutical care issues are being addressed by pharmacists who are identified through social work will highlight how to best support these patients in their own homes.		Scotland	Patients with one or more LTC supported to live at home.	12/12/2012		Solutions to provide support/assistance to patients in their own homes.
APSS			Hospital Specialist and MMG shared management of diabetes patients by using of telemonitoring technologies	100 patients	Trentino Region, Italy (1 territorial valley)	Cohort of MMG's patients with diabetes and comorbidity	Q1 2013		
APSS			Context analysis (qualitative and quantitative analysis of network of care) aimed at designing an integrated pathway for diabetes management		Trentino Region, Italy	Patients with diabetes older than 65 years	Q4 2012		
APSS			Hospital Specialist and MMG shared management of diabetes patients by using of telemonitoring technologies	100 patients	Trentino Region, Italy (1 territorial valley)	Cohort of MMG's patients with diabetes and comorbidity	Q1 2013		
APSS	FBK		Prototyping and lab testing of mobile and web applications for diabetes management		Trentino Region, Italy	Patients with diabetes older than 65 years	Q3 2013		
APSS			System piloting	60 patients	Italy-Trentino Region	Patients with diabetes older than 65 years	Q4 2013		

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APSS			Rolling out of the system and testing in real life conditions; early validation of disease management program (results, satisfaction, feasibility)		Trentino Region, Italy	Patients with diabetes older than 65 years	Q1 2014		
APSS			Service piloting to assess organizational, economic and clinical impact. Service policy validation with stakeholders		Trentino Region, Italy	Patients with diabetes older than 65 years	Q4 2014		
APSS			Program deployment to target population	260 patients	Trentino Region, Italy	Patients with diabetes older than 65 years	Q2 2015		
University Coimbra		Faculty of Sport Science; Nurses School; Exploratório D. Henrique; Museu de Ciência UC; Faculty of Medicine of Coimbra Luso Municipality (WiLuso)	Program of public lectures and round-table discussions in museums and other public spaces addressing healthy and active ageing and adherence to care plans	1000	Coimbra, Portugal	65+ healthy population; patients with chronic diseases and their relatives; health sector professionals and carers	January 2013	December 2015	Seminars, round tables and exhibitions
University Coimbra		Faculty of Sport Science; Nurses School; Exploratório D. Henrique; Museu de Ciência UC; Faculty of Medicine of Coimbra Education	Implementation of Social network to monitor adherence to prescription	1000	Countries with Portuguese official language	General population; +65 old; high-risk patient groups; family members (younger generations); Health professionals	December 2012	December 2015	Published/posted comments and documents
University Coimbra		Faculty of Sport Science; IPN; Tice.healthy; Take the Wind; Media Primer; Critical Health; Blue Works; Nurses School	Implementation of ICT-based programs for remote monitoring of health status and adherence to care/medical plans in +65 people and chronic disease patients in their homes/institutions Development of software and ICT devices	200	Coimbra, Portugal	65+ aged; patients with chronic diseases (with a focus on patients suffering from cognitive deficit or dementia; Parkinson's disease; Epilepsy, Vision deficit; rheumatism, arthritis; cardiovascular diseases; diabetes)	June 2013		Implementation of a scientifically-validated approach for auto-maintenance of active and trained body and adherence/monitoring of adherence to care/medical plans

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University Coimbra		Faculty of Medicine of Coimbra; University of Coimbra Hospital; Faculty of Sport Science; Nurses School; Luso Municipality (Wiluso); Coimbra Municipality	Combined cultural and physical fitness/training medically-assisted tailored programs, targeting +65 old or patients suffering from chronic diseases, joining sport faculty members, nurses and psychologists	200	Coimbra, Portugal	65+ healthy population, patients with chronic diseases (with a focus on patients suffering from cognitive deficit or dementia; Parkinson's disease; Epilepsy, Vision deficit; rheumatism/art hritis; cardiovascular diseases; stroke; diabetes) and their relatives/or carers	June 2013	December 2015	Implementation of a scientifically-validated approach for maintenance of active and trained body for healthy ageing, physical/living independence and adherence to medical/care plans	
University Coimbra		Faculty of Medicine of Coimbra (FMUC); Faculty of Sport Science; Nurses School; University of Coimbra Hospital (CHUC); Social Studies; IPN (business incubator); Open to collaboration with other national and European PhD programs on Ageing	High-level interdisciplinary education and training of health care personal through the PhD program on ageing with adherence-specific education and training modules	90	Coimbra, Portugal	PhD and master students; professional seeking for advanced training/scientific upgrade	Ongoing	December 2015	Number of students/professionals attending the courses; Number of original manuscripts and research communications o Ageing/adherence; Number of new PhD thesis on Ageing/adherence	
Department of Health and Consumer Affairs of the Basque Government		Department of health and consumer affairs of the Basque Government	Expert Patient Programme for type 2 diabetic patients	Pilot on 500 type 2 diabetic patients.	Basque Country, Spain	Diabetic patients	2011. Ongoing.	3,000 "activated" patients by end of year 2014	Evaluate the effectiveness of the "Diabetes Self-Management Programme" (DSMP) on the metabolic control, cardiovascular risk reduction, quality of life and self-efficacy in adult patients with type 2 diabetes, compared with current standard care of patients with type 2 diabetes, in the context of the Primary Care network of the Basque Health Service.	It is a self-management education program in which each patient is trained through structured courses, to complete personal action plans designed to take control of his/her life with chronic illness. The training courses will be performed by patients with type 2 diabetes and health professionals, and it will consist of group sessions (8 to 15 people), on a weekly basis for 6 weeks. The content of the session covers techniques for coping with problems in general, promotion of exercise, basic nutrition, appropriate use of medication, effective communication with family and health professionals and basic knowledge about diabetes and its complications. The sessions are supported with educational material in multimedia formats: books, pamphlets and CDs. The pilot intervention is being evaluated through a randomized clinical trial in which patients diagnosed with type 2 diabetes between 18 and 79 years from 4 primary care areas of the Basque health system are randomly assigned to two groups: the intervention group (the "Diabetes Self Management Programme") and the control group.

