

SmartLife



Smart Clothing Gamification to promote Energy-related Behaviours among Adolescents

ICT4LIFE Final Conference

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NUROGAMES



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Dr. Holger Sprengel – Founder & Chairman

- Co-founder Nurogames / Nuromedia in 2006.
- Co-Founder of plan_b media AG Cologne (founded in 2000. Trade-sale exit in 2005).
- Serial entrepreneur. Broad experience in interational media, games, media business
- MBA / LLM (PhD)



Jens Piesk – Founder & CEO

- Founder Nurogames / Nuromedia GmbH in 2006.
- Co-Founder of plan_b media AG Cologne (founded in 2000. Trade-sale exit in 2005).
- Co-Founder and MD of Research Institute of Media Academy Cologne.
- Master in Business Engineering (Dipl.-Wirt-Ing.).

Different organisations:

- Laboratory for Mixed Realities ('99 – '09)
 - Institut der Kunsthochschule für Medien Köln
- plan_b media AG ('00 – '05)
 - J2ME / Mobile Games
 - Mobile Content
- Nurogames GmbH (since '06)
 - Nintendo DS/Wii Games
 - iOS / Android Games

EU framework programmes FP 5, FP 6, FP 7, H2020

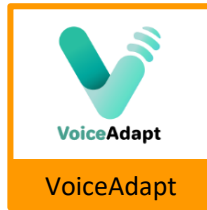
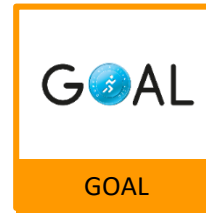


More than 18 years of experience



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Ongoing research and innovation projects





eHealth Research



The aim of the SmartLife project is to provide adolescents with a tailored, evidence-based and engaging gamification tool to promote physical activity, fitness and reduce sedentary behaviour by using feedback from smart textiles.



GOAL is a H2020 EC project that will deliver a platform to foster an ecosystem of games and applications that help people stay motivated to lead socially engaged, physically and cognitively active lifestyles. GOAL facilitates behavioural change through numerous apps that contribute to active living by introducing rewards that can be earned upon reaching goals and redeemed in other apps..



SmartSenior is an interactive training system for the prevention of falls for older people. SmartSenior uses a feedback system for motivation and correction of the trainee and the security model for the transmission of movement data to an assisting physical therapist.



PATHway proposes a novel approach to Cardiac Rehabilitation that will ensure a shift towards empowering patients to more effectively self-manage their Cardiovascular Disease, set within a collaborative care context with health professionals.



The VoiceAdapt project aims to empower elderly people with aphasia (PwA) by means of improving their communication capabilities and their daily communicative activity to attain greater levels of long-term recovery. To this end, the consortium applies innovative speech-sensitive technology to application-based support & training of PwA in order to develop a system that detects and adapts to spoken language deficiencies as typical signs and symptoms of aphasia.



Aim of the RehaInteract project is to develop a 3D movement therapy for the home environment with a modular interaction system suitable for rehabilitation for the clinical and domestic environment.



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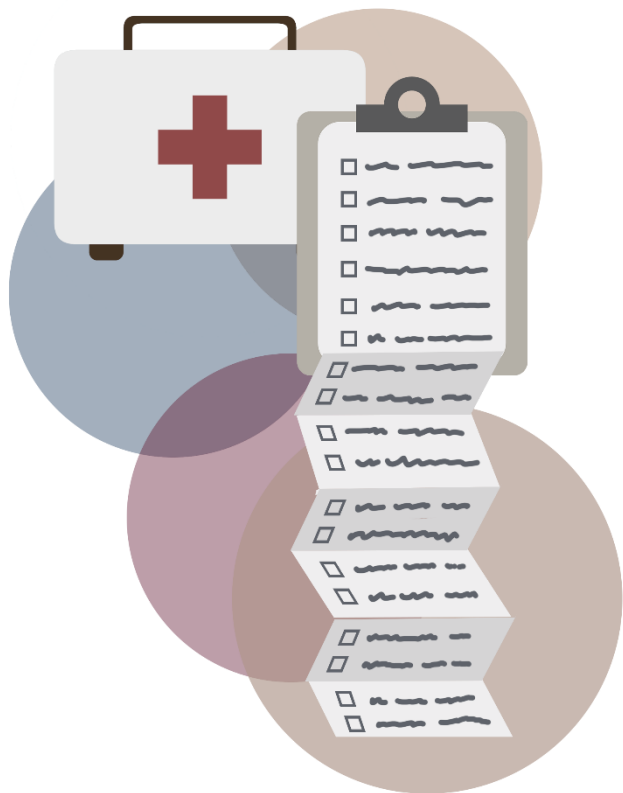
eHealth
solutions foster



widespread
deployment is held
back:

