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ImpleMentAll

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for eHealth" GA no. 733025*

Deliverable D6.1

*"Stakeholder analysis and
advisory board plan"*

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This document details stakeholder analysis and advisory board plan, including identification of key representatives.

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This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

Executive Summary

This document contains information on the process of creation of the External Advisory Board (EAB) for ImpleMentAll and the plans for management of the board. The process has been based upon experiences from the MasterMind project, scientific literature and personal experiences.

A stakeholder analysis has been carried out to identify all relevant stakeholders for ImpleMentAll. The analysis is based upon a survey where all partners in ImpleMentAll were invited to participate. Based on the survey, a stakeholder mapping was carried out, main categories of stakeholder groups (e.g. researchers, eHealth experts, implementation experts) were defined and corresponding representatives recruited to take part of the ImpleMentAll External Advisory Board.

Furthermore, this report contains plans for how to manage the EAB and the activities of the EAB. The report describes the process of transferring information between the board and the consortium. Throughout the project, various consultations and knowledge transfer meetings with the Advisory Board have been planned both online and face-to-face. Structured questioning and answering methods have been developed and Terms of Reference have been created to formally highlight the tasks and terms of the EAB.

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1. INTRODUCTION

1.1 Purpose of this document

This document provides details on the stakeholder analysis and advisory board plan with the purpose to identify relevant stakeholders on both national and international level and create a relevant external advisory board (EAB) for ImpleMentAll. To ensure that the EAB represents experts from all relevant fields and from a broad range of backgrounds, a stakeholder survey was disseminated among all members of the consortium. Based on the stakeholder mapping and analysis, a stakeholder database has been created. Furthermore, this document provides details on the plan for the advisory board and the development of terms of reference for the advisory board members.

1.2 Structure of document

Section 1 is a general introduction.

Section 2 describes the aim of WP6 and the tasks of WP6.

Section 3 describes the aim of the External Advisory Board for ImpleMentAll, the main activities for the board and the position of the board.

Section 4 contains a stakeholder analysis and includes a description of the structure of the board, a description of stakeholders, and the methods applied in the analysis process. Finally, this section contains the results of the stakeholder survey and analysis.

Section 5 describes the nomination, selection and appointing of the board.

Section 6 describes the composition of the Terms of Reference.

Section 7 describes the process for transfer of information.

Section 8 contains a conclusion for the report.

1.3 Glossary

EAB:	External Advisory Board
IMA:	ImpleMentAll
WP:	Work Package
PSC:	Project Steering Committee
SSC:	Scientific Steering Committee
RSD:	Region of Southern Denmark
VUA:	Vrije University of Amsterdam

2. BACKGROUND

2.1 Aim of WP6 – stakeholder and expert participation

The main aim of this work package is to engage relevant stakeholders on both national and international level and to ensure that stakeholders are included in the development throughout the project. Furthermore, this WP shall co-ordinate the stakeholder involvement and facilitate the knowledge transfer and feedback-loop to the project consortium on a more aggregated level. Stakeholder involvement will be especially important when developing the ItFits-toolkit and the actual tailoring of the implementation strategies. As such, the following objectives are central to this WP:

1. To identify, bring together, and facilitate representatives of different categories of stakeholders to engage as a participatory observant during the three phases of the project through the Advisory Board.
2. To facilitate interactions and knowledge exchange between consortium members and members of the Advisory Board.
3. To manage the stakeholder input for the ItFits-toolkit and for tailoring the implementation strategies.

2.2 Description of tasks

The tasks of WP6 are defined in the Grant Agreement as tasks 6.1 and 6.2 and are described as follows:

Task 6.1: Stakeholder analysis and creation of the Advisory Board (1.RSD)

The task is to carry out a stakeholder analysis to identify all relevant stakeholders on both national and international level linked to the participating implementation sites. This task includes the creation and maintenance of a stakeholder database and a stakeholder survey. On the basis of the stakeholder mapping, main categories of stakeholder groups (e.g. researchers, patients, professionals, organisations, etc.) will be defined and corresponding representatives will be recruited to take part in the ImpleMentAll Advisory Board.

Task 6.2: Management of the Advisory Board (1.RSD)

The Advisory Board will provide expert input to the consortium where relevant and necessary. Terms of Reference for the Advisory Board will be created. Throughout the project, various consultations and knowledge transfer meetings with the Advisory Board will be organised both online and face-to-face during consortium meetings. Structured questioning and answering methods will be developed such as expert reviews, participant observers, and knowledge seminars. Members of the board will be informed about the characteristics, features, goals, and expectations of the ImpleMentAll implementation activities and advice and feedback will be collected. For the optimal tailoring of the implementation intervention, we will feed direct stakeholder input related to local needs of the participating regions back to the development of the implementation strategies as well as the development of the overall framework.

2.3 Management

The EAB will be managed by University of Southern Denmark with reference to the consortium management (RSD) and the scientific coordinator (VUA).

3. EXTERNAL ADVISORY BOARD

3.1 Aim of the External Advisory Board

The purpose of the ImpleMentAll External Advisory Board (EAB) is to provide regular external advice on relevant issues. The EAB will provide independent, expert advice to ensure that the project will develop in accordance to the appropriate legal, ethical and social issues, general philosophy and direction of the project. If necessary, it will also advise on corrective measures in the content of the work, as well as on the dissemination and exploitation of the projects results. The EAB has no formal decision power within the project, however, the opinions of the EAB's distinguished and experienced members will be taken very seriously.

3.2 Main activities of the External Advisory Board

- 1) To discuss any issues brought up by consortium members, the Project Steering Committee (PSC), or the Internal Scientific Steering Committee (SSC),
- 2) To provide feedback and input (either solicited or unsolicited) on consortium activities,
- 3) To advise on the development, dissemination and exploitation of the project,
- 4) To safeguard that the project will follow its set direction, in terms its general philosophy, within the appropriate legal, ethical and social bounds,
- 5) To advise on any corrective measures needed to retain the previous points.

A list of activities is given under the heading 'Description of the ImpleMentAll External Advisory Board tasks' in Appendix 1.

3.3 Membership of the External Advisory Board

There are no formal restrictions to membership of the ImpleMentAll EAB, except that consortium members cannot be part of the board. This is to ensure that the EAB can operate as a fully external, independent board. As for WP6 (the EAB work package), the number of EAB members was capped *a priori* at 10-15 members. The duration of membership is, in principle, the entire project period (from the establishment of the EAB until the end of the project, currently foreseen as March 2021).

3.4 Position of the External Advisory Board in ImpleMentAll

The position of the EAB (in yellow) is graphically represented in FIGURE 1. The EAB, independent of the other project units, will be administered by WP6 (also in yellow).

