<table>
<thead>
<tr>
<th>Index</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>3</td>
</tr>
<tr>
<td>Fundació TIC Salut Social 2013-2017 Strategic Plan</td>
<td>4</td>
</tr>
<tr>
<td>Leaders in the management of demand</td>
<td>6</td>
</tr>
<tr>
<td>Leaders in normalization and interoperability</td>
<td>8</td>
</tr>
<tr>
<td>Leaders as an observatory of applied innovation in ICT</td>
<td>10</td>
</tr>
<tr>
<td>Encourage, facilitate and enable innovation projects</td>
<td>12</td>
</tr>
<tr>
<td>Boost the internationalisation of ICT in healthcare</td>
<td>16</td>
</tr>
<tr>
<td>Enhance the management and transfer of knowledge</td>
<td>18</td>
</tr>
<tr>
<td>Ensure sustainability</td>
<td>20</td>
</tr>
<tr>
<td>TIC Salut Social, a transformational organization</td>
<td>22</td>
</tr>
</tbody>
</table>
2017 saw the end of a plan of action begun in 2013, meaning we are starting to look ahead to the 2018-2022 Plan. This will be the first to include the social aspect together with health from the start. For the Fundació TIC Salut Social, 2017 was the year we ventured into the arena of social health. This was exemplified by the success of projects such as Intersocial, initiated in 2016, which has continued over the past year; our participation in initiatives such as those headed by the Taula d’Entitats del Tercer Sector Social de Catalunya (The Association of Voluntary Sector Organisations of Catalonia), collaborating in the publication of the Digital Accessibility Guide, part of the m4Social project, and, finally, the presentation of the Trends Report. For the first year, this includes the views of those in charge of IT systems in the basic social services areas with a 35% response-rate, a positive level of participation that has encouraged us to continue working in this area. The latest Trend Report has revealed another significant fact: most of the providers surveyed (80%) recognize the potential benefits of using mobile technology. As a result, last October we started a pilot project involving the prescription of apps by primary healthcare centres, with an app accreditation model within the health and social environment in order to be able to guarantee the use of trusted apps to improve the state of health and well-being of users (both patients and professionals). The results have been very positive - though naturally we will be addressing areas for improvement - and the model is being analysed with a view to it making it part of the Catalan healthcare system’s technological strategy.

2017 was also the year in which the Digital Patient Experience Project (DPaX) reached maturity. It began as a requirement of the 2016-2020 Health Plan: the digital transformation of the healthcare system. We have analysed the various processes which are highly prevalent in health environments, including the stakeholders that participate in the process, and we have taken patients into consideration from the very start of the design process in order to learn their needs and expectations and, thus be able to create technological tools that make life easier for both patients and professionals. In this respect, the fact that we include patients as part of the health team is key and we believe that it will produce excellent results.

Finally, in 2018 we will address what are known as digital therapies, technologies that help patients and healthcare professionals. Two exciting examples are Virtual Reality and Augmented Reality. We will explore the application of artificial intelligence in health and social care contexts, as well as the use of 5G as a technology which can be used to develop innovative projects following 4.0 models, while improving the acquisition of knowledge, experiences, awareness raising and so on. In short, we shall continue exploring the world of digital health in order to better be able to interpret and spread such knowledge in a standardized way. The creation of the TIC Salut Social Observatory will be key to this endeavour.
Mission
To enable the transformation of the health and social care model through ICT.

Vision
To become leaders in the health and social sector, driving innovation in the use of ICT as a tool for the transformation of healthcare models.

Values
- Flexibility and collaboration
- Transparency
- Sustainability
- Commitment to the health and social sector
- Innovation
- Global and local
- Enthusiasm
- Autonomous management