- coherent and ubiquitous delivery of healthcare services in EU
- Improve the efficiency and efficacy (cross-national as well)
- Delivery any time at any location
- Reduce the costs of prevention, treatment, rehabilitation
- Foster new cross-domain market opportunities

- Still the lack of broadband communication networks
- High costs
- Relative unavailability of ICT at premises
- Lack of universally accepted practices and protocols (also applies to security)
- Not enough political conviction
- Resistance from healthcare professional bodies and end-users

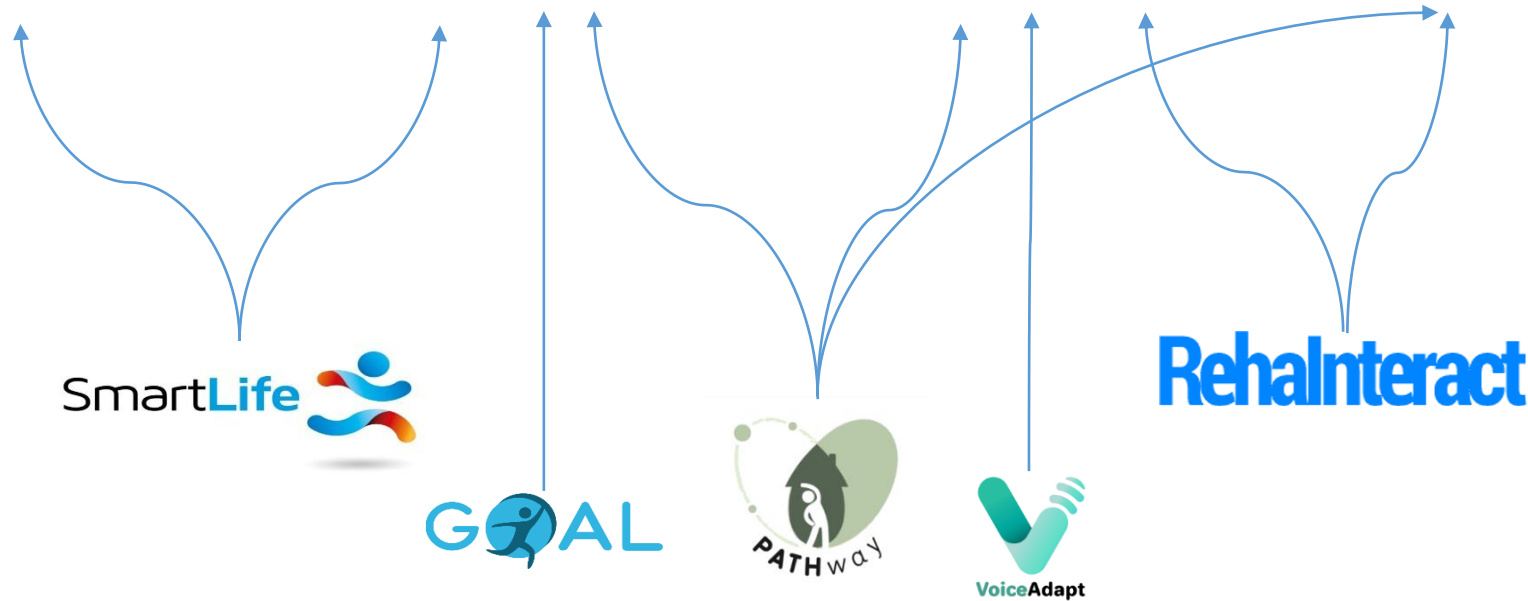
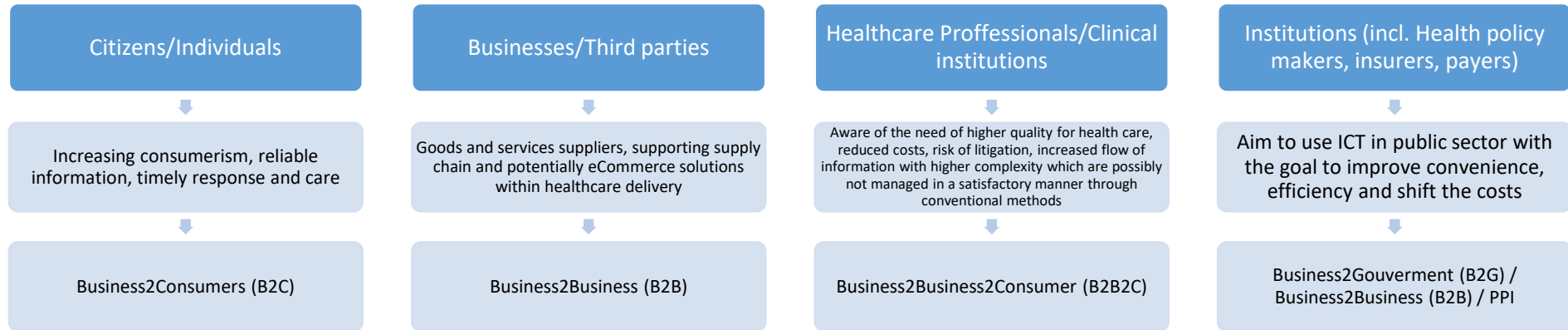