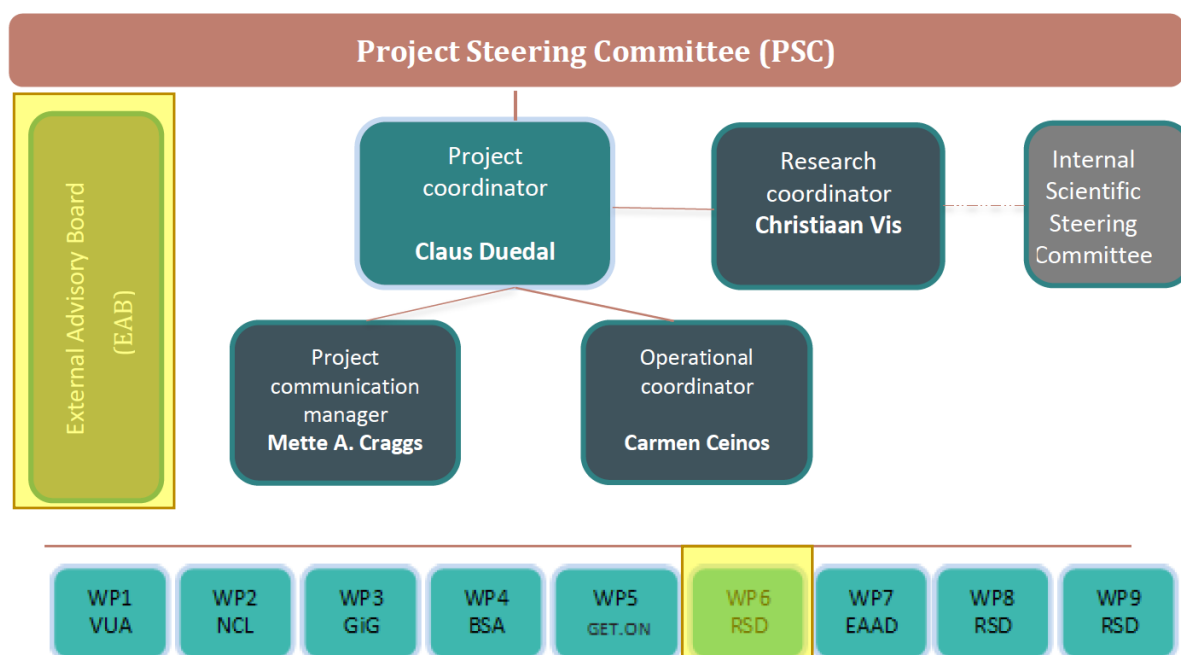


FIGURE 1. POSITION OF THE EAB IN THE IMA PROJECT

4. STAKEHOLDER ANALYSIS/SURVEY

A systematic approach was used for all stages of the stakeholder survey and analysis. The systematic gathering and analysis of information involved all consortium members to ensure that the entire range of stakeholder groups would be represented in the EAB. Furthermore, a systematic and documented approach helps to ensure that the establishment of the EAB is a transparent process. To ensure that the EAB represents experts from all relevant fields and from a broad range of backgrounds, a stakeholder survey was disseminated among all members of the consortium. The process of establishing the EAB is detailed below.

4.1 Structure

The following steps were included in the stakeholder analysis:

- Process planning,
- Defining the policy and tasks for the EAB, in compliance with the Grant Agreement,
- Identifying key areas for the stakeholders,
- Development of the stakeholder survey,
- Data collection and analysis of stakeholder survey,
- Shortlisting of suggested EAB members,
- Identification of gaps in expertise areas and shortlisting of additional EAB members,
- Formal invitation of prospective EAB board members,
- Establishment of the definitive EAB.

Subjects for the stakeholder survey were derived through brainstorming among the members of WP6, with additional input from internal and external networks. When thematic saturation was reached and all relevant areas of expertise of EAB members were identified, topics were added to the survey.

4.2 Stakeholders

A stakeholder is a person who has a vested interest in areas relevant to the project. In principle, all consortium members of ImpleMentAll are stakeholders, as all involved in the project have a vested interest in successfully reaching the project's (sub)goals.

To ensure that the EAB represents experts from all relevant fields and from a broad range of backgrounds, the following key areas of expertise were identified as having relevance for the ImpleMentAll project:

- Implementation experts
- eHealth experts
- Psychiatrists, psychologists
- Consumers / patients groups
- Health management experts

- Researchers
- Policy makers
- Health economist experts
- IT companies / IT experts
- Law and ethics experts

4.3 Methods

Data were collected using an Internet-based questionnaire (SurveyXact) with 10 questions. In this survey, respondents were asked to rank the previously identified expertise areas in importance, resulting in a relative ranking of all these areas from most important (rank 1) to least important (10). These areas were then used to identify relevant expertise areas from which advisory board members were to be recruited. Additionally, respondents were asked to describe their primary affiliations, their organisation's function and personal function. Respondents were then asked to rank the most important qualities that EAB members should have.

The categories that respondents had to rank were presented in random order to participants to prevent systematic bias towards e.g. categories presented at the top of the list vs. categories presented at the bottom of the list.

Finally, respondents were asked to give motivated nominations for EAB members, and to express their preferred way of communicating with EAB members.

4.4 Results

58 members of the consortium were invited to answer the survey, and two e-mail reminders were sent. In all, 35 (60.3%) persons completed the survey and provided information for establishing the IMA EAB.

All participants in the survey were asked which one of the following areas that best describes their organisation's function in the ImpleMentAll project. Possible answers were:

- Implementation site
- Scientific partner
- Commercial partner
- Management partner
- Other

Figure 2 shows the relative composition of participant backgrounds.

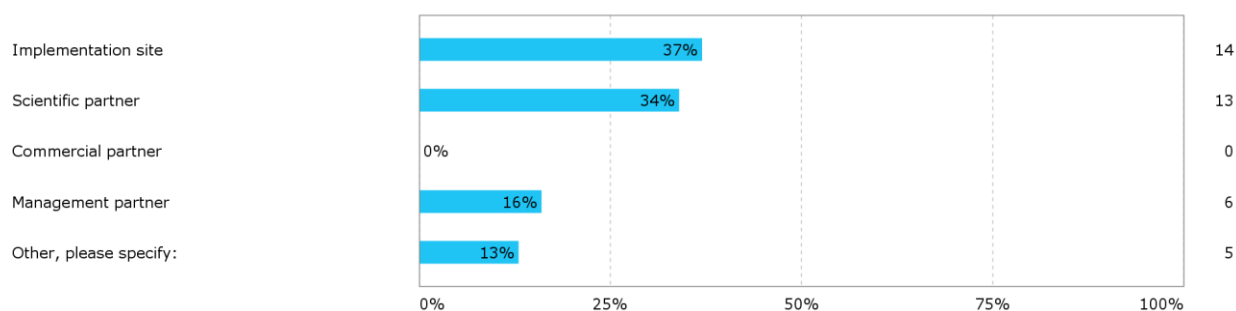


FIGURE 2: RELATIVE COMPOSITION OF PARTICIPANT BACKGROUNDS

Participants were also asked about their personal function in ImpleMentAll. Figure 3 illustrates the answers.

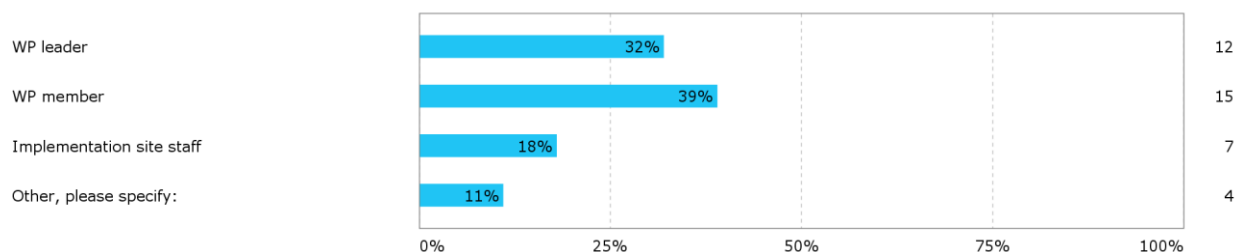


FIGURE 3: DESCRIPTION OF THE PARTICIPANTS' FUNCTION IN IMPLEMENTALL

Ranking of areas of expertise

In order to build a balanced advisory board with a broad range of experts, the participants were asked about their opinion on different types of experts in the ImpleMentAll project, and which qualities these experts should have. The expert groups were presented in a random order, and participants were asked to rank the groups in order of relevance. **Table 1** presents the results of this prioritisation, with the expert group perceived as most important at the top of the list with the highest priority.

TABLE 1: RANKING OF EXPERT GROUPS, WHERE 1 IS THE HIGHEST PRIORITY GIVEN BY THE SAMPLE

EXPERT TYPE	PRIORITY
Implementation experts	1
eHealth experts	2
psychiatrists, psychologists	3
Consumers, patient groups	4
Healthcare management experts	5
Researchers	6
Policy makers	7
Health economics experts	8
IT-companies and/or IT experts	9
Law and ethics experts	10

Personal expertise

The next questions were about qualities or properties that experts may have. These questions concern the experts that the participants chose as "most important" in the previous question.

Experts can have different characteristics, and it is important to know what the most important qualities of an expert are, according to the stakeholders. **Table 2** presents the results of this prioritisation, with the skill perceived as most important at the top of the list with the highest priority.

TABLE 2: RANK OF SKILLS, WHERE 1 IS THE HIGHEST (RATED AS MOST IMPORTANT) RANK

SKILLS	PRIORITY
A high willingness to give support	1
A strong network, or alliances/bonds with other stakeholders/experts	2
A strong knowledge about eMental Health	3
A positive position on the implementation of eMental Health	4
A professional interest in eMental Health	5
A high level of (political) power and influence	6
A strong need for eMental Health to succeed	7

Personal nominations

Within the group of experts that the respondent chose as most important, the participants were asked to nominate one person or organisation that should be considered for the board. These nominations were included in the shortlisting process for the EAB. Responses are omitted from this report for reasons of privacy.