<table>
<thead>
<tr>
<th>Leaders in the management of demand</th>
<th>Leaders in normalization and interoperability</th>
<th>Leaders as an observatory of applied innovation in ICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>We wish to act as facilitators in the transformation of the Catalan health model by creating synergies between health, technological and knowledge entities. A catalyst which is able to identify the demands of the sector and turn them into products in order that health is more proactive, user-friendly and sustainable.</td>
<td>We are committed to a national network that allows for the integration of information between the numerous IT systems used by healthcare providers, from clinical data to administrative functions. In order to achieve interoperability of systems and agents, we will focus on the development and deployment of ICT health standards.</td>
<td>We periodically review the use of ICT in Catalan health institutions, seeing how we compare with the rest of the world and orienting them towards international trends in the future.</td>
</tr>
<tr>
<td>To record, identify, formalize and categorise the ICT sector’s needs and opportunities.</td>
<td>Develop and offer a catalogue of companies who offer accredited developments.</td>
<td>Highlight and raise the profile of the current state and trends in health and social ICT.</td>
</tr>
<tr>
<td>Undertake the role of facilitator between supply and demand on behalf of healthcare providers, social providers and businesses.</td>
<td>Provide services to integrate providers’ systems.</td>
<td>Identify, raise the profile and promote best practices.</td>
</tr>
<tr>
<td>Develop a dynamic portal of business innovations for the health sector and social providers.</td>
<td>Define and develop common interoperability model.</td>
<td>Take steps to align ICT strategies.</td>
</tr>
<tr>
<td>Validate the use of standards.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Encourage, facilitate and enable innovation projects
We encourage innovation projects, identify needs and opportunities, promote networking to increase equity across the territory and participate in the most innovative European eHealth projects.

**We collaborate in the different phases of projects (initiating contact/design/coordination/evaluation).**

**We offer services related to the Business Advisory Board's innovation projects.**

**Competitive projects.**

### Boost the internationalisation of ICT in healthcare
We participate in the development of trends, projects and new tools that will decide the future of ICT in healthcare in Europe and round the world. We actively participate in numerous networks and international alliances to publicise the work being done in Catalonia, understand what is happening in the world in the field of ICT and healthcare, and adopt good practices while simultaneously encouraging and disseminating our healthcare model and the technological instruments which we employ.

**Encourage events in keeping with the Department of Health’s strategy.**

### Enhance the management and transfer of knowledge
We actively collaborate with universities on professional development, the creation of shared knowledge, the training of new professionals, the updating of knowledge and adaptation to new technological environments.

**We participate in and encourage training in normalization and Interoperability.**

**Identify, facilitate and standardise university training courses.**

**Develop a marketplace for ICT training courses.**

**Encourage knowledge transfer. Carry out ICT training in the field of health and social care.**

### Ensure sustainability
Having a business plan is a priority that is even more important in this new era. The plan implies creating a culture of measuring the objectives of each functional area and of strict financial control.

**Continue progressively consolidating external sources of financing.**

**Safeguard the Foundation’s sustainability with the evaluation of its services and the search for resources.**

**Employ analytical accounting to projects.**

**Develop the contract program with the Health Quality and Evaluation Agency, establishing the portfolio of services and, annually, the commissions and the financing.**
We wish to act as facilitators in the transformation of the Catalan health model by creating synergies between health, technological and knowledge entities. A catalyst which is able to identify the demands of the sector and turn them into products in order that health is more proactive, user-friendly and sustainable.

The Fundació TIC Salut Social, a body created by the government of Catalonia, initiated its Trends Report on ICT in health and social care at the behest of the Ministry of Health. This year, in addition to the participation of providers which are part of the Integrated Public Health System of Catalonia (SISCAT) –which in 2017 achieved a 90% response rate–, the project is open to the participation of basic social service providers, with a 35% response rate. The Trends Report has become a key document within the sector. Its purpose is to determine the extent of and use of ICT by the Catalan public health system’s providers. This year, the Report will also gather data from basic social service providers. The last Trends Report meeting, held on 15 December 2017, was attended by more than 215 individuals associated with the sector. There has been a notable increase in the connections to the shared medical history (HC3) with the new areas of dialysis and rehabilitation. There has also been an increase in the publication of structured data and an improvement in the generation of alerts from clinical workstations. Meanwhile, the connection between social services and HC3 has occurred with pilot projects in three Primary Care Centres and two social service centres belonging to Barcelona City Council. La Meva Salut [My Health] continues to be used as the
basic tool for patient health care, with an increase of in the number of times it has been accessed. With some 400,000 members of the public registered on the system, in 2017 the portal was accessed an average of 20,000 times a month, 30% of which represent newly-registered individuals. SISCAT’s providers all agree on the need to improve services such as suggestions and/or complaints, personalised recommendations, notifications of clinical results and the prescription of our own apps or those produced by third parties. Also of note is the high levels of participation and interest in the Trends Report Meeting on the web, with more than 1.4 million views, resulting in more than 650 tweets and 190 users who made use of the hashtag #MapaTICSS.
We are committed to a national network that allows for information to be integrated between the various IT systems, from healthcare suppliers to clinical data to management. We focus on the development and deployment of ICT standards for healthcare, in order to achieve interoperability between systems and agents.