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Department of Health and Consumer Affairs of the Basque Government		Department of health and consumer affairs of the Basque Government; public Basque Health Service provider (Osakidetza); Basque Official Colleges of Pharmacists.	Implementation of the electronic prescription in the Basque Country	Whole Basque population.	Basque Country, Spain	In a first phase, all prescriptions by the public health service (Osakidetza). In a second phase, it is planned to include all medication provided to a patient/user.	2011. Ongoing	Q4 2013	It will boost the safe and efficient use of medicines. It will contribute to: improve the quality of the pharmaceutical provision, enhance knowledge by the patient about his/her treatments, improve safety in the use of medicines, contribute to sustainability of the healthcare system.		Integration of all processes of pharmaceutical delivery (prescription, health inspection visa, dispense and invoicing) through the use of ICT. It will integrate different modules: prescription, vademecum, pharmacotherapeutic record, health inspection visa, dispense, invoicing and information exploitation. It will allow the establishment of integrated pharmacotherapeutic plans, and the access to this integrated plan by all health professionals and by the user.
Department of Health and Consumer Affairs of the Basque Government		Department of health and consumer affairs of the Basque Government; public Basque Health Service provider (Osakidetza); Osatek (public company attached to the Basque Health Service)	Implementation of a personal health folder and other online health services	Pilot on 500 users ongoing. Progressive extension to the whole Basque population.	Basque Country, Spain	Total population: around 2,200,000.	October 2012. Ongoing	First version released by October 2012. Second version released by December 2012. Regular updates with progressive deployment of services during 2013.	Improved access to his/her own health information by the citizen and improved interaction between users and health professionals. It will contribute to the population's health empowerment and capacity to self-care. It will also contribute to the coordination of care, though the access to more complete information on the patients's health and healthcare by different health provider/professionals.		A personal health folder will be available to all Basque citizens through internet. It will allow access to: health reports (hospital discharge reports, Rx, anatomical reports on pathology, by primary care), vaccination agenda, information on allergies, pharmacological personal history, information on appointments. It will also allow chronic patients to register parameters of interest for the follow up of their condition, as well as uploading external clinical reports (from outside the public Basque Health Service).
Department of Health and Consumer Affairs of the Basque Government		Department of health and consumer affairs of the Basque Government; public Basque Health Service provider (Osakidetza)	Review of medication and patient education on type 2 diabetes polymedicated patients – pilot project	Pilot on 552 patients ongoing. Total population will be around 1,000 patients.	Basque Country, Spain. For the pilot project, 9 primary health centres.	Polymedicated diabetic patients 40+	2011. Ongoing.	Q4 2013 Pilot project During 2014-2015, possibility of progressive extension to polymedicated patients (any chronic condition)	Improving global health status of polymedicated chronic patients through better adequacy of medication, and a safe and effective use of medicines. It searches improving clinical outcomes and patients' quality of life, with a greater efficiency in the use of health resources.		Initially, a multicenter controlled trial will be developed as a pilot project, with possibility of future extension in the Basque public health system. It will involve a structured review by a pharmacist of the medication prescribed and taken by polymedicated patients (Brown-Bag method), an identification and register of identified incidences and proposals of pharmacotherapeutic intervention to the doctor, evaluating knowledge about treatment and adherence by patient (Dáder questionnaire, Morisky-Green test, Haynes-Sachett test), activities of patient education, and strengthening channels of communication and coordination between doctor, pharmacist and nurses.
Department of Health and Consumer Affairs of the Basque Government		Basque Institute for Healthcare Innovation (O+Berri); Department of health and consumer affairs of the Basque Government	Development of an emotional social network for patients with chronic conditions, their relatives and caregivers.	Currently it has 1,000 users. The target for 2013 is 5,000 users.	Basque Country, Spain.	persons with chronic conditions, their relatives and caregivers	April 2012. ongoing	None	Improve the quality of life of persons living with chronic conditions, their relatives and caregivers, through the development of relationships that provide emotional support and empower them to better deal and live with their conditions.	Contributes to general objectives 2 and 5	Creation and dynamisation of an online pro-social platform for the networking of persons with chronic conditions, their relatives and caregivers. The network focuses on sharing behaviors, attitudes and experiences, because of the emotional affinities that may arise between users.
Department of Health and Consumer Affairs of the Basque Government		Public Basque Health Service provider (Osakidetza); Department of health and consumer affairs of the Basque Government	Effectiveness of a programme for primary prevention of diabetes type 2 through changes in lifestyle implemented by primary care professionals.	1,008 patients	Basque Country, Spain. 14 primary health centres.	patients between 45-70 years of age, without diabetes, but with high risk of developing DM type 2 (FINDRISC score higher than 14), consulting primary care	2011. Ongoing	2013	Improving adherence to healthy habits by patients at risk of developing a chronic condition such as diabetes mellitus type 2. Through this change of habits, it is expected to reduce diabetes risk by 35% in the intervention group versus the control group.	Contributes to general objectives 1, 2 and 3	Study on the feasibility and effectiveness of a programme for the change towards healthier habits of patients identified (using the FINDISC score) as being at risk of developing diabetes type 2. It combines a structured programme of face-to-face group education led by nurses, with a more continuous intervention which involves regular contact by nurses with patients through distance communication means (telephone, e-mail or others), in order to support and reinforce their motivation in the change towards healthier habits.

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Colegio Pharmacist Valencia, Spain			3000 mobile-phone with warning signals for medicines intake		Valencia region, Spain	diabetic patients aged 65+	2013		
			Validation of a reproducible model for patient centred type 2 diabetes care that improves physical fitness (daily energy expenditure by exercise), healthy nutrition and quality of life.			type 2 diabetes patients			
Hospital de Getafe		All countries ???	Recommend to the EMA, through a document from the European commission supported by "prescription adherence group experts", publication a new guidelines performing RCT in older people before marketing new drugs intended for consumption.		European Union	Older than 70	End of 2014		
Hospital de Getafe		All countries	Develop and implement a network in EU of clinical trials unit with the necessary tools to carry out RCTs in old people (similar SOPs, protocols templates and information sheets, outcomes and recruitment strategies). In this, Spain there is a Clinical Trial Unit that meet these requirements, and it could be used as a model to implement it in the other European countries.		European Union	Older than 71	End of 2017		
Hospital de Getafe		All countries	Disseminate the use of STOPP START criteria between physicians to avoid the inappropriate polimedication		European Union	Older than 70	End of 2013		
Hospital de Getafe		All countries	Implementation at the hospitals computer tools or algorithms to prospective detection of serious adverse reactions in elderly population		European Union	Older than 70	End of 2015		
Hospital de Getafe		All countries	Try to outfit to the hospitals clinical pharmacologist that know the differential properties in metabolism and management of drugs in aging		European Union		End of 2018		
Aston University		University of East Anglia	To develop a up-dated scale to assess anti-cholinergic burden (which may be associated with confusion and reduced adherence) in older people.		Not defined.	Any age - but particularly applicable for older people	End of 2013		
Perugia University		Regional health authority of the Umbria Region	Validation of the efficacy of a innovative model to improve lifestyle	600	Umbria, Italy	Type 2 diabetic patients	January 2013	December 2013	Validation of the model
Perugia University		Regional health authority of the Umbria Region	Cost-effectiveness analysis and HTA of the model		Umbria, Italy	Type 2 diabetic patients	December 2013	March 2014	Cost-effectiveness analysis and HTA of the model
Perugia University		European countries involved in the project (to be defined)	Training of care givers from other European countries	20	Umbria, Italy	Personnel involved in diabetes care and prevention	mars 2014	December 2014	Training of care givers from other European countries
Perugia University		Tourism authority Umbria Region Local mountain community office	Development of "healthy trails" Siena-Assisi Italy's coast to coast		Umbria, Marche, Tuscany, Italy	Operators and guides of local mountain community office Exercise physiologists, personnel of receptive structures along the two trails	January-March 2014	December 2014	Development of "healthy trails"

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Perugia University		European countries involved in the project	Walking experience of the two trails of the 2 trails "Siena-Assisi" and "Italy's coast to coast" with trained patients and trained care-givers from other European countries		Umbria, Marche, Tuscany, Italy	Type 2 patients, care givers from all countries involved in the project	April 2015 (coast to coast) May 2015 (Siena-Assisi)	April 2015 (coast to coast) May 2015 (Siena-Assisi)	2 trails in Italy with trained patients care-givers from other European countries
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Trusts Health and Social Care Board Patient representative groups Community Pharmacists Independent care providers General Practitioners	Pilot test an adherence assessment tool for identifying problems with medicines adherence for individual patients who are identified as having problems with their medicines. The draft tool which has been designed will be tested by clinical pharmacists in hospital and community settings and the aim of the pilot will be to test feasibility and refine the tool and assessment processes for wider application. The pilot will operate in two HSC Trusts.	approx 4000 patients	Northern Ireland	Older people over 65 taking 4 or more medicines	oct-12	sept-13	An assessment tool which can be rolled out across NI in a range of clinical and community settings
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Trusts Health and Social Care Board Patient representative groups Community Pharmacists Independent care providers General Practitioners	Pilot testing of service models for community pharmacy to deliver adherence support for individual patients who are identified as having problems with their medicines and have been assessed as part of the assessment tool pilot in hospital and community settings in two HSC Trusts. The pilot will test the feasibility of particular solutions including Medicines Administration record charts and medicines reminder cards which are not routinely used at present. The draft tool which has been designed will be tested by clinical pharmacists and the aim of the pilot will be to test feasibility and refine the tool for wider application. The pilot will operate in two HSC Trusts.	approx 4,000 patients	Northern Ireland	Older people over 65 taking 4 or more medicines Mental health patients	oct-12	sept-13	A model for delivery of a medicines adherence service which can be contracted for through community pharmacies in N Ireland
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Trusts Health and Social Care Board Patient representative groups Community Pharmacists and their representative body Community Pharmacy NI Independent care providers	Commission adherence support services from community pharmacy based on outcome of pilot of service models		Northern Ireland	Older people over 65 taking 4 or more medicines Mental health patients	March 2014	sept-12	
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Trusts Health and Social Care Board Patient representative groups Community Pharmacists Independent care providers General Practitioners	Commission adherence support services from community pharmacy based on the outcomes of pilots of a medicines adherence assessment tool and community pharmacy service models to deliver medicines adherence support for patients	approx 30,000 patients	Northern Ireland	Older people over 65 taking 4 or more medicines	sept-13	avr-14	A medicines adherence support service provided by community pharmacies to patients assessed as needing help with adherence with their prescribed medicines