Interaction with the board

All participants were asked how they would like to interact with the board. Multiple preferences could be given, and the results are shown in **Table 3**.

TABLE 3: PREFERRED WAYS OF INTERACTION WITH THE EAB

MODE	No.	PERCENT
Consortium Meetings	25	23,4%
E-mail	21	19,6%
Skype	15	14,0%
Face-to-face	14	13,1%
Newsletters	11	10,3%

Telephone	8	7,5%
Surveys	6	5,6%
At this point I feel no need to interact with the Advisory Board	5	4,7%
Social media	1	0,9%
Depends on time zone differences	1	0,9%
Total	107	100,0%

5. NOMINATION, SELECTION AND APPOINTING

5.1 Process of nomination and selection

The survey responses (N=35) were weighted, sorted according to relative importance, and matched with suggestions for EAB members from the respondents. If an area was not represented, the WP members sought suggestions from personal (extended) networks. An additional criterion was that consortium members could not be part of the EAB in order to ensure independence. Therefore, the EAB was established as an independent and balanced, consensus-driven group of international experts.

Before inviting the appointed members, the nominations were presented to the consortium manager and the scientific manager to rule out any conflicts of interest. After this, invitations were sent out to 21 prospective EAB members, of which 17 accepted.

5.2 Appointing members of the board

Table 4 shows the persons who have been invited and accepted to be part of the IMA EAB.

TABLE 4: MEMBERS OF THE IMA EXTERNAL ADVISORY BOARD

NAME	MAIN AFFILIATION	PRIMARY EXPERTISE
Bianca Albers	European Implementation Collaborative (EIC)	Implementation and Policy maker
Bruce Whitear	NHS in the UK	Policy maker
Chris Wright	Mental Health, SCTT, NHS 24	Implementation
Clayton Hamilton	WHO	Policy maker
David Mohr	Northwestern University Feinberg School of Medicine	Implementation
Dean L. Fixsen	University of North Carolina. FPG Child Development Institute. Gillings School of Global Health. Eshelman School of Pharmacy. State Implementation and Scaling up Evidence-based Practices Center	Implementation
Elizabeth Murray	Research Department of Primary Care and Population Health, University College London. eHealth Unit, University College London	eHealth
Genc Burazeri	Faculty of Medicine, Tirana Medical University	Research and Implementation

Hobbe Jan Hiemstra	International e-Mental Health Innovation and Implementation Center	eHealth and Implementation
John Crawford	IBM	IT expert
Levente Kriston	Department of Medical Psychology, University Medical Center Hamburg-Eppendorf	Research and Psychologist
Mark Bloemendaal	ImplementationIQ	Implementation
Markus Moessner	Research Center for Psychotherapy (FOST)	Psychology and e-Health
Nick Titov	MindSpot Clinic	Research
Ricardo Gusmao	Public Health Institute, University of Porto. Community Mental Health Team Cascais-Estoril, Hospital Egas Moniz, Centro Hospitalar Lisboa-Occidental (HEM-CHLO). NGO EUTIMIA-Alianca Europeia contra a Depressão em Portugal (EAAD.PT)	Psychiatrist
Simone Gynemo	Balans Gotland. NSPH 2017	Patient representative
Vicente Traver Salcedo	Technologies for Health & Wellbeing group (SABIEN), ITACA Institute. Universitat Politècnica de València	Implementation

See *Appendix 2* for a broader presentation of each confirmed member of the ImpleMentAll EAB.

6. TERMS OF REFERENCE

6.1 Composition of Terms of Reference

Terms of reference have been developed to formally highlight the tasks and terms of the EAB. The terms of reference have been sent out to all board members.

The purpose of the ImpleMentAll External Advisory Board (EAB) is to provide regular external advice on relevant issues. The EAB will give independent expert advice to ensure that the project will develop in accordance to the appropriate legal, ethical and social issues, general philosophy and direction of the project. If necessary, it will also advise on corrective measures in the content of the work, as well as on the dissemination and exploitation of the projects results. The EAB has no formal decision power within the project, however, the opinions of the EAB's distinguished and experienced members will be taken very seriously.

See *Appendix 3* for the Terms of Reference.

7. PROCESS FOR TRANSFER OF INFORMATION

7.1 Activities

Broadly, the ImpleMentAll EAB will provide feedback on questions, issues or comments raised in the consortium. Alternatively, the EAB can provide unsolicited feedback on consortium activities. The general mode of operation will be described below.

7.2 Communication workflow

To prevent the EAB from being overloaded with multiple small issues or questions, WP6 has decided to label questions or issues from the consortium according to their urgency. Thus, feedback on urgent matters will be sought as soon as possible, but matters that can wait will be collected and then communicated to the EAB for discussion during the next planned meeting (see section 7.6: Meetings).

To ensure an orderly and traceable communication chain, all questions raised by the consortium will be collected by WP6. Questions or issues that can be solved by one of the other consortium members will not be sent to the EAB. If not solvable within the consortium, three different actions might then be taken:

1. The question or issue needs input from the EAB, but is not urgent and can wait until the next scheduled EAB meeting (see Table 1). This is labelled a *request*.
2. The question or issue needs input from the EAB, and cannot wait until the next scheduled EAB meeting. WP6 will relay this to the EAB through e-mail, and, ideally, a response is expected within one month. This is labelled *active response*.
3. The question or issue is urgent and requires input or action soon. In this case, the question will be sent on immediately to either the entire EAB, or specific persons or sub-units (if applicable). In very urgent cases (although we do not foresee these), the PSC or SSC can contact the EAB directly without intervention of WP6. These urgent issues might require an ad-hoc meeting of the EAB, outside of the scheduled meetings. This is labelled *urgent*.

In practical terms, this means that the board members may be asked to provide input or advice at set times (currently foreseen as March and October). Additionally, they may be asked to provide input or advice on urgent questions in between. For a preliminary list of these tasks and their tentative dates, see Appendix 1: Description of the ImpleMentAll External Advisory Board tasks.

Any EAB advice or input can be communicated directly to WP6, which will then disseminate it to the relevant parts of the consortium.

7.3 Request form

To ensure an aligned communication between the board and the consortium, a request form for the ImpleMentAll Advisory Board has been developed (see Appendix 5: Request Form for ImpleMentAll External Advisory Board).

The request form will be web-based.

7.4 Communication modes

To complete the activities, the following working methods are proposed. E-mail and teleconferences are preferred to reduce travel time and expenses.

1. E-mail. For consistency and traceability, all e-mail from and to the EAB will be handled by the WP6-administered mail address advisory.board@implementall.eu.
2. Teleconference meetings. (For virtual meetings, GoToMeeting facilities will be used. Specific instructions will be provided by e-mail to each participant.)
3. Face-to-face meetings. As mentioned earlier, these will be kept to a minimum to reduce travel time and expenses. However, currently two meetings are foreseen: one during the mid-way project workshop and one at the end of the project (see Appendix 1: Description of the ImpleMentAll External Advisory Board tasks).

7.5 Dissemination of EAB advice to the consortium

The advice (either solicited or unsolicited) from the EAB will be disseminated to the consortium in collaboration with WP8 (Communication). Depending on the type and urgency of the advice, this may be broadly disseminated via regular newsletters to the consortium (2x per year) or targeted to individual consortium members or WPs immediately.

7.6 Meetings

Two EAB virtual meetings per year are planned, however, with room for additional ad-hoc meetings to be added if a need to discuss urgent matters arise. The virtual meetings will be organised and chaired by a representative of WP6. If possible, a member from the project coordination and/or the Scientific Steering Committee will also attend. If needed, ad-hoc follow-up meetings or e-mail discussions can be scheduled after the planned meetings.

The agenda will be drawn up and sent to the EAB at the latest two weeks before the EAB meeting by WP6. If necessary, non-EAB members can be invited to these meetings to provide additional expert input.

7.7 Administrative duties

All administrative duties related to the board meetings will be organised and chaired by a representative of WP6. WP6 will make sure that the meetings are booked at an appropriate time in advance. Furthermore, minutes will be made at all meetings and forwarded to the board members.

The WP6 management will have a close collaboration with WP8 (Communication) and regular newsletters will be made and sent to all board members.

8. CONCLUSION

This report describes the process of creation of the External Advisory Board for ImpleMentAll. The process has been based upon experiences from the MasterMind project, scientific literature and personal experiences.