**The Interoperability Area**

The Fundació TIC Salut Social’s Interoperability Area works to guarantee the interoperability of systems and devices which form part of the Integrated Public Health System of Catalonia (SISCAT), defining and encouraging reference standards in various areas. The ultimate goal of the area is to ensure that medical staff have the relevant patient information, which requires the creation of a coherent exchange of information between the provider centres, even if they operate at different healthcare levels.

In 2017, the Interoperability Area continued to provide widespread support to HC3, IS3 and CMBD projects in the review of technical requirements, the definition of controlled vocabularies and the development of tools such as the terminology server.

**Accreditations**

In the field of accreditations, which are based on Continua Alliance (PCHA) guidelines the most significant change in 2017 was the creation of a new Accreditation Area, a domain for glucometers, intended to accredit the interoperability of these devices according to ISO/IEEE standard Std 11073-10417: Devices Specialization – Glucose Meter. In 2017 two glucometers were accredited: the Contour Next One via Bluetooth and the Accu-Chek Aviva Connect also via Bluetooth.

**Syntactic Interoperability**

**WiFIS**

In 2017 the latest version of the WiFIS protocol became available: 2.0.2. The principal changes are:

- Various field formats are standardised, such as the “Data” type, now with 14 positions, or the elimination of the second repetition of the PID.11 field.

- Several tables of the “Annex II - Tables and controlled vocabularies” document have been updated and new ones have been created with new tabulated values:
  - the ET 99EME table to indicate the “Emerging” priority
  - the ET 99 LOC table to indicate the localities codes instead of using the municipalities codes as before with the ET-99MUN table.

- New paragraphs have been updated and added to documents, such as:
  - Annex II - Controlled tables and Vocabularies,
  - Test derivations process

- New catalogues have been added to the documentation catalogues folder.

Definitions for new domains have also been made available, such as:

- The elaboration of a new laboratory domain. This defines what information can travel between the various participants and circuits.
• Medical Emergency Service (SEM), for the communication of non-emergency transport.
• Intermediate product to request a referral with an authorization number provided by the petitioner to generate an invoice once the request has been fulfilled.
• Definition of the new PCC/MACA case of marking proposals for the warning notifications domain.

Semantic Interoperability

Intersocial
2017 began with the preparation of the second part of the project, Intersocial 2, which will focus on a use case of mental health and broadening the scope of the project to include social resources. The diffusion of the Intersocial Project has continued, including presentations in four national congresses, one Spanish and three international. It is worth noting the talks initiated with SNOMED International (IHTSDO) to create a group with a social dimension within the organization.

Clinical iHealth Dictionary
In 2017 the domains related to the laboratory, provisions and types of documents were updated. Of note is the creation of the new domain with a surgical sheet, which details the information which is required in such a document in order to structure the procedures using CIM10-MC/SCP. Currently, work is being carried out on the information which ought to be contained in a register of surgical activity. In 2017 work continued on translating dictionary domains into Catalan. February saw the publication of three domains: immunizations, provisions and clinical variables.

SNOMED CT
Catalan extension
At the end of February 2017 the 7th version of the Catalan extension of SNOMED CT was published, which included the new information relating to the Clinical Dictionary for iHealth and intersocial. In the latest version of the extension, 98 new concepts were created, making a current total of 2,747 concepts which complement the international versions.

Conferences and Training
An article was published in 2017 in the Journal of Biomedical Informatics regarding the SNOMED CT subset of pathological anatomy, as part of the Oncology Master Plan and Shared Clinical History of Catalonia. A one-day workshop was also held on the SNOMED CT standard called SNOMED CT: Experiences and New Challenges in Catalonia, which was attended by more than one hundred professionals. In addition, fourteen papers on controlled vocabularies and semantics were presented at conferences, four of them at international events and two at universities.
We periodically review the use of ICT in Catalan health institutions, seeing how we compare with the rest of the world and orienting them towards international trends in the future.