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Department of Health, Social Services and Public Safety Northern Ireland		Department of Health and social services Health and Social Care Board	Develop a business case for IT enabled adherence support which could be deployed as part of a medicines adherence support service. The business case will be required to secure funding for roll-out of an IT based solution across N Ireland. The development of the business case will require development of a specification for a IT based solution to meet the needs of the potential patient groups.	30,000 patients/clients	Northern Ireland	Older people over 65 taking 4 or more medicines	avr-13 March 2014	Specification for IT solution and business case to seek funding	
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Board Health and Social care Trusts Independent care providers	Develop a specification for training domiciliary care workers who assist patients with taking medicines or administer medicines. The specification will support Trusts in ensuring appropriate governance arrangements for medicine management in domiciliary care provided by Trust staff and private care agencies	approx 10,000 patients/clients	Northern Ireland	Domiciliary care workers providing services to older people and mental health patients	oct-12 mars-14	Regional specification for training for domiciliary care workers to assist patients with taking medicines	
Department of Health, Social Services and Public Safety Northern Ireland		Health and Social Care Trusts Patient representative groups	Utilise video conference technologies to deliver a) speech and language therapy and (b) COPD pulmonary rehabilitation to remote/isolated patients in their homes or local health facilities.		Northern Ireland	Patients who require SLT therapy as part of their rehabilitation process	janv-13 déc-13	Improved attendance and adherence to therapy programmes by patients due to improved access; new service delivery models, improved outcomes for patients.	
Education, Health and Society Foundation Murcia		Regional health authority of the Murcia Region, MSD, the national association of GPs and pharmacists. University of Murcia. ICT partner	Presentation of the project: event and mass media campaign. Static web page for the project			Diabetic, 65+, polymedicated high cardiovascular risk patients	November, 2012 14th mars 2014		
Education, Health and Society Foundation Murcia		Regional health authority of the Murcia Region, MSD	Report on adherence public interventions at the Murcia Region and integration with this project				janvier 2013		
Education, Health and Society Foundation Murcia		Regional health authority of the Murcia Region, MSD, University of Murcia, EU-WISE partners(7thFP)	Training following CDSMP (Stanford SMS program) PLEASE SPECIFY		Community Pharmacists at the Murcia Region		2013		
Education, Health and Society Foundation Murcia		Regional health authority of the Murcia Region, MSD, University of Murcia, EU-WISE partners(7thFP)	Benchmarking and validation of the project to other countries. Spread through conferences		?? Not defined		January-March 2014		
Giorgia Codato		Regional Authorities of Regione Veneto, AUSER or CSV (Centro Servizi Volontariato)	Educational program in Veneto Region, to promote active and healthy aging and to promote social involvement	At least 2 municipalities	Veneto Region, Italy	Local population from 65 to 75 years old	Q1 2013		
Giorgia Codato		Centro COSPES (Mogliano V.to)	Service of individual or group counselling to orient aged people toward an active and healthy aging and a personal well-being.		Veneto Region, Italy	People > 60	Q1 2013		
Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Design and manufacture of the sensor prototype along with the prototype of the central computer system for planning and monitoring the medicine intake		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q1 2013		

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Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Create IT system for monitoring elderly patients' medicaments intake, along with the integration with sensor		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q1 2013	
Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Monitor of the subjective evaluation of the effectiveness of treatment		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q3 2013	
Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Create subsystem for doctors and supervisors to monitor the treatment,		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q3 2013	
Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Monitoring the final system		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q4 2013	
Medical university of Warsaw		Medical University of Warsaw (Poland) Medical innovations	Final Raport		Mazovia Region, Poland	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	Q1 2014	
UCC Cork		Long Term Care Staff, Health Service Executive, Local GPs providing care	Let me decide Programm		Munster, Ireland	Long term care residents	2012	
UCC Cork		Long Term Care Staff, Health Service Executive, Local GPs providing care	Syllabus for end-of-life care education for staff in long term care facilities		Munster, Ireland	Long term care residents	2013	
UCC Cork		Long Term Care Staff, Health Service Executive, Local GPs providing care	Completion of advance care plans for residents in long term care facilities		Munster, Ireland	Long term care residents	July 2012	

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population		Starting date***	Deadline mm/yy	Main Outcome
				N. of people****	geographical area			
General Council of Pharmacists Spain		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	Training programmes for pharmacists on Pharmaceutical Care considering the specific characteristics of target population		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2013	
General Council of Pharmacists Spain		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	IT platform with clinical information to monitor adherence		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2013	
General Council of Pharmacists Spain		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	Implement protocols of Pharmaceutical Care		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2013	
General Council of pharmacists		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	Implement use of mobile devices to help facilitating adherence		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2013	
General Council of pharmacists		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	IT platform to analyse results on adherence		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2013	
General Council of pharmacists		Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya, Instituto de Salud Carlos III, Esteve laboratories, Pharmaceutical Group of the European Union (PGEU)	Final report on results		Badajoz, Murcia y Vizcaya , Spain	Patients >65 with chronic diseases, taking multiple medication and with some degree of disability	2014	
LST, Universidad Politecnica Madrid		AEDEC, Medtronic Iberica, Hospital Clinico San Carlos	Software programmes to help 65+ people suffering with diabetes and multi-morbidities to achieve specific and measurable lifestyle goals (i.e.: losing weight through healthy diet and physical activity, improving education literacy in specific hot topics	To be defined (50-200)	Madrid, Spain (more to be defined)	diabetes & multi-morbidity patients 65+	Ongoing Project, January 2014	Goal Achievement (Weight loss, increased Physical Activity, Increased Education)