A stakeholder analysis has been carried out to identify all relevant stakeholders for ImpleMentAll. The analysis has been based upon a survey where all partners in ImpleMentAll were invited to participate. Based on the survey, a stakeholder mapping has been carried out, main categories of stakeholder groups (e.g. researchers, eHealth experts, implementation experts) have been defined, and corresponding representatives have been recruited to become part of the ImpleMentAll External Advisory Board. All in all, 17 persons have been included in the EAB.

Furthermore, this report contains plans for the management and the activities of the EAB. The report describes the process for transfer of information between the board and the consortium. Throughout the project, various consultations and knowledge transfer meetings with the Advisory Board have been planned both online and face-to-face. Structured questioning and answering methods have been developed and Terms of Reference have been developed to formally highlight the tasks and terms of the EAB.

APPENDIX OVERVIEW

- Appendix 1: Description of the ImpleMentAll External Advisory Board meetings.
- Appendix 2: Presentation of each member of the ImpleMentAll EAB
- Appendix 3: Terms of Reference
- Appendix 4: Description of the WP6 management tasks related to the EAB
- Appendix 5: Request Form for ImpleMentAll External Advisory Board

APPENDIX 1: Description of the ImpleMentAll External Advisory Board tasks

Description of Advisory Board tasks		
Internal Task ID	Description	Time point
1	Attend <u>first</u> regular advisory board meeting October 2017	Oct 2017
2	Attend regular advisory board meeting March 2018	Mar 2018
3	Attend regular advisory board meeting October 2018	Oct 2018
4	Attend the midterm workshop – this is the time to implement changes to the project before it is too late.	~Q1 2019
5	Attend regular advisory board meeting October 2019	Oct 2019
6	Attend regular advisory board meeting March 2020	Mar 2020
7	Attend regular advisory board meeting October 2020	Oct 2020
8	Attend regular advisory board meeting March 2021	Mar 2021
9	Attend <u>final</u> regular advisory board meeting October 2021 to give input to the report of stakeholder advisory board activities, including consultations and feedback (WP6 Deliverable D6.2)	Oct 2021
10	If possible, attend the final conference	~Q4 2021
XX	Respond to “Request”, “Active response” or “Urgent” questions from the consortium	Any time

APPENDIX 2: Presentation of each member of the ImpleMentAll External Advisory Board

Professor David C. Mohr



David C. Mohr, Ph.D. is Professor of Preventive Medicine in the Northwestern University Feinberg School of Medicine, with appointments in Departments of Preventive Medicine, Psychiatry, and Medical Social Sciences. He is the founder and Director of Northwestern University's Center for Behavioral Intervention Technologies (CBITs; www.cbits.northwestern.edu), which has become one of the leading centers for research in technology and mental health in the United States, supporting more than 65 funded projects on 4 continents. He has been elected Fellow of the American Psychological Association and of the Society for Behavioral Medicine.

Professional experience

In Europe, I am part of the RADAR grant: IMI-2-1015 (Hotopf) 1/16-12/21, Innovative Medicines Initiative (IMI, European Union) - Title: RADAR-CNS (Remote assessment of disease and relapse – Central Nervous System) 10/14-6/15: *E-COMPARED (European Comparative Effectiveness Research on Internet-based Depression Treatment)*. Advisor to the European Commission's FP7-Health-2013- Innovation project involving 5 countries.

Dr. Mohr's work lies at the intersection of behavioral science, technology, and clinical research, focusing on the design and implementation of interventions that harness wireless and web-based technologies to promote mental health and wellness. While there has been much research over the past decades demonstrating the potential for digital mental health, real-world implementation has been elusive. The overarching goal of this work is to sustainably implement digital mental health interventions in real-world care settings. To achieve this, work is now focused on three areas: design, methods, and harnessing new opportunities.

Most digital mental health interventions have been designed to teach people concepts from evidence based treatment models. Dr. Mohr is shifting his design work to incorporate user-centered design methods that incorporate information from all relevant stakeholders, including patients, providers, and administrators. Design focuses not just on the technology, but also on the service and how the service can be enabled by the technology. The goal is to develop technology enabled services that are useful and usable, fitting into the fabric of people's lives and into the workflow of providers (usually care managers).

Our research methods do not support the goals and nature of digital mental health. Evaluation is long, resulting in validation of technologies that are out of date. More importantly, the fact that the many randomized controlled trials have shown efficacy have not translated in to successful implementation suggests our methods are insufficient. Dr. Mohr's methodological work has sought to shift methods towards "solution-focused research" in which the end goal is sustainable implementation, and not just efficacy data.

Dr. Mohr's work is harnessing new opportunities. To meet the needs for digital mental health to be adaptable to patients and care systems, he has moved away from individual treatment applications to developing a platform of mobile phone apps and tools, called IntelliCare, each of which supports a single, simple targeted behavioral strategy. Patients and care managers can select those tools that are most helpful. His team is developing a recommender engine that will optimize the user's experience through algorithms that leverage passively collected use data to suggest new apps that the individual is more likely to use and find useful. Dr. is also working on personal sensing, which harnesses sensor data from mobile phones to estimate behaviors related to depression and anxiety, and ultimately symptom severity.

Dr. Mohr's work has been consistently funded as the principal investigator by the United States National Institutes of Health for more than 20 years, resulting in over 185 peer-reviewed publications, and more than 25 book chapters.

Prof. Dr. Genc Burazeri



Full-time lecturer, Faculty of Medicine, Tirana Medical University and Deputy Director, Institute of Public Health, Tirana, Albania. Since 1998, Lecturer of Epidemiology and Research Methods at Department of Public Health, Faculty of Medicine, Tirana. Also, since 2011, deputy director of the national Institute of Public Health in Albania. From 2011-ongoing, Visiting Lecturer at Maastricht University, The Netherlands.

Main expertise in Epidemiology and Quantitative Research Methodology. Involved in several major research projects and published many original research articles in international scientific journals with high impact factor.

Education and degrees

- | | |
|------------|---|
| 2010: | Academic title " <i>Professor</i> ", Faculty of Medicine, Tirana University, Albania. |
| 2007: | Fulbright scholar, Department of Global Health, School of Public Health and Health Services, George Washington University, Washington, DC, USA. |
| 2007: | Ph.D. degree with " <i>Excellence</i> ", Hebrew University–Hadassah, Braun School of Public Health and Community Medicine, Jerusalem, Israel. |
| 2003: | Doctorate in Public Health, Faculty of Medicine, Tirana, Albania. |
| 2000: | Master of Public Health (MPH) with " <i>Magna cum laude</i> ", Hebrew University–Hadassah, Braun School of Public Health and Community Medicine, Jerusalem, Israel. |
| 1996-1998: | Specialization in Public Health, Department of Public Health, Faculty of Medicine, University of Tirana, Albania. |
| 1988-1993: | Undergraduate studies, Faculty of Medicine, Tirana, Albania. Degree: " <i>General Practitioner</i> ". |

Professional experience

- | | |
|-----------------|--|
| 2011 - present: | Deputy Director, National Institute of Public Health, Tirana, Albania. |
|-----------------|--|

- 1998 - present: Lecturer of Epidemiology and Research Methodology, Faculty of Medicine, University of Medicine, Tirana, Albania.
- 2009 - present: Visiting lecturer, Department of International Health, School for Public Health and Primary Care, Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands.
- 2007 - 2008: Visiting lecturer, Department of Global Health, School of Public Health and Health Services, George Washington University, Washington, DC, USA.
- 2001-2002: Course instructor, Hebrew University–Hadassah, Braun School of Public Health and Community Medicine, Jerusalem, Israel.

International experience

Vast experience in implementation and evaluation of many international projects involving several EU countries, as well as the South Eastern European region.

Dean L. Fixen, Ph.D.



Dean L. Fixen, Ph.D. has spent his career developing and implementing evidence-based programs, initiating and managing change processes in provider organizations and service delivery systems, and working with others to improve the lives of children, families, and adults. Dean is co-author of the highly regarded monograph, *Implementation research: A synthesis of the literature* and a leader of implementation practice and science. He has served on numerous editorial and professional boards and has advised federal, state, and local governments in the US and globally. Dean is a Senior Scientist at the University of North Carolina at Chapel Hill; Co-Founder of the National Implementation Research Network; Co-Founder of the Global Implementation Initiative; Research Professor and member of the WHO Collaborating Center for Research Evidence for Sexual and Reproductive Health; Adjunct Professor in the Eshelman School of Pharmacy; and a member of the founding Board of Editors of the journal *Implementation Science*.