The mHealth Area

The mHealth Area was born out of the Mobile Technology Master Plan, a project backed by the Ministry of Health and the Ministry of Work, Social Affairs and Families and the Fundació TIC Salut Social with the collaboration of the Barcelona Mobile World Capital Foundation. The intention is to establish a common frame of reference which includes the ministries’ mobile technology strategies providing a comprehensive view of the influence of mobile technology in the prevention and promotion of health and social care, while also providing solutions and services through mobile systems and with the primary objective of improving and personalizing people’s health and wellbeing. To this end, mHealth brings healthcare and social services to the public by employing mobile technology such as smartphones, tablets and laptops, tools which function in an efficient, personalized manner.

The following services are offered:

• Raising the profile of health and social welfare apps by means of the Observatory.
• Providing accreditation for health and health social welfare apps.
• Managing the AppSalut Web.
• Creating guides and standards as tools for supporting development strategies in the field of mHealth.
• Identifying and publicising trends, initiatives and international strategies relating to mHealth.
• Finding competitive resources to develop mobile projects.
• Identify business models in sustainable mHealth.

AppSalut Web

The AppSalut Web is a showcase of mobile apps in health and social welfare sector which have passed a quality accreditation process that establishes a safe and trusted environment in which they can be used.

The accreditation process has been created by professionals from the sector, patients and experts in usability and technology. The library of applications is totally free, both for iOS and Android devices.

A unique factor for the platform is the possibility for professionals to recommend the use of accredited applications to users. This makes it easier to use new technologies for the monitoring and prevention of illnesses and social problems. In addition, the data generated through the use of the apps can be viewed by professionals and added to the patient’s medical history, as long as they give their authorization, by means of the of Digital Health Platform.

This year saw the completion of the first pilot project conducted in four centres in Catalonia to test the acceptance of the technology and the usability of the platform and the AppSalut Web. 150 end-users took part, both doctors and
patients. Some of the project’s conclusions are included on the following page.

In relation to the specific objectives, the execution of the pilot phase has determined that, in spite of certain minor incidents, the platform works on a continual basis. In terms of its acceptability, it was observed that it is generally usable, though in terms of the user experience certain critical points were identified which show room for improvement, and it has been possible to confirm that the data travels through the system in the appropriate manner, in accordance with international standards. Finally, the entire system was tested in a controlled environment with real users: apps were recommended by a doctor, the patient accessed the recommendation via the My Health website and subsequently downloaded the app from an official app store, with the patient connecting with the platform through the app, the data was generated and then viewed by the doctor using the eCAP [ePrimary Healthcare Centre] allowing them to ultimately approve the data.

**Accreditation of mobile applications**

In 2017, a total of seven apps were submitted to the accreditation process:
- One app successfully passed the process, once it had implemented the changes suggested by the experts
- Five apps are in the review stage, implementing the changes which were suggested
- For one app, it was suggested there was a need to intensify the development phase before proposing other technical changes which will ensure it can be accredited.

### Seven apps submitted to the accreditation process

<table>
<thead>
<tr>
<th>App</th>
<th>Accreditation Report</th>
<th>Amendments by the developer</th>
<th>Pending change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ExpertSalut</td>
<td>Completed</td>
<td>Yes, reviewed</td>
<td>Changes will be implemented at the start of 2018</td>
</tr>
<tr>
<td>061 CatSalut Respon</td>
<td>Completed</td>
<td>Yes, reviewed</td>
<td>Changes will be implemented at the start of 2018</td>
</tr>
<tr>
<td>iVacunes</td>
<td>Completed</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Infermera Virtual</td>
<td>Completed</td>
<td>Yes, reviewed and changes enacted</td>
<td>App has been accredited</td>
</tr>
<tr>
<td>Sideal</td>
<td>Completed</td>
<td>None</td>
<td>Changes will be implemented at the start of 2018</td>
</tr>
<tr>
<td>Asmaprocare</td>
<td>Completed</td>
<td>None</td>
<td>Changes will be implemented at the start of 2018</td>
</tr>
<tr>
<td>+Approp</td>
<td>Completed</td>
<td>App in the development phase, pending new developments</td>
<td>No changes expected</td>
</tr>
</tbody>
</table>
Encourage, facilitate and enable innovation projects

2013-2017 Strategic Plan

We encourage innovation projects, identify needs and opportunities, promote networking to increase equity across the territory and participate in the most innovative European eHealth projects.

Completed Projects

m-RESIST

The project’s objective was to develop and test an eHealth system aimed at patients with resistant schizophrenia, for improved treatment and follow-up of the condition by means of active participation on behalf of patients, doctors and caregivers.