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population			Starting date***	Deadline mm/yy	Main Outcome
				N. of people****	geographical area	category			
LST, Universidad Politecnica Madrid		AEDEC, Medtronic Iberica	Lifestyle intervention plans fostering a tight glycaemic control and encouraging the adoption of healthy behaviours through achievement of measurable goals (.)	To be defined (50-200)	Madrid, Spain (more to be defined)	diabetes & multi-morbidity patients 65+	Ongoing Project, January 2014	juin 2014	Reduced complications and hospitalizations, improved main clinical outcomes (hba1C, Glucose variability, etc.)
LST, Universidad Politecnica Madrid		AEDEC, Medtronic Iberica	Novel methods and procedures for the continuous stratification of the population at risk of diabetes and related complications.	To be defined (50-200)	Madrid, Spain (more to be defined)	diabetes & multi-morbidity patients 65+	Ongoing Project, January 2014	juin 2014	Discovery of main risk factors affecting health status and to be included in adherence careplan
ParkinsonNet (Radboud University Nijmegen Medical Centre)		Johanniter Klinikum Niederrhein, Duisburg (Euregio grant applied for)	Establish a multidisciplinary expert centre for Parkinson's care (international up-scaling of Nijmegen Centre of Excellence), forming a cross-boarder collaborative care model		Region between Duisburg (Germany) and Nijmegen (Netherlands)	Parkinson's disease: patients and providers	Jan 2013 (2 yrs)		Cross-boarder collaborative care model for Parkinson's disease
ParkinsonNet (Radboud University Nijmegen Medical Centre)		Johanniter Klinikum Niederrhein, Duisburg (Euregio grant applied for)	Reorganisation of care: selecting and training physiotherapists to work according to evidence-based guidelines. Improve communication and collaboration with and between physiotherapists, neurologists and patients. ICT supported.		Region between Duisburg (Germany) and Nijmegen (Netherlands)	Parkinson's disease: patients and providers	Jan 2013 (2 yrs)		Reduce costs, while improving quality of care and accessibility to all patients in the region
ParkinsonNet (Radboud University Nijmegen Medical Centre)		Neurologists and physiotherapists across the country; healthcare insurers	ParkinsonAtlas, which is a web application that shows quality of care in Parkinson's disease, including guideline adherence, offering the opportunity for regional benchmarking		Netherlands	Parkinson's disease: patients and providers	June 2012	June 2014	
ParkinsonNet (Radboud University Nijmegen Medical Centre)		EPDA, APPDE and professional physiotherapy associations of 18 European countries	European Clinical practice Guideline for physiotherapy in Parkinson's disease		Europe	Parkinson's disease: patients and providers	Ongoing	Q4 2013	
ParkinsonNet (Radboud University Nijmegen Medical Centre)		European Parkinson's Disease Association (EPDA); Association for Physiotherapists and Parkinson's Disease Europe (APPDE)	Funding to support the implementation European Guideline for Physiotherapy in Parkinson's disease (2013; 18 countries involved)		Europe	Parkinson's disease: patients and providers	2014		
Italian Medicines Agency (AIFA)			Monitoring adherence through the utilization of observatories and databases. Collecting all prescription data, data regarding drugs dispensed by pharmacies, monitoring further prescriptions for the same patient and disease, admissions of these patients to hospital and diagnosis. The full Agency Data Base will be available. AIFA will be the Coordinating center.	To be defined	Italy	> 65 years old patients affected by hypertension, hart failure, dyslipidemia, diabetes, COPD, depression, osteoporosis, Parkinson's disease	Q1 2013		To evaluate adherence rates to therapies used for treatment of chronic diseases in older patients. To evaluate the correlation between poor adherence and patients negative outcome.

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population		Starting date***	Deadline mm/yy	Main Outcome	
				N. of people****	geographical area				
Italian Medicines Agency (AIFA)		IRCCS San Raffaele Pisana, Rome, Italy	1) Monitoring adherence through the utilization of observatories and databases: The IRCCS San Raffaele Pisana will contribute epidemiologic and statistic expertise. Inpatients and outpatients affected by Heart failure, COPD and Parkinson's disease and afferring to the San Raffaele facilities will be selected for evaluating adherence; 2) Identification of causes of poor adherence- establish risk definitions to tailor interventions: Epidemiological expertise in questionnaires development and administration; 3) Evaluation of adherence-patients clinical outcome correlation; 4) Implementation of Interventions addressed to improve poor adherence	1000 heart failure, 1000 COPD, 1000 Parkinson's disease	Lazio, Italy	Heart failure, COPD, Parkinson's disease	1) Q1 2013 2) 2014 3) 4) 2014	2014 2014 2015	To evaluate adherence rates to therapies used for treatment of chronic diseases in older patients. To evaluate the correlation between poor adherence and patients negative outcome. To improve adherence to chronic diseases treatment.
Italian Medicines Agency (AIFA)		The Division of Geriatric Medicine and Cardiology, the University of Florence, Italy	Monitoring adherence through the utilization of observatories and databases		Florence, Italy	> 65 years old patients affected by chronic diseases	Q1 2013		To evaluate adherence rates to therapies used for treatment of chronic diseases in older patients. To evaluate the correlation between poor adherence and patients negative outcome.
Italian Medicines Agency (AIFA)		University Medical Center Groningen, The Netherlands	Monitoring adherence through the utilization of observatories and databases		Netherlands	> 65 years old patients affected by chronic diseases	Q1 2013		Prescriptions, health outcomes and dispensings data utilization for testing various methods of rational drug use evaluation, including medicines prescribing and medication adherence.
Italian Medicines Agency (AIFA)		Università Cattolica del Sacro Cuore at Policlinico Gemelli of Rome	Monitoring adherence through the utilization of observatories and databases and through electronic tools and alerting systems	1. Monitoring adherence through the utilization of observatories - to be defined 2. Electronic tools and alerting systems - 100 patients	Rome, Italy	> 65 years old patients affected by hypertension, hart failure, dyslipidemia, diabetes, COPD, depression, Parkinson's disease	Q1 2013	Q4 2014	To evaluate adherence rates to therapies used for treatment of chronic diseases in older patients. To evaluate the correlation between poor adherence and patients negative outcome. Improvement in adherence rete, fostering business environment and implementation of innovative solutions trough implementation of the Health-KIT system.
Italian Medicines Agency (AIFA)		Gestione Sistemi per l'Informatica (GESI), Rome, Italy	Monitoring adherence through electronic tools and alerting systems		Rome, Italy	> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in adherence rete, fostering business environment and implementation of innovative solutions trough implementation of the Health-KIT system.
Italian Medicines Agency (AIFA)		The Department of Neurological Sciences and DEIS University of Bologna, Italy	1 a) Empower patients and their careers to take more responsibility and control of their own health care. b) Development and implementation of education programs for patients and their careers on actions to improve adherence e) Implementation of other specific device (PD objective monitoring system): An ad hoc hardware platform with proper processing capability, a variety of connectivity options (including web communication between the patient and the health care provider), and a wide touch-screen interface. 2 a) identification of indicators b) progress monitoring c) identification of key gaps and difficulties	250	Emilia Romagna, Italy	Parkinson's disease	Q1 2013	Q4 2015	Improvement in adherence rete and implementation of innovative solutions trough implementation of the ICT-based at-home system for quantitative measurement of Parkinson's disease symptoms and related treatment effects.

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population			Starting date***	Deadline mm/yy	Main Outcome
				N. of people****	geographical area	category			
Italian Medicines Agency (AIFA)		Merck Serono Rome, Italy and Merck Serono Geneva, Switzerland	Monitoring adherence through electronic tools and alerting systems and piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations		Lazio, Lombardia e Piemonte region, Italy	> 65 years old patients affected by chronic diseases	Q1-2013		Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		National Centre for Scientific Research-NCSR, Greece	Monitoring adherence through electronic tools and alerting systems: Within the realm of the www.usefil.project NCSR together with its partners will work with elderly people and chronic patients suffering from hypertension, diabetes and depression among the others. Within this framework ICT tools to monitor and identify causes of poor adherence (eg video cameras, electronic surveys and questionnaires through Smart TV sets etc) will be developed and be validated.Implementation of older persons friendly packaging and formulations.	This will be defined within next months	Greece, UK, Israel	> 65 years old patients affected by hypertension, depression	Q1- end 2013	2014	Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		Philips Research, Eindhoven, The Netherlands	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations			> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in adherence rete and implementation of innovative solutions trough implementation of the ICT-based system.
Italian Medicines Agency (AIFA)		European Generic medicines Association-EGA	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations			> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		European Patients' Forum –EPF	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations			> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		GlaxoSmithKline-GSK, European Office, Brussels, Belgium	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations and Public-Private collaborative and innovative organizational models for pro-active care		Italy	> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		ASL Brescia	Public-Private collaborative and innovative organizational models for pro-active care		Brescia, Italy	> 65 years old patients affected by chronic diseases	Q1 2013		Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		Pfizer Italy	Support in development of the next stages of the project and in taking the task of coordinating the EIP on AHA Joint Action on prescription and Adherence at regional level				Q1 2013		Improvement in patients adherence to treatment .