Professional experience

Dean has consulted with various Ministries (e.g. education, finance, labour, health, social services) and their leadership in Austria, Denmark, Finland, Germany, Ireland, Norway, Sweden, and Switzerland. Dean was visiting professor at the University of Vienna and taught graduate courses on implementation science. Dean has advised researchers on relevant independent and dependent variables and useful evaluations of outcomes in the design and execution of research to advance implementation practice and science. Various countries have formed implementation networks and collaborations in association with the Global Implementation Initiative (Australasia, Denmark, German Speaking Countries, Ireland and Northern Ireland, Italy, Netherlands, Nordic, Norway, Sweden). The Global Implementation Conference (GIC) was held in Dublin in 2015 and GIC 2019 is scheduled for Amsterdam.

Levente Kriston, PhD



Head of the Research Group 'Research Design and Data Analysis' My major area of expertise comprises a wide range of quantitative research methods and statistical data analysis techniques. As a trained psychologist, I have some background knowledge on cognitive behavioral therapy. I am used to attempting to find an ideal trade-off between scientific rigor and realistic conditions in complex settings. In advisory boards, I usually take the role of the methodologist/statistician, but I am ready to contribute to the Advisory Board of ImpleMentAll in any other position as well, if considered helpful.

Professional experience

Formally trained as a psychologist, I have been working as a methodologist and statistician in academic medical research for over ten years. I have participated in numerous research projects on various topics (evidence based practice, clinical decision making, health services research, complex interventions, patient-reported outcomes etc.) and of various designs (randomized controlled trials, meta-analyses, observational studies, psychometric studies etc.). Currently, I am the responsible methodologist/statistician in about ten to fifteen studies (most of them located in Germany, none of them EU-funded) on the evaluation of psychotherapeutic/psychosocial interventions and on health care quality improvement (including the implementation of interventions with established efficacy and the implementation of quality measurement in routine care) in clinical psychology, psychiatry, cardiology, neurology, gerontology, anesthesiology, and oncology.

Bianca Albers



Chair, [European Implementation Collaborative](#)

Senior Advisor, [Centre for Evidence and Implementation](#)

Professional experience

Ms. Albers participates in the ImpleMentAll project in her role as the chair for the European Implementation Collaborative (EIC), a network that engages a broad range of individual and organisational stakeholders in the field of implementation. The EIC builds links and exchanges learning about implementation science and practice within Europe and provides an infrastructure for projects such as ImpleMentAll.

With a background in political science, Ms Albers has specialised in building the capacity within organisations and services to implement and sustain evidence-informed practices and policies. She has worked within the field of implementation science and practice since 2005, when she became part of the national implementation unit for evidence-based programs in child and youth services at the National Board of Social Services in Denmark. Both from this position and from her subsequent role as a Director for The Family and Evidence Centre in Copenhagen she has substantial experience in leading and supporting practitioners and managers in the implementation of evidence-based practice. As part

of her current work for the Centre for Evidence and Implementation (CEI), Ms Albers supports both local government agencies, ministerial units and NGOs in applying implementation science principles in practice and policy developments, including the utilisation of continuous quality improvement cycles.

Ms Albers is highly engaged in the international world of implementation science and practice. She has been one of the Co-Chairs for the first three Global Implementation Conferences (GIC) that took place in Washington DC in 2011 and 2013 and Dublin in 2015. She is a founding member of the Society for Implementation Research Collaboration (SIRC) and currently chairs the Nordic Implementation Conference, to be held in Copenhagen from May 28-30, 2018. Ms. Albers has been the lead editor of the book 'Implementering', which introduces implementation science to the area of child and youth services in Denmark and includes key contributions from Dr. Alison Metz (NIRN) and professor Per Nilsen, Linköping University, Sweden. For CEI, she has been the lead developer of the [Specialist Certificate in Implementation Science](#) that is provided through the University of Melbourne to an international audience of professionals working in health, social work and education. Currently, she is co-editing 'The Science of Implementation' (Springer, forthcoming) together with Dr. Robyn Mildon and professor Aron Shlonsky. Ms Albers is pursuing a PhD in Implementation Science in the Department of Social Work at the University of Melbourne.

Professor Elizabeth Murray



Professor of eHealth and Primary Care.
Head of Research Department of Primary Care and Population Health,
University College London
Co-Director, eHealth Unit, University College London.

Professional experience

Elizabeth Murray is a General Practitioner and Professor of eHealth and Primary Care at University College London. She has substantial experience in developing, evaluating and implementing digital health interventions focusing on health promotion (e.g. sexual health for young people), behaviour change (e.g. reduction in alcohol consumption for hazardous or harmful drinkers), self-management of long term conditions (e.g. for type 2 diabetes mellitus), and mental health (e.g. family support for people with first episode psychosis). She is committed to using the principles of participatory design in intervention development, working with patients and health care professionals to ensure that digital interventions meet user requirements and can be easily integrated into patient's lives and health service workflows. She has experience of implementing digital health interventions for alcohol and for type 2 diabetes into routine care in the NHS, and has undertaken a number of systematic reviews of the evidence pertaining to digital health interventions and complex interventions more generally into health care. She has contributed to empirical work developing, testing and refining Normalisation Process Theory, and has applied NPT to a number of implementation studies.

Other expertise

Elizabeth has a broad range of methodological expertise, including both quantitative (trials, systematic reviews, cohort studies) and qualitative (interviews, focus groups) methods. She has led on, and

contributed to, methodological work on how best to develop and evaluate digital health interventions, including undertaking health economic analysis. She set up the UCL eHealth Unit in 2003, and under her leadership the Unit grew into a large, multi-disciplinary Unit with a strong commitment to Patient and Public Involvement in research. The Unit continues to have three main streams of work: development, evaluation and implementation of digital health interventions for patients and the public; implementation of ehealth interventions into routine health care; and the impact of ehealth interventions on healthcare professional – patient interactions.

Bruce Whitear MSc BN(Hons) HND



I am a highly experienced strategy and change professional with over 30 years experience working with the NHS in the UK. I held Director level positions in two NHS organisations in Wales with experience of working at Board level and of working across the interface of local public services, Welsh Assembly Government and other key stakeholders in the planning and delivery of change in health and healthcare services. I have a unique career profile of demonstrable achievements in strategic planning, leading innovation and change, commissioning, European project delivery, partnership development

and capital schemes.

Professional experience

I am a passionate advocate of the use and uptake of technology in public services. My expertise in this area is derived from my involvement in two EU funded international projects developing technology for use with people with chronic conditions and mental health. I established a European Office in Powys Health Board to deliver its EU funded commitments and also to create new links at an international level.

I have supported the Welsh Government in reviewing and revising their NHS Informatics Strategy and have assisted NHS organisations in developing local informatics strategies. I worked with two EU funded projects: the first, the Carewell Project (GA 620983) that developed two pathways for by ICT in respect of integrated care coordination; and patient empowerment & home support. The second project was the Mastermind Project that made high quality treatment for depression more widely available for adults suffering from the illness by the use of ICT.

I offer the ImpleMentAll project a breadth of experience in developing and implementing change projects at scale in large healthcare organisations through my direct involvement in operation management of the NHS in the UK.

Vicente Traver Salcedo



Director of the Technologies for Health & Wellbeing group (SABIEN) at the ITACA Institute. Universitat Politècnica de València

Professional experience

EU and national projects from 1998 (IV FP) till now, dealing with citizens, health and wellbeing. Specifically dealing with mental illness:

eMOTIVA – eMOTIVA is a project conceived for the motivation and monitoring of people with dementia in homes, detecting also early stages of dementia.

UNIVERSAAL – AAL platform to provide health and social services, including mental services, validated by more than 5000 users.

ENJOY-IT Project for integration of groups of children with special needs (both physical and psychological) who can fully integrate with groups of children without disability through using these ICT. The wide range of possibilities offered by such integration will enrich and encourage the social advancement of these children.