The conclusions demonstrate the positive impact of new therapeutic interventions based on the use of mobile technologies. The acceptability and efficacy of interventions and the tools which have been developed have been confirmed by the positive results of pilot studies and the users’ commitment.

Areas for improvement have been identified, largely related to the use of technology and the need to obtain more patient feedback on the system.

PIDaaS

The main objective in this instance was to develop a biometric authentication platform for the management of digital identities through the means of personal data such as voice and facial recognition.

The usability of this type of authentication to patient access to the Cat@Salut My Health web was evaluated by means of pilot studies conducted in Catalonia. The results suggest that access to My Health needs to be simplified and aspects of the usability of the Biometric access also need to be improved to make it suitable for the whole population.

TELES

TELES is intended to meet the challenge of providing a world-class model that provides tools to define the implantation of telemonitoring platforms within SISCAT [the Integrated Public Health System of Catalonia].

The project analysed the telemonitoring platform market employed by SISCAT, while defining an analytical model to evaluate their suitability. A common reference model has been proposed to establish a framework and to enable the Ministry of Health and healthcare providers to progressively introduce TELES services that meet certain minimum criteria of conformity to the system.

RACSEL

The Red Americana de Cooperación sobre Salud Electrónica [Americas Project on eHealth Cooperation] (RACSEL) is an initiative driven by several regions in South America, the Fundació TIC Salut Social and IN2 with the aim of defining the regulatory and institutional framework, the terminology, standards and reference architecture for the implantation of Electronic Clinical Histories (HCE), with information shared between Colombia, Peru, Uruguay, Chile and Costa Rica.
The Fundació TIC Salut Social participated in the project by leading the work of formulating a regulatory framework and technical and semantic (terminology), standards in collaboration with the IN2 company.

Virtual courses on medical information standards were held during the final phase of the project, (one for each module), to train members of the ICT ministries of countries which participate in RACSEL. The average attendance was twenty on every course. The Fundació TIC Salut Social completed the activities relating to this project in January 2018.

RACSEL was a consulting project based on collaboration, dialogue and the exchange of knowledge and experiences on HC3 interoperability.

### Current Projects

**NEXTCARE**

The NEXTCARE Project consists of developing innovation based on the offer of health services. It has three main objectives and will last for three years:

- The regional deployment of integrated care services for the chronically ill with a personalized healthcare approach
- The development of a bank of tests with international support for the application of ICT to new services which generate value in the Catalan health system.
- The development and monetization of new products and services that have a high level of transferability to other health systems and which contribute to strengthening Catalonia’s industrial fabric.

- 2017 saw the end of the first year in the development of the GMA tool for the prediction of risks, including socioeconomic factors. Work has begun on the development of a technological platform with a preparation service and the standardization of forced spirometry, improving it with respect to HC3.

**TRILLIUM II**

The consortium which participates in this project is committed to creating a global community for innovation in digital health, expanding the adoption of patient summaries all over the world for the benefit of the individuals concerned. The aim is to create an international standard for patient summaries which allows access to and the sharing of patient health information in cases of emergency and unplanned treatment anywhere in the world, beginning with immunizations, allergies, medications, and clinical problems and procedures.

The Fundació TIC Salut Social has defined the FHIR resources necessary to resolve the problems and procedures relating to the process.

**AGORA VR**

PSIOUS, the Fundació Institut Mar d’Investigacions Mèdiques (FIMIM) -Parc de Salut MAR and the Fundació TIC Salut Social initiated the AGORA VR project intended to improve agoraphobic anxiety disorders through the application of virtual reality. The pilot stage will begin in 2018 in eight mental health centres in Catalonia which will mean the effectiveness and efficiency of this new treatment can be evaluated.
eCAP ERGO

eCAP ERGO proposes the structured analysis and evaluation of the usability, the design and ergonomics of the eCAP from the users’ perspective. The working group was created in 2017, defining its working practices.

DPaX Line

Digital Patient Experience (DPaX) is a line of work based on the identification of technological solutions for the treatment of chronic diseases. The project consists of two distinct phases. The first analyses the patients’ unfulfilled needs: defining a use case, identifying the current patient journey and, proposing new technological solutions as a result of the needs detected. The second phase consists of the development, piloting and evaluation of the technological solutions with a view to the subsequent scalability of the results.