Partners' name*	Consortium partners*	Partners**	Deliverable	Target population		Starting date***	Deadline mm/yy	Main Outcome	
				N. of people****	geographical area				category
Italian Medicines Agency (AIFA)		GIRP-European Association of Pharmaceutical Full-line Wholesalers, Brussels, Belgium	<u>Expertize in evaluation of adherence-patients clinical outcome correlation and in implementation of interventions addressed to improve poor adherence</u> trough: - Medication review tool: Tool which automatically generates a questionnaire for the pharmacist as basis for the medication review; Field study: Study focusing on the impact of the program to hospitalizations. A scientific committee will be set up consisting of university professors to approve the clinical rules used by the program. A observational study will be set up. - Pharmaceutical care tool: Tool which scans the population based on the clinical rules and medication history resulting in proposed interventions - Trainings for pharmacists and caretakers: The pharmacists and assistants in the program are trained on communications skills - Repeat Prescription Service: monitoring on dispensing scheme, in combination with consultation, and if necessary interventions, when deviations from prescribing scheme is being identified - Clinical rules: The clinical rules to generate the interventions on the target group, continuously need to be adjusted and expanded to the most up		GIRP's members already have such programmes in Netherlands.	Asthma/COPD, diabetes and cardiovascular conditions, Osteoporoses,	On going in Netherlands	2016	Improvement in patients adherence to treatment .
Italian Medicines Agency (AIFA)		CIRFF, University of Naples/Campania Region, Itali	Monitoring adherence through the utilization of observatories and databases. The CIRFFF Data Base will be available. Adherence rates will be calculated.	Information about 5000000 of citizens (about 85% of total Campania Region)	Campania region, Italy	Patients affected by hypertension, dyslipidemia, diabetes, osteoporosis,	Q1-2013	Q4 2014	To evaluate adherence rates to therapies used for treatment of chronic diseases in older patients. To evaluate the correlation between poor adherence and patients negative outcome.
GIRP-European Association of Pharmaceutical Full-line Wholesalers, Brussels, Belgium			Support for improvement of adherence through individual patient packaging of medicines (weekly or daily doses) in an older persons-friendly manner and user-friendly devices to improve adherence (reminders and alerts) .		Austria, Belgium, Netherlands, Germany, UK	elderly patients affected by chronic diseases	Ongoing	2016	1) Optimize medication therapy and improve 'quality of life'; 2) Reduce the incidence of medication related hospital admissions; 3) Reduce of medication costs by supporting prescribers to prescribe more cost-effective

** please list all

*** please

**** please distinguish between citizens and patients

Objective: Improve Patients' adherence				
Partners	Deliverable	Starting date	Deadline	Objective
APSS	Prototyping and lab testing of mobile and web applications for diabetes management.	Q3 2013		1
APSS	System piloting.	Q4 2013		1
APSS	Rolling out of the system and testing in real life conditions; early validation of disease management programme (results, satisfaction, feasibility).	Q1 2014		1
APSS	Service piloting to assess organisational, economic and clinical impact. Service policy validation with stakeholders.	Q4 2014		1
APSS	Programme deployment to target population.	Q2 2015		1
CIRFF University of Naples/Campania Region • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region	Algorithms will score persistence and adherence for chronic diseases of interest using the information from established databases.		October 2014	3
Colegio Farmacysts Valencia, Spain	3000 mobile-phone with warning signals for medicines intake.		2013	1
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) • Health and Social Care Trusts • Health and Social Care Board • Patient representative groups • Community Pharmacists • Independent care providers	Commission adherence support services from community pharmacy based on outcome of pilot of service models;	March 2014	septembre 2012	1
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) • Health and Social Care Trusts • Health and Social Care Board • Patient representative groups • Community Pharmacists • Independent care providers • General Practitioners	Pilot test an adherence assessment tool for identifying problems with medicines adherence for individual patients who are identified as having problems with their medicines. The draft tool which has been designed will be tested by clinical pharmacists in hospital and community settings. The aim of the pilot will be to test feasibility and refine the tool and assessment processes for wider application. The pilot will operate in two HSC Trusts.	octobre 2012	septembre 2013	1
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) • Health and Social Care Trusts • Health and Social Care Board • Patient representative groups • Community Pharmacists • Independent care providers • General Practitioners	Pilot testing of assessment tool for identifying problems with adherence for individual patients.	octobre 2012	juin 2013	1
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) • Health and Social Care Trusts • Patient representative groups	Utilise video conference technologies to deliver a) speech and language therapy and (b) COPD pulmonary rehabilitation to remote/isolated patients in their homes or local health facilities.	janvier 2013	décembre 2013	1
European Association of Pharmaceutical Full-line Wholesalers (GIRP) Brussels, Belgium	Support for improvement of adherence through individual patient packaging of medicines (weekly or daily doses) in an older persons-friendly manner and user-friendly devices to improve adherence (reminders and alerts).	On-going	2016	1
General Council of Pharmacists Spain (CGCOF) • Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya • Instituto de Salud Carlos III • Esteve laboratories • Pharmaceutical Group of the European Union (PGEU)	IT platform with clinical information to monitor and analysing adherence.	2013		1
General Council of Pharmacists Spain (CGCOF) • Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya • Instituto de Salud Carlos III • Esteve laboratories • Pharmaceutical Group of the European Union (PGEU)	Implement protocols of Pharmaceutical Care.	2013		1