Other expertise

He has a Bachelor (1998) and Ph.D. (2004) in Telecommunications Engineering by Universidad Politècnica de Valencia. Director of the Technologies for Health & Wellbeing (SABIEN) at the ITACA Institute. Assistant Professor at Universidad Politècnica de Valencia. Member of the Academic Board for the interuniversity Master on Biomedical Engineering at Valencia. Coordinator of the cluster Healthy Living, which combines six different R&D university groups working in the field from different approaches. Since 1998, his research focus is telemedicine, e-health and e-inclusion, especially on the provision of home health care services through telematic media and the concepts of the patient empowerment and the citizen as health co-producer. He has participated in more than 30 EU funded projects (from IV till H2020), Spanish funded projects and taken part in multiple research agreements with companies, dealing most of them with health care and social services making use of Information Communication Technologies.

He has published more than 120 technical papers in national and international journals and has participated in several seminars and conferences as invited speaker. Member of international scientific congresses and committees. Member of the Editorial Board of IET – Networks. Keynote Lecturer in BIOSTEC 2010. Chairman and organizer of pHealth 2008 and the four editions of the International Workshop on Technology for Healthcare and Healthy Lifestyle (2008, 2010, 2011, 2012) Conference co-chair of the IEEE Biomedical Health Informatics 2014. Cofounder of 2 SME IT health related companies, hiring currently more than 40 people. Full list of publications available in goo.gl/Wg2JZR

Chris Wright



Service Development Manager (Mental Health), SCTT, NHS 24. Chris Wright has been working in the NHS in Scotland for over 13 years focusing on the implementation, design and development of unique services and systems. In the past 13 years, Chris has been responsible for a number of initiatives and key developments in the field of mental health in Scotland. He was responsible for the development of a technology based

step care model focused on treating those suffering from mild to moderate symptoms such as depression, anxiety and stress.

Professional experience

Chris has over 10 years of experience working in the field of cCBT and has provided advice and support to a number of Health Boards and Health Care Providers across the UK. For the past 3 years, Chris has been working within the Scottish Centre for Telehealth and Telecare based within NHS 24 and is responsible for the national deployment of cCBT in Scotland, leading the EU funded MasterMind project in Scotland, working within the NHS across the 14 territorial Health Board areas, NHS 24, NHS Education for Scotland, NHS National Service Scotland as well as the Scottish Government to expand and improve accessibility to cCBT treatment across the country.

Other expertise

During the past 13 years, Chris has managed or held a key role in over 40 projects within the NHS with focus on technology, innovation and service delivery within the health care settings. These projects have covered a range of topics including risk and performance management, quality improvement, information governance and have been delivered in acute and primary care settings.

Hobbe Jan Hiemstra



Managing Director E-Mence.

International e-Mental Health Innovation and Implementation Center.

Responsible for innovative e-health projects and services organizations for implementing and scaling up of e-health.

More than 20 years of experience with ICT projects.

Professional experience

Currently we are lead partner for the following projects:

eMen project

- Increase the use of e-mental health in Europe
- Support SME's
- Develop and pilot e-health for trauma, depression and anxiety
- EU Knowledge platform
- etc

<http://www.nweurope.eu/projects/project-search/e-mental-health-innovation-and-transnational-implementation-platform-north-west-europe-emen/>

eGGZ Centrum

- Develop 4 VR e-health solutions for trauma, depression and anxiety
 - Create international knowledge and export center
- <https://www.e-mence.org/nl/projecten/eggz-centrum>

Other expertise

Business development, Marketing

Simone Gynnemo



A good representative of a person with multiple psychological diagnoses, being open and candid about them. She gives lectures and workshops. In everything she does, she is representing people within affective diagnoses. Has the main responsibility of the Stockholm office, with supervision for one person, with multiple affective disorders.

Professional experiences

Health care pedagogue 15 years of experience (2 years education)
Psychogenesis therapist 15 years of experience (4 years education)

Post traumatic stress syndrome 2000
Diagnosed with Bipolar Disorder 2005

Cofounder of Balans Gotland 2013
President Balans Gotland 2014
Member of the board Riksförbundet Balans 2015
President of the board Riksförbundet Balans 2016
Member of the board NSPH 2017

Languages

Swedish – Native
American-English – Native after ten years in US

Dr. Ricardo Gusmao



Progress of depression and suicide prevention in Portugal and elsewhere is my main aim and global mental health is my framework.

I am currently involved in developing large scale programs for the promotion and prevention of depression and suicide in communities, workplaces, schools and primary care.

My commitment is extended to suicide survivors.

Professional experience

Scientific Societies:

European Alliance Against Depression
International Research Group on Suicide among Older Adults
Bipolar Disorders Core Sets Expert Group
Sociedade Portuguesa de Psiquiatria e Saúde Mental

Teaching experience:

Jan 1997-aug 2014: Associate Professor – Universidade NOVA de Lisboa, Departamento de Saúde Mental. Portugal, Lisbon

For further details, please look for Luís de Camões (Luis Camoes) classic work "Lusíadas", and do read the last word.

Research experience:

Oct 2008 – Mar 2013: OSPI-Europe - Universidade NOVA de Lisboa, Departamento de Saúde Mental. Portugal, Lisbon

Multicentre, multi-level community suicide prevention program.

Oct 1997 – Aug 2014: Professor (Associate) – New University of Lisbon – Chronic Diseases Research Centre (CEDOC): Portugal, Caparica.

Jun 1997 – present: Professor (Associate) - New University of Lisbon

Jan 1992 – present: Psychiatry Consultant. Centro Hospitalar de Lisboa Ocidental – Dept. of Psychiatry and Mental Health –Liaison Psychiatry – Portugal Lisbon.

Mark Bloemendaal, MSc, MBA



Founder of ImplementationIQ, General Manager and Focus on Analysis and Implementation.

In January 2012, Mark completed the minor education Medicine for Engineering of the Medical Delta cum laude. This training, combined with his TU Delft degree, enables Mark to bridge the gap between innovations and their implementation in healthcare practice. He has gained insight in business management with an MBA degree at British Open University. Mark has more than 20 years of work experience in various management and management positions in the fields of technical innovation, business development, marketing and sales. Within Implementation IQ, he is the driving force behind the development and application of the IQ Analysis and the IQ Workbench.

Dr. Phil. Markus Moessner



Markus Moessner is currently working in Research Center for Psychotherapy (FOST)

Work and research

- E-Health
- Health Services research
- Cost-effectiveness
- Ecological Momentary Assessment
- Network analysis

Professional experience

Qualifications

05/2010, PhD in Psychology at the TU Darmstadt

Positions

Since 2006 research assistant at the Research Center for Psychotherapy (FOST), Heidelberg University Hospital.

Clayton Hamilton



Mr. Clayton Hamilton leads the eHealth and Innovation portfolio of the WHO European Region, providing support and strategic guidance to eHealth development and capacity building initiatives as a component of Health Information management in the region's 53 Member States. With a background in ICT development and business management within WHO that spans a 15 year period, Mr. Hamilton works on broadening the awareness and benefit of strategic implementation of eHealth in Europe, linking with major international partners to build capacity in low-middle income countries and as a contributor to major national eHealth strategy development initiatives.

Professional experience

2012 – Present: eHealth Regional Focal Point for the European Region. WHO. e-Health Regional Focal Point within the Division for Information, Evidence, Research and Communication of the WHO European Regional Office

2008-2012: ICT Officer, Information and Communications Technology (ICT) – WHO. Information and Communications Technology Officer for the World Health Organization, Regional Office for Europe.

Professor Nick Titov



Nick Titov is the founding Project Director of the MindSpot Clinic, a national Australian digital mental health service for people with anxiety and depression. This innovative Clinic provides mental health education, online screening assessments, it helps people learn about and access traditional face-to-face services, and delivers online psychological interventions. Since officially launching in 2013 the MindSpot Clinic has provided services to more than 50,000 Australian adults. MindSpot now provides mental health services to approximately 20,000 Australians each year.

Professional experience

Nick Titov's research and clinical work has been focused on the development and evaluation of strategies for reducing barriers to treatments for people with high prevalence psychological disorders. He has developed and managed two virtual research clinics, and maintains active collaborations with researchers in five countries. Nick Titov has developed and evaluated leading internet-delivered treatment interventions across more than 60 clinical trials with more than 6000 adults. He continues to supervise and train Postdoc, PhD, and higher degree students at Macquarie University.

Specialties: Innovative psychological interventions, research strategy, team management, clinical treatment, training, supervision, and mentoring.