In 2017, the Fundació TIC Salut Social initiated three different projects:

- **Diacare**: involves type II diabetes. At the end of Phase I, 21 unresolved needs were detected, which were grouped together in order to be tested in Phase II through the application of a possible technological solution.
- **Empoc**: deals with the treatment of Chronic Obstructive Pulmonary Disease (COPD). Once phase I ended, 23 areas were detected (which have been divided into three groups) for the improvement of the treatment and the evaluation of the proposed technological solution.
- **Strack**: addresses the follow-up of patients who have suffered a stroke. The project has been submitted to an innovative form of public purchasing by the RIS3CAT community. The outcome is currently pending.

8. Scaling up the project

1. Use case
2. Patient Journey and Process Map

3. Definition of needs

4. Definition of solutions

5. Development of solutions

6. Testing of solutions

7. Evaluation of the results
The Fundació TIC Salut Social has participated in numerous international activities together with the following EU institutions, international networks and institutional relations:

**European Commission**
We participate in the mHealth Guidelines working group, dedicated to the preparation and elaboration of guidelines for the accreditation of mobile technology and health tools. We also participate in the subgroup of mHealth experts charged with defining the current state of mobile technology within the framework of health and contributing to the definition future strategic priorities.

**European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)**
The Fundació TIC Salut Social actively participates in the A1-Adherence to Prescription and B3-Integrated Care working groups. The Foundation serves as Catalonia’s representative as a reference site in the EIP framework on AHA.

**Healthcare Information Management System Society (HIMSS)**
We conduct work in support the HIMSS’ activities in Catalonia and cooperation in the preparation of international congresses.

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2013-2017 Strategic Plan
We participate in the development of trends, projects and new tools that will decide the future of ICT in healthcare in Europe and round the world. We actively participate in numerous networks and international alliances to publicise the work being done in Catalonia, understand what is happening in the world in the field of ICT and healthcare, and adopt good practices while simultaneously encouraging and disseminating our healthcare model and the technological instruments which we employ.

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Boost the internationalisation of ICT in healthcare
European Health Telematics Association (EHTEL)
We participate in the preparation of the innovation model of services elaborated by EHTEL and contribute as a territorial expert in the EHTEL network’s international cooperation efforts.

International Foundation for Integrated Care (IFIC)
We actively participate in international congresses, training days and online seminars organized by the IFIC Foundation.

Digital Health Society
The Digital Health Society (DHS), created during Estonia’s presidency of The European Union in 2017, is a community of organizations, member states, regional governments, providers, health professionals, SMEs and new larger businesses, research organisations, patients’ groups, insurers, mutual funds, NGOs, etc. Over 200 organizations, including the ICT Health Foundation Social, joined the DHS in 2017 and will continue in 2018.

European Connected Health Alliance (ECHAlliance)
The ECHAlliance was created to facilitate international connections of multiple interests around ecosystems and to drive change and sustainable disruption in the delivery of health and social care. The members of the ECHAlliance, with direct presence in over 40 countries, including the United States, Canada, China and European countries, develop innovative solutions on mobile technology in health, chronic illnesses, active and healthy aging, the Internet of Things, wearables, personalized medicine, genomics and Big Data. Our wide impact can be seen on www.echalliance.com.

Scotland’s Telecare and Telehealth Service (NHS 24)
Signature and tracking of the Memorandum of Understanding with NHS24 Scotland/The Scottish Centre for Telehealth and Telecare aimed at the exchange of experiences and the generation of cooperative actions within the framework of integrated care and digital transformation.
We actively collaborate with universities on professional development, the creation of shared knowledge, the training of new professionals, the updating of knowledge and adaptation to new technological environments.

**The TIC Salut Social R&D Workshops 2017**

235 people took part in the 7th TIC Salut Social Workshops, held in Vic on September 28th. Conversations were maintained throughout the morning, with round table debates and the presentation of experiences. The seventh year focused on how people are influenced by their senses. The eighth edition will be held in Vic on September 27th and 28th 2018. It will broaden the debate as to how to humanize technology and how people can humanize technology.

**mConnectathon**

The mConnectathon on ICT, Social Health was held on June 16th, 2017 in order to test, in a controlled, safe environment, connectivity and interoperability with the Digital Health Platform. Throughout the 10-hour day, the participants faced the challenge of integrating in situ the apps they had previously developed on the future Digital Health Platform, using the SDK code provided by the organization minutes before the start.

