EDITH

Breakout session
Incentivization

Irene Vignon-Clementel
Anna Niarakis
Roel Meiburg

EDITH

EDITH project has received funding from the EU H2020 Research and Innovation Programme, under Grant Agreement n. 101083771

Brainstorming on VHT

How to participate?

Copy participation link

1 Go to wooclap.com

2 Enter the event code in the top banner

Event code
OSZXUT

1 Send @OSZXUT to 06 44 60 96 62

2 You can participate

Brainstorming on incentivization

Exercise on challenges

Dedicated Ressources	Trust	building trust and true spirit of collaboration	Regulation	Find a motivated doctor
Dedicated persons	Time	Stakeholder communication and understanding	not caring for most communities in the field	Clinical demand not well defined
Collaboration	overheads everywhere	Communication with user	not knowing the need of other fields	Reaching stakeholders
Misunderstanding	continuous financial support	Multi-stakeholder / Multi-perspective	community inertia	Proper clinical understanding
Resistance to change	Alignment			

Alignment on the goals for different stakeholders : clinicians, regulatory, patients, industries

Resources (time & money)

Start the virtuous circle (from clinicians decision to patient benefits and cascades their wishes of the VHT to be part of the clinical workflow)

Common language & meaning among the different stakeholders

Resistance to innovation/changes from clinicians

Resistance to data sharing from patients (even a electronic Health record is not fully admitted yet)

Heterogeneity of cultures within Europe (access/sharing of data; clinical registries)

Martina Contin (VPHi); Irène Vignon-Clementel (Inria); Hernan Morales (3DS); Mathieu Rimaud (TwInsight)

identify stakeholders (academia, industry, patient advocacies / orgs., governmental bodies, payers/med. insurancies, medical doctors + hospital management)

categorize the needs / what they look for incentivisation

fight the inertia (!)

approach to outreach the different stakeholders (end-users)

Exercise on how to meet the challenges

start with the patients advocacy groups
scientific proof (proof of concept) - successful examples
collaboration between clinicians and modellers (and other stakeholders)
approach it like a drug test (small scale proof, pilot study, in silico trial, small cohorts, scale up)
meet the patients, think about application early on on designing a VHT project
become aware of difficulties in clinical and modelling reality - build a common language (communication/ comprehension barriers)
more interdisciplinary training, projects, conferences - opportunities to bring all stakeholders together

now the research style is too introspective—> change paradigm: more real world (patient-centric)

http://www.edith-csa.eu

Deliverables available under tab ‘dissemination/material’

Indication of interest via de contact form on site

EDITH

EDITH project has received funding from the EU H2020 Research and Innovation Programme, under Grant Agreement n. 101083771

Example:

in a German hospital, one of the clinicians of the ICU (who also happened to have an engineering degree) started compiling a catalogue of data from their patients (with consent).

They asked their colleagues to follow a simple set of annotation practices in order to be able to enlist their data in the catalogue too.

This catalogue was then shared with researchers looking for data on ICU patients. Everytime the researchers use data of a particular clinician, that clinician gets to be co-author on the paper (so a 1 time investment leads to many returns for the clinician – even if the models do not make it back to clinic, they still generate 'output' of interest).

This seems to be working really very well. So well in fact that they have expanded to other hospitals and are now looking for a home for their catalogue (hopefully the VHT).

Other possible incentives

- Earn medical training points by participation in VHT projects (data annotation etc)
- Earn career advancement points in the hospital by participating in VHT projects (this seems to be a practice in certain countries, you need to earn points to advance in your career)
- Integrate the models into the hospital IT system so the overhead becomes minimal
- Include the data annotation/model use in standardized clinical workflows