General Council of Pharmacists Spain (CGCOF) <ul style="list-style-type: none"> Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya Instituto de Salud Carlos III Esteve laboratories Pharmaceutical Group of the European Union (PGEU) 	Implement use of mobile devices to help facilitating adherence.	2013		1
GlaxoSmithKline (GSK) <ul style="list-style-type: none"> Atlantis Healthcare Pharmacy organisations (to be determined) 	Patient adherence screening tool.	Q1-2 2013	Q3 2013	1
GlaxoSmithKline (GSK) <ul style="list-style-type: none"> General practitioners Specialists (pulmonologists) Pharmacists Local health units/hospitals Healthcare managers Industry Scientific societies 	<ul style="list-style-type: none"> To improve quality of care following the clinical audit approach and to provide an integrated set of data for HCPs involved in the disease pathways, to payers and to health care managers; To obtain new real practice data on epidemiology, diagnosis, care, use of drugs and costs of the disease at regional and local levels and make them available to the communities of professionals, health care managers and scientists; To allow Local Health Units to experience new multidisciplinary way of working (including pharmacists, physicians, health care managers, budget holder, specialists) based on common data, methodology, knowledge; To build specific way of working based on continuous improvement while implementing performance indicators that include clinical, economical and organizational outcomes; To recognize and immediately implement the best practices from local health care units to all other units; To identify and discuss with EEs the principal topics of COPD management to identify possible solutions based on the consensus conference methodology and to promptly publish available results; To maintaining and exploit the F2F communications and "on line" discussions of the Scientific Network including all 55 participants units 	2011	Q4 2013	3
Hospital de Getafe <ul style="list-style-type: none"> All countries 	Disseminate the use of STOPP START criteria between physicians to avoid the inappropriate polimedication.	End of 2013		1
Hospital de Getafe <ul style="list-style-type: none"> All countries 	Implementation at the hospitals computer tools or algorithms to prospective detection of serious adverse reactions in elderly population.	End of 2015		1
Hospital de Getafe <ul style="list-style-type: none"> All countries 	Try to outfit to the hospitals clinical pharmacologist that know the differential properties in metabolism and management of drugs in ageing.	End of 2018		1
Italian Medicines Agency (AIFA)	Monitoring adherence through the utilization of observatories and databases. Coordinating centre.	Q1 2013		1
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> ASL Brescia 	Public-Private collaborative and innovative organizational models for pro-active care.	Q1 2013		3
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> European Association of Pharmaceutical Full-line Wholesalers (GIRP) Brussels, Belgium 	Expertise in evaluation of adherence-patients clinical outcome correlation and in implementation of interventions addressed to improve poor adherence through: <ul style="list-style-type: none"> Medication review tool: Tool which automatically generates a questionnaire for the pharmacist as a basis for the medication review. Field study: Study focusing on the impact of the programme to hospitalisations. A scientific committee will be set up consisting of university professors to approve the clinical rules used by the programme. A observational study will be set up. Pharmaceutical care tool: Tool which scans the population based on the clinical rules and medication history resulting in proposed intervention. Trainings for pharmacists and caretakers: The pharmacists and assistants in the programme are trained on communications skills. Repeat Prescription Service: monitoring on dispensing scheme, in combination with consultation, and if necessary interventions, when deviations from prescribing scheme is being identified. Clinical rules: The clinical rules to generate the interventions on the target group, continuously need to be adjusted and expanded to the most up to date insights and national guidelines. 	On-going in Netherlands	2016	1
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> European Generic medicines Association (EGA) European Patients' Forum (EPF) 	Piloting adherence programmes with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations.	Q1-2013		
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> Gestione Sistemi per l'Informatica (GESI), Rome, Italy 	Monitoring adherence through electronic tools and alerting systems.	Q1 2013		1
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> GlaxoSmithKline (GSK) European Office, Brussels, Belgium 	Piloting adherence programmes with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations and Public-Private collaborative and innovative organizational models for pro-active care.	Q1-2013		
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> IRCCS San Raffaele Pisana, Rome, Italy 	<ul style="list-style-type: none"> Establishment of risk definitions to tailor interventions Questionnaires development and administration Evaluation of adherence-patients clinical outcome correlation Implementation of interventions addressed to improve poor adherence 	1) Q1 2013 2) 2014 3) 4) 2014	2014 2014 2015	1
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> Merck Serono Rome, Italy and Merck Serono Geneva, Switzerland 	Monitoring adherence through electronic tools and alerting systems and piloting adherence programmes with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations.	Q1-2013		1
Italian Medicines Agency (AIFA) <ul style="list-style-type: none"> National Centre for Scientific Research-NCSR, Greece 	ICT tools to monitor and identify causes of poor adherence (e.g.. video cameras, electronic surveys and questionnaires through Smart TV sets etc.) will be developed and be validated. Implementation of older persons friendly packaging and formulations.	Q1- end 2013	2014	1

Italian Medicines Agency (AIFA) • Pfizer Italy	Support in development of the next stages of the project and in taking the task of coordinating the EIP on AHA Joint Action on Prescription and Adherence at regional level.	Q1-2013		
Italian Medicines Agency (AIFA) • The Division of Geriatric Medicine and Cardiology, the University of Florence, Italy • University Medical Centre Groningen, The Netherlands	Monitoring adherence through the utilization of observatories and databases.	Q1 2013		1
Italian Medicines Agency (AIFA) • Università Cattolica del Sacro Cuore at Policlinico Gemelli of Rome	Monitoring adherence through the utilization of observatories and databases and through electronic tools and alerting systems.	Q1 2013	Q4 2014	1
Italian Medicines Agency (AIFA) • CIRFF, University of Naples/Campania Region, Italy	Monitoring adherence through the utilization of observatories and databases. The CIRFF Data Base will be available. Adherence rates will be calculated.	Q1-2013	Q4 2014	
LST, Universidad Politécnica Madrid • AEDEC • Medtronic Ibérica	Lifestyle intervention plans fostering a tight glycaemic control and encouraging the adoption of healthy behaviours through achievement of measurable goals.	On-going Project, January 2014	juin 2014	1
LST, Universidad Politécnica Madrid • AEDEC • Medtronic Ibérica	Novel methods and procedures for the continuous stratification of the population at risk of diabetes and related complications.	On-going Project, January 2014	juin 2014	1
LST, Universidad Politécnica Madrid • AEDEC • Medtronic Ibérica • Hospital Clinico San Carlos	Software programmes to help 65+ people suffering with diabetes and multi-morbidities to achieve specific and measurable lifestyle goals (i.e.: losing weight through healthy diet and physical activity, improving education literacy in specific hot topics).	On-going Project, January 2014	juin 2014	1
Medical University of Warsaw	Design and manufacture of sensor prototype along with the prototype of the central computer system for planning and monitoring the medicine intake.	Q1 2013		1
Medical University of Warsaw	Create IT system for monitoring elderly patients' medicaments intake, along with the integration with sensor.	Q1 2013		1
NHS Scotland • Scottish Government • Royal Colleges – GPs/Pharmacists/Physicians	Polypharmacy Demonstrator sites pilot.	déc-12		
NHS Scotland • Scottish Government • Royal Colleges – GPs/Pharmacists/Physicians • RPS • Social care	Collaboration in working on polypharmacy and pharmaceutical care for patients still living at home to improve appropriate prescribing and patient decision making. Outcomes from work where pharmaceutical care issues are being addressed by pharmacists who are identified through social work will highlight how to best support these patients in their own homes.	décembre 2012		3
NHS Scotland • Scottish Government • Digital health Consortium • Glasgow School of Art	To develop decision support tools that patients can use to help them manage their medication for their LTC that patients can use with mobile technology. Examples to date include tele-monitoring of COPD and Heart failure but mobile technology could help patients manage medication in exacerbations.	décembre 2012		1

Objective: Empowerment				
Partners	Deliverable	Starting date	Deadline	Objective
CIRFF University of Naples/Campania Region • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region	Web application to show appropriate information about adherence levels.		December 2014	1
Department of Health and Consumer Affairs of the Basque Government	Expert Patient Programme for type 2 diabetic patients.	2011. On-going.	3,000 "activated" patients by end of year 2014	2
Department of Health and Consumer Affairs of the Basque Government • Basque Institute for Healthcare Innovation (O+Berri)	Social network for patients with chronic conditions, their relatives and caregivers.	April 2012. On-going	None	2
Department of Health and Consumer Affairs of the Basque Government • Public Basque Health Service provider (Osakidetza)	Review of medication and patient education on type 2 diabetes polymedicated patients – pilot project.	2011. On-going.	Q4 2013 Pilot project During 2014-2015, possibility of progressive extension to polymedicated patients (any chronic condition)	1
Department of Health and Consumer Affairs of the Basque Government • Public Basque Health Service provider (Osakidetza)	Programme for primary prevention of diabetes type 2 through changes in lifestyle implemented by primary care professionals.	2011. On-going	2013	2