John Crawford



Extensive experience of IT business development and sales in the Finance and Insurance industries, Media sector, and Healthcare & Life Sciences industries over 35 years. Currently focused on the effective use of IT to improve healthcare delivery (eHealth), including innovations in primary care, hospital IT systems, and regional/national eHealth infrastructure. My goal is to help countries achieve sustainable, accessible and high quality healthcare systems, fully supported by IT. Member of the IBM Industry Academy, and currently serving as President of EHTEL

(European Health Telematics Association).

Professional experience

Specialties: Business development, client management, alliance management, complex sales, healthcare informatics, medical technologies, Health 2.0, health policy, integrated care, population health management.

APPENDIX 3: Terms of Reference

TERMS OF REFERENCE FOR THE IMPLEMENTALL ADVISORY BOARD

Introduction and context

Purpose of the ImpleMentAll advisory board

The purpose of the ImpleMentAll external advisory board (EAB) is to provide regular external advice on relevant issues. The EAB will provide independent, expert advice to ensure that the project will develop in accordance to the appropriate legal, ethical and social issues, general philosophy and direction of the project. If necessary, it will also advise on corrective measures in the content of the work, as well as on the dissemination and exploitation of the projects results. The EAB has no formal decision power within the project, however, the opinions of the EAB's distinguished and experienced members will be taken very seriously.

How was the IMA advisory board established?

The establishment of the IMA EAB is a task of Work Package 6 (WP6) in the IMA consortium. To ensure that the EAB represents experts from all relevant fields and from a broad range of backgrounds, a stakeholder survey was disseminated among all members of the consortium (N=58). In this survey, respondents were asked to identify relevant areas in which advisory board members were to be recruited, such as e.g., "Psychologists and Psychiatrists", or "Implementation experts". Additionally, respondents were asked to suggest EAB members, and the preferred way of communicating with EAB members. The responses (N=35) were weighted, sorted according to relative importance, and matched with suggestions for EAB members from the respondents. If an area was not represented, the WP members sought suggestions from personal (extended) networks. An additional criterion was that consortium members could not be part of the EAB, to ensure independence. Therefore, the EAB was established as an independent and balanced, consensus-driven group of international experts.

Position of the IMA advisory board in the IMA project

The position of the EAB (in yellow) is graphically represented in FIGURE 1 below. The EAB, independent of the other project units, will be administered by WP6 (also in yellow).

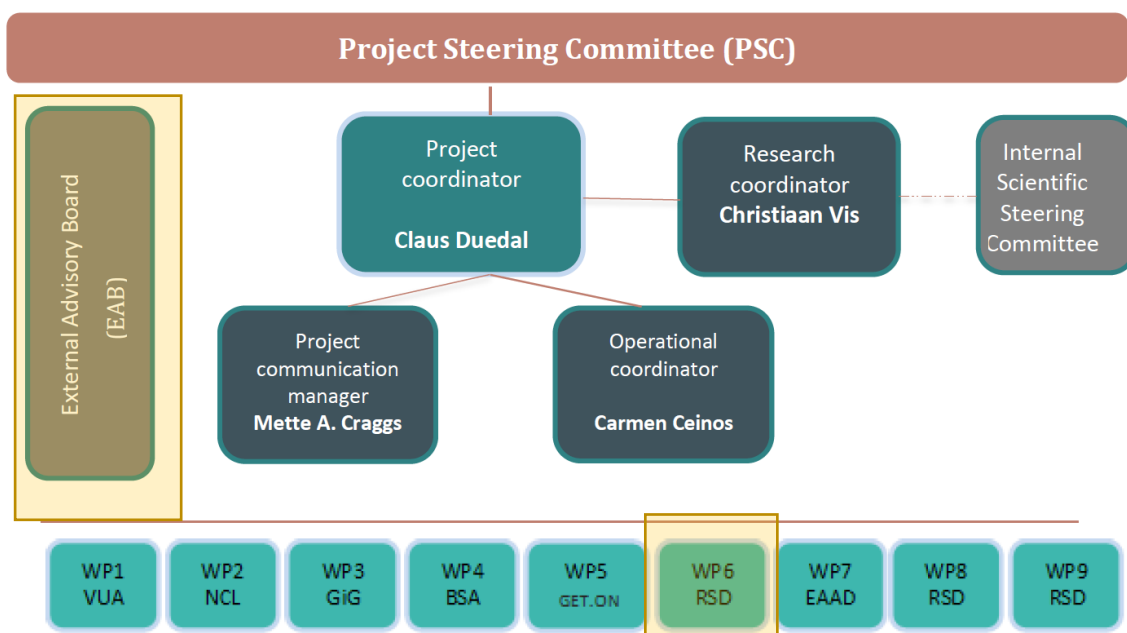


FIGURE 1: POSITION OF THE EAB IN THE IMA PROJECT

Membership of the IMA External Advisory Board

There are no formal restrictions to membership of the IMA EAB, except that consortium members cannot be part of the IMA advisory board to ensure that the EAB can operate as a fully external, independent EAB. As per WP6 (the EAB work package), the number of EAB members was capped *a priori* at 10-15 members. The duration of membership is, in principle, the entire project period (from the establishment of the EAB until the end of the project, currently foreseen as March 2021). Should there be a need for an extended (or reduced) period of membership, this will be negotiated at that time.

Members of the EAB

TABLE 1: PRELIMINARY LIST OF CONFIRMED MEMBERS

Name	Main affiliation	Primary expertise
Bianca Albers	European Implementation Collaborative (EIC)	Implementation and Policy maker
Bruce Whitear	NHS in the UK	Policy maker
Chris Wright	Mental Health, SCTT, NHS 24	Implementation
Clayton Hamilton	WHO	Policy maker

David Mohr	Northwestern University Feinberg School of Medicine	Implementation
Dean L. Fixsen	University of North Carolina. FPG Child Development Institute. Gillings School of Global Health. Eshelman School of Pharmacy. State Implementation and Scaling up Evidence-based Practices Center	Implementation
Elizabeth Murray	Research Department of Primary Care and Population Health, University College London. eHealth Unit, University College London	eHealth
Genc Burazeri	Faculty of Medicine, Tirana Medical University	Research and Implementation
Hobbe Jan Hiemstra	International e-Mental Health Innovation and Implementation Center	eHealth and Implementation
John Crawford	IBM	IT expert
Levente Kriston	Department of Medical Psychology, University Medical Center Hamburg-Eppendorf	Research and Psychologist
Mark Bloemendaal	ImplementationIQ	Implementation
Markus Moessner	Research Center for Psychotherapy (FOST)	Psychology and e-Health
Nick Titov	MindSpot Clinic	Research
Ricardo Gusmao	Public Health Institute, University of Porto. Community Mental Health Team Cascais-Estoril, Hospital Egas Moniz, Centro Hospitalar Lisboa-Occidental (HEM-CHLO). NGO EUTIMIA-Alianca Europeia contra a Depressão em Portugal (EAAD.PT)	Psychiatrist
Simone Gynnemo	Balans Gotland. NSPH 2017	Patient representative
Vicente Traver Salcedo	Technologies for Health & Wellbeing group (SABIEN), ITACA Institute. Universitat Politècnica de València	Implementation

Aim of the EAB

The main activities of the IMA EAB are as follows;

- To discuss any issues brought up by consortium members, the Project Steering Committee, or the Internal Scientific Steering Committee,
- To provide feedback and input (either solicited or unsolicited) on consortium activities,
- To advise on the development, dissemination and exploitation of the project,
- To safeguard that the project will follow its set direction, in terms of its general philosophy, within the appropriate legal, ethical and social bounds,
- To advise on any corrective measures needed to retain the previous points.

Working methods

Broadly, the IMA EAB will provide feedback on questions, issues or comments raised in the consortium. Alternatively, the EAB can provide unsolicited feedback on consortium activities. The general mode of operation will be described below.

Communication workflow

To prevent the EAB from being overloaded with multiple small issues or questions, WP6 has decided to sort questions or issues from the consortium according to their urgency. Thus, feedback on urgent matters will be sought as soon as possible, but matters that can wait will be collected and then communicated to the EAB for discussion during the next planned meeting.