85% of the apps which participated in the mConnectathon succeeded in meeting the challenge of integrating with the AppSalut Web.

Notable statistics:
- 18 participating applications.
- 141 attendees.
- 12 apps successfully integrated.
- 10 communication capsules presented.
- 20 mentors involved.
Conscious of the importance of communicating, listening and keeping up to date with the latest news, the Fundació TIC Salut Social dedicates part of its efforts to building a dialogue between the institutions and the various agents in the sector. We ensure there is a two-way conversation between people and users, which is transparent and accessible to information and knowledge, serving as the foundation of our work. The Foundation continued to work in this area in 2017, publicizing its activities via the following media and platforms, among others.

**FLASHTICSS**

The Fundació TIC Salut Social’s monthly bulletin deals with issues related to innovation, technology and health. It had 8,475 subscribers by the end of 2017, 600 more than the previous year. In 2017 11 new editions of the bulletin were published (97 to 108), consisting of articles, events, interviews, standards, a video of the month and useful links.

**Social Media**

The Foundation is keenly aware of the importance of online communication and actively maintains a presence on the following sites:

- **Twitter:**
  - 10,200 followers

- **Facebook:**
  - 800 followers

- **Linkedin:**
  - 720 followers

- **Vimeo:**
  - 392 videos

(data from December 2017)

**Notable Conferences**

In 2017, the Foundation organized various conferences related to ICT and Social Health with the aim of raising awareness of new trends in ICT, the research projects conducted by the Foundation and new initiatives originating in our territory, in order to promote innovation in the use of ICT as an instrument for the transformation of the existing healthcare model. The following are notable examples:

- eHealth Conference: European Vision, Local Solutions (February 17, 2017)
- Healthio (May 3-5, 2017)
- eHealth Week Malta (May 10-12, 2017)
- Snomed CT Day (June 8, 2017)
- mConnectathon (June 16, 2017)
- xPatient Barcelona (September 14, 2017)
- ICT R&D&I Social Health Days (September 28, 2017)
- Health in Digital Society, Estonia (October 16-18, 2017)
- Digital Health Congress, Athens (October 18-20, 2017)
- eHealth Congress, Madrid (November 30, 2017)
- ECHAlliance Annual Meeting (December 7, 2017)
Having a business plan is a priority that is even more important in this new era. The plan implies creating a culture of measuring the objectives of each functional area and of strict financial control.

### Accounts

#### Income Statement

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Assets as of 31/12/2017</th>
<th>Assets as of 31/12/2016</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 3 Own income</strong></td>
<td>351,785.25</td>
<td>367,339.57</td>
<td>-15,554.32</td>
</tr>
<tr>
<td><strong>Section 4 Current subsidies from the Ministry of Health’s Competitive EU Projects</strong></td>
<td>1,313,200.00</td>
<td>1,231,200.00</td>
<td>82,000.00</td>
</tr>
<tr>
<td></td>
<td>101,796.61</td>
<td>723,399.77</td>
<td>-621,603.16</td>
</tr>
<tr>
<td><strong>Section 5 Income from assets</strong></td>
<td>382.66</td>
<td>1,625.12</td>
<td>-1,242.46</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>1,767,164.52</td>
<td>2,323,564.46</td>
<td>-556,399.94</td>
</tr>
</tbody>
</table>

#### Expenditure Statement

<table>
<thead>
<tr>
<th>Type of expenditure</th>
<th>Liabilities as of 31/12/2017</th>
<th>Liabilities as of 31/12/2016</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1 Personal Expenses</strong></td>
<td>1,240,140.95</td>
<td>1,129,577.44</td>
<td>110,563.51</td>
</tr>
<tr>
<td><strong>Section 2 Current goods and services</strong></td>
<td>767,471.03</td>
<td>779,073.11</td>
<td>-11,602.08</td>
</tr>
<tr>
<td><strong>Section 6 Investments</strong></td>
<td>3,722.69</td>
<td>7,140.36</td>
<td>-3,417.67</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>2,011,334.67</td>
<td>1,915,790.91</td>
<td>95,543.76</td>
</tr>
</tbody>
</table>

### Economic sustainability

In keeping with its work in other years, the Foundation has continued to seek external sources of financing, which is shown by the share of its income in terms of European Union subsidies which it obtained in 2016 and has been spending in 2017. These revenues come basically from competitive projects in ICT.
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Pol Pérez Sust, spokesperson

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Scientific Advisory Board

The Scientific Advisory Board (CAC) is an important, open consultative body made up of independent experts who come from different academic disciplines. Its function is to advise the Fundació TIC Salut Social’s Board of Trustees and guide it in the development of strategies to expand the use of ICT with a forward-thinking, global perspective.