Department of Health and Consumer Affairs of the Basque Government • Public Basque Health Service provider (Osakidetza) • Osatek (public company attached to the Basque Health Service)	Personal health folder and other online health services.	October 2012. On-going	First version released by October 2012. Second version released by December 2012. Regular updates with progressive deployment of services during 2013.	
Education, Health and Society Foundation Murcia • Regional health authority of the Murcia Region • MSD • National association of GPs and pharmacists • University of Murcia • ICT partner	Presentation of the project: event and mass media campaign. Static web page for the project.	November, 2012 14th	mars 2014	2
GlaxoSmithKline (GSK) • Atlantis Healthcare • Pharmacy organisations (to be determined)	Tools/Training to support effective patient / HCP communication.	Q1-2 2013	Q3 2013	2
Italian Medicines Agency (AIFA) • The Department of Neurological Sciences and DEIS University of Bologna, Italy	1) • Empower patients and their careers to take more responsibility and control of their own health care. • Development and implementation of education programmes for patients and their careers on actions to improve adherence • Implementation of other specific device (PD objective monitoring system): An ad hoc hardware platform with proper processing capability, a variety of connectivity options (including web communication between the patient and the health care provider), and a wide touch-screen interface. 2) • Identification of indicators • Progress monitoring • Identification of key gaps and difficulties	Q1 2013	Q4 2015	2
NHS Scotland • Third Sector	Adoption of patient e-health and social media innovations to support self management (e.g. patient portals).	décembre 2015		2
NHS Scotland • Third Sector	Implement use of a health literacy tool ("Teachback") to improve adherence and concordance.	décembre 2015		2
Perugia University • Tourism authority Umbria Region • Local mountain community office	Development of "healthy trails".	January-March, 2014	December 2014	2
UCC Cork • Long Term Care Staff • Health Service Executive • Local GPs providing care	"Let me decide" Programme.	2012		2
University Coimbra • Faculty of Sport Science • Nurses School • Exploratório D. Henrique • Museu de Ciência UC • Faculty of Medicine of Coimbra • Education	Implementation of social network to monitor adherence to prescription.	December 2012	December 2015	2
University Coimbra • Faculty of Sport Science • Nurses School • Exploratório D. Henrique • Museu de Ciência UC • Faculty of Medicine of Coimbra • Luso Municipality (WiLuso)	Programme of public lectures and round-table discussions in museums and other public spaces addressing healthy and active ageing and adherence to care plans.	January 2013	December 2015	2
University Coimbra • Faculty of Sport Science • Nurses School • Faculty of Medicine of Coimbra • Luso Municipality (WiLuso) • Coimbra Municipality • University of Coimbra Hospital	Combined cultural and physical fitness/training medically-assisted tailored programmes, targeting +65 old or patients suffering from chronic diseases, joining sport faculty members, nurses and psychologists.	June 2013	December 2015	2
Veneto Region • Centro COSPES (Mogliano V.to)	Service of individual or group counselling to orient aged people toward an active and healthy aging and a personal well-being.	Q1 2013		2
Veneto Region • Regional Authorities of Regione Veneto • AUSER • CSV (Centro Servizi Volontariato)	Educational programme in Veneto Region, to promote health literacy, active and healthy aging and social involvement.	Q1 2013		2

Objective: Contribute to the improvement of adherence in the health and care system				
Partners	Deliverable	Starting date	Deadline	Objective
APSS	Hospital Specialist and MMG shared management of diabetics patients by using of tele-monitoring technologies.	Q1 2013		2

CIRFF University of Naples/Campania Region <ul style="list-style-type: none"> • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region 	Develop and test guidelines for improving adherence to medical plans for diabetes, hypertension, heart failure, obesity, osteoporosis/fracture, dementia, depression, falls etc.		December 2014	1
Department of Health and Consumer Affairs of the Basque Government <ul style="list-style-type: none"> • Public Basque Health Service provider (Osakidetza) • Basque Official Colleges of Pharmacists 	Implementation of the electronic prescription in the Basque Country.	2011. On-going	Q4 2013	3
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) <ul style="list-style-type: none"> • Health and Social Care Board 	Develop a business case for IT enabled adherence support which could be deployed as part of a medicines adherence support service. The business case will be required to secure funding for roll-out of an IT based solution across Northern Ireland. The development of the business case will require development of a specification for an IT based solution to meet the needs of the potential patient groups.	avril 2013	March 2014	3
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) <ul style="list-style-type: none"> • Health and Social Care Trusts • Health and Social Care Board • Independent care providers 	Develop a specification for training domiciliary care workers who assist patients with taking medicines or administer medicines. The specification will support Trusts in ensuring appropriate governance arrangements for medicine management in domiciliary care provided by Trust staff and private care agencies.	octobre 2012	mars 2014	
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) <ul style="list-style-type: none"> • Health and Social Care Trusts • Health and Social Care Board • Patient representative groups • Community Pharmacists • Independent care providers • General Practitioners 	Pilot testing of service models for community pharmacy to deliver adherence support for individual patients who are identified as having problems with their medicines and have been assessed as part of the assessment tool pilot in hospital and community settings in two HSC Trusts. The pilot will test the feasibility of particular solutions including Medicines Administration record charts and medicines reminder cards which are not routinely used at present. The draft tool which has been designed will be tested by clinical pharmacists and the aim of the pilot will be to test feasibility and refine the tool for wider application. The pilot will operate in two HSC Trusts.	octobre 2012	septembre 2013	
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPS NI) <ul style="list-style-type: none"> • Health and Social Care Trusts • Health and Social Care Board • Patient representative groups • Community Pharmacists • Independent care providers • General Practitioners 	Commission adherence support services from community pharmacy based on the outcomes of pilots of a medicines adherence assessment tool and community pharmacy service models to deliver medicines adherence support for patients.	septembre 2013	avril 2014	
Education, Health and Society Foundation Murcia <ul style="list-style-type: none"> • Regional health authority of the Murcia Region • MSD 	Report on public interventions in adherence at the Murcia Region and integration with this project.	janvier 2013		1
Education, Health and Society Foundation Murcia <ul style="list-style-type: none"> • Regional health authority of the Murcia Region • MSD • University of Murcia • EU-WISE partners(7thFP) 	Training following CDSMP (Stanford SMS programme).	2013		1
General Council of Pharmacists Spain (CGCOF) <ul style="list-style-type: none"> • Regional pharmacists Chambers of Badajoz, Murcia and Vizcaya • University Carlos III • Esteve laboratories 	Training programmes for pharmacists on Pharmaceutical Care considering the specific characteristics of target population.	2013		3
NHS Scotland	Delivery of a revised national contract for Community Pharmacists and a Scottish GP contract to encourage closer working, personalised care and high quality outcomes.	décembre 2012		3
NHS Scotland <ul style="list-style-type: none"> • Scottish Government 	e-Health strategy: electronic prescribing capture by all clinicians in primary and secondary care will allow for accurate picture of medications patients are taking. This will allow for monitoring not only of adherence but of safe and effective prescribing. Examples include electronic prescribing and HEPMA.	octobre 2012	On-going	3
NHS Scotland <ul style="list-style-type: none"> • Scottish Government • Royal Colleges – GPs/Pharmacists/Physicians • RPS • Social care 	National Review of Pharmaceutical Care in the Community.	octobre 2012		3
NHS Scotland <ul style="list-style-type: none"> • Scottish Government • Third Sector 	Investment in the development of a research-informed national toolkit to support the sharing of good practice and the promotion of literacy sensitivity in health and social care organisations.	décembre 2012		3