To ensure an orderly and traceable communication chain, all questions raised by the consortium will be collected by WP6. After a question or issue has been raised, one of four different actions might be taken:

1. The question or issue can be solved by one of the other consortium members, and does not need input from the EAB (a non-issue).
2. The question or issue needs input from the EAB, but is not urgent and can wait until the next scheduled EAB meeting. This is labelled a *request*.
3. The question or issue needs input from the EAB, and cannot wait until the next scheduled EAB meeting. WP6 will relay the issue to the EAB through e-mail. Ideally a response is expected within one month. This is labelled *active response*.
4. The question or issue is urgent and requires input or action soon or even ASAP. In this case, the question will be sent on immediately to either the entire EAB, or specific persons or sub-units (if applicable). In very urgent cases, the Project Steering Committee or the Scientific Steering

Committee can contact the EAB directly without intervention of WP6. These urgent issues might require an ad-hoc meeting of the EAB, outside of the scheduled meetings. This is labelled *urgent*. At this point, however, we do not foresee urgent issues for the EAB.

Regardless of what action is taken, any EAB advice or input can be communicated directly to WP6, which will then disseminate it to the relevant parts of the consortium. This also applies to unsolicited advice or information from the EAB, which may be relayed straight to WP6.

What will be asked of you in practice

In practical terms, this means you may be asked to provide input or advice on set times (currently foreseen as March and October). Additionally, you may be asked to provide input or advice on *active response* or *urgent* questions in between. A chronological, preliminary list of these tasks and their tentative dates for the duration of the ImpleMentAll project can be seen in Table 2 below.

Communication modes

To complete the activities listed in the review of activities, the following working methods are proposed. E-mail and teleconferences are preferred to reduce travel time and expenses.

1. E-mail. For consistency and traceability, all e-mail sent to, and coming from the EAB, will be handled by the WP6-administered mail address advisory.board@implementall.eu.
2. Teleconference meetings (For virtual meetings, GoToMeeting facilities will be used. Specific instructions will be provided by e-mail to each Participant).
3. Face-to-face meetings. As mentioned earlier, these will be kept to a minimum to reduce travel time and expenses. However, currently two meetings are foreseen: one during the mid-way project workshop and one at the end of the project. Travel and accommodation will be arranged by WP6 in cooperation with individual EAB members.

Dissemination of EAB advice to the consortium

The advice (either solicited or unsolicited) from the EAB will be disseminated to the consortium in collaboration with WP8 (Communication). Depending on the type and urgency of the advice, this may be broadly disseminated via regular newsletters to the consortium (2x per year) or targeted to individual consortium members or WPs immediately.

Meetings

As can be seen in Table 2 below, two EAB virtual meetings per year are planned, with room for possible ad-hoc meetings to discuss urgent matters. The meetings will be organised and chaired by a representative of WP6. If possible, a member from the project coordination and/or scientific steering

committee will also attend. If needed, ad-hoc follow-up meetings or e-mail discussions can be scheduled after the planned meetings.

The agenda will be drawn up and sent to the EAB at the latest two weeks before the EAB meeting by WP6. If necessary, non-EAB members can be invited to these meetings to provide additional expert input.

TABLE 2: ADVISORY BOARD TASKS

Description of WP6 Advisory Board tasks		
Internal Task ID	Description	Time point
1	Attend <u>first</u> regular advisory board meeting October 2017	Oct 2017
2	Attend regular advisory board meeting March 2018	Mar 2018
3	Attend regular advisory board meeting October 2018	Oct 2018
4	Attend the midway workshop – this is the time to implement changes to the project before it is too late.	~Q1 2019
5	Attend regular advisory board meeting October 2019	Oct 2019
6	Attend regular advisory board meeting March 2020	Mar 2020
7	Attend regular advisory board meeting October 2020	Oct 2020
8	Attend regular advisory board meeting March 2021	Mar 2021
9	Attend <u>final</u> regular advisory board meeting October 2021 to give input to the report of stakeholder advisory board activities, including consultations and feedback.	Oct 2021
10	If possible, attend the final conference	~Q4 2021
XX	Respond to “Active response” or “Urgent” questions from the consortium	Ad hoc

Administrative support

WP6 (RSD) will provide administrative backup for the meetings. This includes preparing the agenda (in cooperation with EAB members), sending out invitations, taking notes at meetings and distributing minutes after the meeting.

Sharing of information and resources

Non-confidential information will be shared via the existing project Dropbox folders, for which EAB members will receive a link. These folders include general information on the project that may be relevant for EAB members.

Confidentiality

It is understood that information discussed in the Advisory Board may be of a confidential or sensitive nature. Therefore, EAB members are asked to show discretion in sharing information about the project, especially to third parties. In case of doubt, EAB members are advised to contact a representative from the Communications WP (WP8 – Project Management and Communication).

Questions and contacts

The EAB's direct point of contact is WP6 and its representatives: Mette Maria Skjøth, Robin Niels Kok and Camilla Stryhn. We can be reached via the common e-mail address advisory.board@implementall.eu

APPENDIX 4: Description of the WP6 management tasks related to the EAB (INTERNAL USE ONLY)

Description of WP6 advisory board management tasks		
Internal Task ID	Description	Time point
1	Deliverable D6.1: "Stakeholder advisory board plan including stakeholder mapping, and identification of key representatives"	Jun 2017
2	Finalise input for the <u>first</u> regular advisory board meeting	Sep 2017
3	Attend <u>first</u> regular advisory board meeting October 2017	Oct 2017
4	Disseminate output from the <u>first</u> regular advisory board meeting	Nov 2017
5	Finalise input for the March 2018 regular advisory board meeting	Feb 2018
6	Attend regular advisory board meeting March 2018	Mar 2018
7	Disseminate output from the March 2018 regular advisory board meeting	Apr 2018
8	Finalise input for the October 2018 regular advisory board meeting	Sep 2018
9	Attend regular advisory board meeting October 2018	Oct 2018
10	Disseminate output from the October 2018 regular advisory board meeting	Nov 2018
11	Finalise input for the <u>midterm workshop</u> advisory board meeting	<Q1 2019
12	Attend the midway workshop	~Q1 2019
13	Disseminate output from the <u>midterm workshop</u> advisory board meeting	>=Q1 2019
14	Finalise input for the October 2019 regular advisory board meeting	Sept 2019
15	Attend regular advisory board meeting October 2019	Oct 2019
16	Disseminate output from the October 2019 regular advisory board meeting	Nov 2019
17	Finalise input for the March 2020 regular advisory board meeting	Feb 2020
18	Attend regular advisory board meeting March 2020	Mar 2020
19	Disseminate output from the March 2020 regular advisory board meeting	Apr 2020
20	Finalise input for the October 2020 regular advisory board meeting	Sept 2020
21	Attend regular advisory board meeting October 2020	Oct 2020
22	Disseminate output from the October 2020 regular advisory board meeting	Nov 2020
23	Finalise input for the March 2021 regular advisory board meeting	Feb 2021
24	Attend regular advisory board meeting March 2021	Mar 2021
25	Disseminate output from the March 2021 regular advisory board meeting	Apr 2021
26	Finalise input for the <u>final</u> October 2021 regular advisory board meeting	Sep 2021
27	Attend <u>final</u> regular advisory board meeting October 2021 to give input to the report of stakeholder advisory board activities, including consultations and feedback.	Oct 2021
28	Disseminate output from the October 2021 <u>final</u> advisory board meeting	Nov 2021
29	Attend the final conference	~Q4 2021
30	Commission Deliverable D6.2: "Final report on stakeholder advisory board activities"	Ultimo Mar 2021
XX	Act on "Request", "Active response" or "Urgent" questions from the consortium	Any time

APPENDIX 5: Request Form for ImpleMentAll External Advisory Board

1. Name	
2. Organisation	
3. Role in ImpleMentAll	
4. Please outline which work package the question relates to.	
5. Please outline if others have been involved in solving the issue	
6. Please explain clearly what is required i.e. what feedback you need from the board, what is to be disseminated, for what purpose, etc.	
7. Please list (and attach) any relevant documentation relating to this request	
8. Please mark the urgency of your required feedback (dropdown)	<p>Request - not urgent and can wait until the next scheduled EAB meeting</p> <p>Active response - WP6 will relay this to the EAB through e-mail, and ideally a response is expected within one month.</p> <p>Urgent - The question or issue is urgent and requires input or action soon. In this case, the question will be sent on immediately to either the entire EAB, or specific persons or sub-units. These urgent issues might require an ad-hoc meeting of the EAB, outside of the scheduled meetings.</p>
9. Please elaborate if you want to address your question to a specific person or area	