A new Scientific Advisory Board was created in 2014, consisting of 37 members with a proven track record in the field of ICT. The changes in the board’s structure came as a direct result of the new stage begun by the Fundació TIC Salut Social as part of its 2013-2017 Strategic Plan.

The following members of the Scientific Advisory Board:

Marta Aymerich (UOC)
Joan Bigorra (Hospital Clínic de Barcelona and UPF)
Carmen Cabezas (ASPCat, Department of Health)
Esther Cabrera (Escola Superior en Ciències de la Salut del TecnoCampus Mataró-Maresme)
Pere Clavé (Consorti Sanitari del Maresme)
Sílvia Cordomí (Atenció Primària de Barcelona Ciutat de l’Institut Català de la Salut)
Joan Cornet (Mobile World Capital)
Jordi Casanovas (EAP Vic)
Carles Domínguez (Institut Català de la Salut)
Lluís Donoso (Hospital Clínic de Barcelona)
Jordi Escalé (Centre de Telecomunicacions i Tecnologies de la Informació de la Generalitat de Catalunya)
Gisel Fontanet (Col·legi Oficial d’Infermeres i Infermers de Barcelona)
Jordi Graells (Direcció General d’Atenció Ciutadana i Difusió, Departament de la Presidència de la Generalitat de Catalunya)
Àlex Guarga (CatSalut)
Núria Gutiérrez (Equip de Gestió de la Cronicitat del SAP Baix Llobregat Centre)
Sergio Jerez (Mobile eGovernment & Data, Ajuntament de Barcelona)
Irene Jiménez (Hospital Universitari Germans Trias i Pujol)
Jorge Juan (Hospital Sant Joan de Déu)
Albert Ledesma (Programa interdepartamental d’atenció i interacció social i sanitària, Departament de la Presidència de la Generalitat de Catalunya)
Josep Mañach (Consorti Sanitari del Maresme)
Marta Otero (Universitat de VicUniversitat Central de Catalunya: UVic-UCC)
Glòria Palomar (Xarxa d’Entitats Gestores de la Recerca Clínica i Biomèdica)
Salvador Pallejà (Hospital de Tortosa Verge de la Cinta)
Pol Pérez (Institut Català de la Salut)
Francesc Pla (Col·legi de Farmacèutics de Barcelona)
Genís Roca (RocaSalvatella)
Josep Roca (Institut Clínic del Tòrax de l’Hospital Clínic de Barcelona)
Dolors Ruisí (Departament de Benestar i Família de la Generalitat de Catalunya)
Josep Samitier (Institut de Bioenginyeria de Catalunya)
Mireia Sans (Unitat de Gestió I’Hospitalet Nord, ICS: EAP Florida Nord, Florida Sud i Pubilla Cases)
Ferran Sanz (Universitat Pompeu Fabra)
Ester Sarquella (Comitè Operatiu del Pla interdepartamental d’atenció i interacció social i sanitària de la Generalitat de Catalunya)
Núria Serra (Institut de Diagnòstic per la Imatge)
Marta Trayner (Sistema d’Emergències Mèdiques de Catalunya)
Josep Valor (IESE)
Montserrat Vendrell (Biocat)
David Vidal (Hospital Clínic de Barcelona)

Business Advisory Board

The Fundació TIC Salut Social’s Business Advisory Board (CAE) was created at the end of 2007. It serves as the advisory and participating body of the companies which collaborate with the Fundació TIC Salut Social. It is made up of 156 leading companies in the sector which, in accordance with the criteria established by the Board of Trustees and its own internal regulations, voluntarily collaborate with the Foundation’s objectives in the development of ICT and networking in the Catalan healthcare and social services system.

Patient Advisory Board of Catalonia

The Fundació TIC Salut Social has participated in the Patient Advisory Board of Catalonia since April 2014 by assisting its ICT department. The board represents various patient advisory bodies when dealing with the Catalan government, allowing patients to have direct representation in proposing issues they consider relevant and by allowing for their active participation in the development of the Department of Health’s healthcare policies.
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