NHS Scotland • Scottish Government • Third Sector	Investment in the development of a robust national demonstrator programme to ensure consistent provision of personalised communication to enable effective participation in health care.	décembre 2012		3
NHS Scotland • Third Sector • Local Authorities / Government	Reshaping Care for Older People Programme.	décembre 2015		3
ParkinsonNet (Radboud University Nijmegen Medical Centre) • Johanniter Klinikum Niederrhein, Duisburg (Euregio grant applied for)	Establish a multidisciplinary expert centre for Parkinson's care (international up-scaling of Nijmegen Centre of Excellence), forming a cross-boarder collaborative care model.	Jan 2013 (2 yrs)		3
ParkinsonNet (Radboud University Nijmegen Medical Centre) • Johanniter Klinikum Niederrhein, Duisburg (Euregio grant applied for)	Reorganisation of care: selecting and training physiotherapists to work according to evidence-based guidelines. Improve communication and collaboration with and between physiotherapists, neurologists and patients. ICT supported.	Jan 2013 (2 yrs)		3
ParkinsonNet (Radboud University Nijmegen Medical Centre) • Neurologists and physiotherapists across the country • Healthcare insurers	ParkinsonAtlas, which is a web application that shows quality of care in Parkinson's disease, including guideline adherence, offering the opportunity for regional benchmarking.	June 2012	June 2014	3
Perugia University • European countries involved in the project (to be defined)	Training of care givers from other European countries.	mars 2014	December 2014	3
UCC Cork • Long Term Care Staff • Health Service Executive • Local GPs providing care	Syllabus for end-of-life care education for staff in long term care facilities.	2013		3
UCC Cork • Long Term Care Staff • Health Service Executive • Local GPs providing care	Completion of advance care plans for residents in long term care facilities.	July 2012		3
University Coimbra • Faculty of Sport Science • IPN • Tice.healthy • Take the Wind • Media Primer • Critical Health • Blue Works • Nurses School	<ul style="list-style-type: none"> Implementation of ICT-based programmes for remote monitoring of health status and adherence to care/medical plans in +65 people and chronic disease patients in their homes/institutions. Development of software and ICT devices. 	June 2013		1

Objective: Contribute to research and methodology				
Partners	Deliverable	Starting date	Deadline	Objective
APSS	Context analysis (qualitative and quantitative analysis of network of care) aimed at designing an integrated pathway for diabetes management.	Q4 2012		3
Aston University • University of East Anglia	Development of an up-dated scale to assess anti-cholinergic burden (which may be associated with confusion and reduced adherence) in older people.	End of 2013		1
CIRFF University of Naples/Campania Region • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region	Document that analyses and describes our current situation using information from administrative databases (drug prescriptions, hospitalizations, ambulatory procedures) to describe current adherence of patients for chronic diseases. Identify predictive factors for good and poor adherence and attempt to correlate these factors with particular outcomes e.g. hospitalisation, institutionalisation or death.		December 2013	4
CIRFF University of Naples/Campania Region • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region	Data Analysis to outline the results obtained.		December 2015	4
Department of Health and Consumer Affairs of the Basque Government	Validation of a reproducible model for patient centred type 2 diabetes care that improves physical fitness (daily energy expenditure by exercise), healthy nutrition and quality of life.	janvier 2013		4
GlaxoSmithKline (GSK) • Atlantis Healthcare	Carry out market research with renal cell cancer (RCC) patients and physicians treating RCC patients to understand behaviours that lead to non-adherence. This research to be published and to help develop appropriate programmes to support patients and pharmacists looking after those patients.	Q3 2012	Q4 2012	4
Hospital de Getafe • All countries	Recommendation on new guidelines performing RCT in older people before marketing new drugs intended for consumption.	End of 2014		4
NHS Scotland • Scottish Government • Royal Colleges – GPs/Pharmacists/Physicians	Guidance on dealing with appropriate prescribing and initial outcome data from Boards addressing Polypharmacy and value of risk of admissions data to inform which patient groups to target.	décembre 2012		4

ParkinsonNet (Radboud University Nijmegen Medical Centre) • EPDA - European Parkinson's Disease Association • APPDE - Association for Physiotherapists and Parkinson's Disease Europe	Implementation of European Guideline for Physiotherapy in Parkinson's disease (2013; 18 countries involved).	2014		4
ParkinsonNet (Radboud University Nijmegen Medical Centre) • EPDA - European Parkinson's Disease Association • APPDE - Association for Physiotherapists and Parkinson's Disease Europe • Professional physiotherapy associations of 18 European countries	European Clinical practice Guideline for physiotherapy in Parkinson's disease.	On-going	Q4 2013	4
Perugia University • Regional health authority of the Umbria Region	Validation of the efficacy of a innovative model to improve lifestyle.	January 2013	December 2013	4
Perugia University • Regional health authority of the Umbria Region	Cost-effectiveness analysis and HTA of the model.	December 2013	March 2014	

Objective: Foster communication				
Partners	Deliverable	Starting date	Deadline	Objective
CIRFF University of Naples/Campania Region • Federico II University • University of Salerno • Specialists • Association of GPs • Regional health authorities of Campania Region	Database containing clinical information including drug prescriptions, hospitalisations, outpatient procedures will be designed for access by IT platform tools (Web Application, analysis tools etc.).		June 2014	5
Education, Health and Society Foundation Murcia • Regional health authority of the Murcia Region • MSD • University of Murcia • EU-WISE partners(7thFP)	Benchmarking and validation of the project to other countries. Spread through conferences.	January-March 2014		5
General Council of Pharmacists Spain (CGCOF) • Regional Pharmacy Chambers of Badajoz, Murcia and Vizcaya • Instituto de Salud Carlos III • Esteve laboratories • Pharmaceutical Group of the European Union (PGEU)	Final report on results.	2014		3
Hospital de Getafe • All countries	Develop and implement a network in EU of clinical trials unit with the necessary tools to carry out RCTs in old people (similar SOPs, protocols templates and information sheets, outcomes and recruitment strategies). In this, Spain there is a Clinical Trial Unit that meet these requirements, and it could be used as a model to implement it in the other European countries.	End of 2017		
Medical University of Warsaw	Monitoring the final system.	Q4 2013		
Medical University of Warsaw • Medical innovations	Final Report.	Q1 2014		
NHS Scotland • Scottish Government • Royal Colleges – GPs/Pharmacists/Physicians	Using ICT and portal communication to maximise clinical communication. Roll out of Emergency Care Summary, key information summary and pilot of sharing of pharmaceutical care records within the Chronic Medication Service across primary and secondary care.	décembre 2013		5
University Coimbra • Faculty of Medicine of Coimbra (FMUC) • Faculty of Sport Science • Nurses School • University of Coimbra Hospital (CHUC) • Social Studies • IPN (business incubator)	High-level interdisciplinary education and training of health care personal through the PhD programme on ageing with adherence-specific education and training modules.	On-going	December 2015	

Partners' name*	Partners**	Deliverable	Starting date***	Deadline mm/yy	Objective
who ???		Document that analyses and describes our current situation using information from administrative databases (drug prescriptions, hospitalizations, ambulatory procedures) to describe current adherence of patients for chronic diseases. Identify predictive factors for good and poor adherence and attempt to correlate these factors with particular outcomes e.g. hospitalization, institutionalization or death.			
Education, Health and Society Foundation Murcia	Regional health authority of the Murcia Region, MSD, the national association of GPs and pharmacists. University of Murcia. ICT partner	Presentation of the project: event and mass media campaign. Static web page for the project	November, 2012 14th	mars 2014	
Education, Health and Society Foundation Murcia	Regional health authority of the Murcia Region, MSD	Report on adherence public interventions at the Murcia Region and integration with this project	janvier 2013		4
Education, Health and Society Foundation Murcia	Regional health authority of the Murcia Region, MSD, University of Murcia, EU-WISE partners(7thFP)	Training following CDSMP (Stanford SMS program) PLEASE SPECIFY	2013		3
Education, Health and Society Foundation Murcia	Regional health authority of the Murcia Region, MSD, University of Murcia, EU-WISE partners(7thFP)	Benchmarking and validation of the project to other countries. Spread through conferences	January-March 2014		4
	Philips Research, Eindhoven, The Netherlands	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations	Q1 2013		1
	European Generic medicines Association-EGA	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations	Q1 2013		1
	European Patients' Forum –EPF	Piloting adherence programs with use of elderly-friendly devices and medicine products and development of information/awareness and health literacy strategies, including life-style recommendations	Q1 2013		1
	Pfizer Italy	Support in development of the next stages of the project and in taking the task of coordinating the EIP on AHA Joint Action on prescription and Adherence at regional level	Q1 2013		1

** please list all the partners involved in the commitment

*** please
specify if it is an
ongoing project

**** please distinguish between citizens and patients