- Dispersed and compartmentalized sector (ambulatory care, hospital care, prescriptions, rehabilitation centers)
- Lack of outcomes-oriented reimbursement for healthcare provision
- Rather complicated financing and reimbursement mechanisms across EU
- Ambiguous conditions for health insurance coverage
- Lack of competition between insurers and healthcare providers

Country	Type of private coverage available	Voluntary or mandatory insurance	% of pop. with private health insurance*	Predominant system of financing the Health Care System	Main supplementary system of financing the Health Care System	Decision making
Austria	Duplicate and supplementary	Voluntary	36.2%	Public: compulsory social insurance	Private voluntary insurance, direct payments, public taxation	Shared
Belgium	Complimentary	Voluntary (mandatory in Flanders)	81.6%	Public: compulsory social insurance	Private voluntary insurance, direct payments, public taxation	Federal
Germany	Primary, complimentary and supplementary	Voluntary and Mandatory	33.9%	Public: compulsory social insurance	Private voluntary insurance, direct payments, public taxation	Federal
Greece	Duplicate	Voluntary	11.5	Public: taxation	Private voluntary insurance, direct payments	National
Ireland	Duplicate	Voluntary	46%	Public: taxation	Private voluntary insurance, direct payments	National
Italy	Primary, complimentary and supplementary	Voluntary	5.5%	Public: taxation	Private voluntary insurance, direct payments	Regional
Netherland	Primary, complimentary and supplementary	Mandatory	84%	Mixed compulsory social insurance and private voluntary insurance	Public taxation, direct payments	Regional
Slovenia	Complementary	Mandatory	87.1%	Public: compulsory social insurance	Private voluntary insurance	National
Spain	Primary, duplicate	Mandatory	19%	Public: taxation	Private voluntary insurance, direct payments	Regional
Sweden		Mandatory	10%	Public: taxation	Private voluntary insurance, direct payments	Shared
United Kingdom	Duplicate	Voluntary	13%	Public: taxation	Private voluntary insurance, direct payments	Regional
China	Commercial **	Mandatory and Voluntary	Figure not available, PHI accounted for 9.9% of all premiums collected in 2015	Government	Private voluntary insurance, direct payments,	National
USA	Primary, complimentary and supplementary	Mandatory	67.2%	Mixed compulsory insurance and private voluntary insurance	Private voluntary insurance, direct payments, public taxation	Shared

(Jakubowski & Busse 1998; Phi et al. 2016; Rice et al. 2013; The Commonwealth Fund 2017; Gleeson 2016; OECD 2017; Blumenthal & Hsiao 2015; Meng et al. 2015)

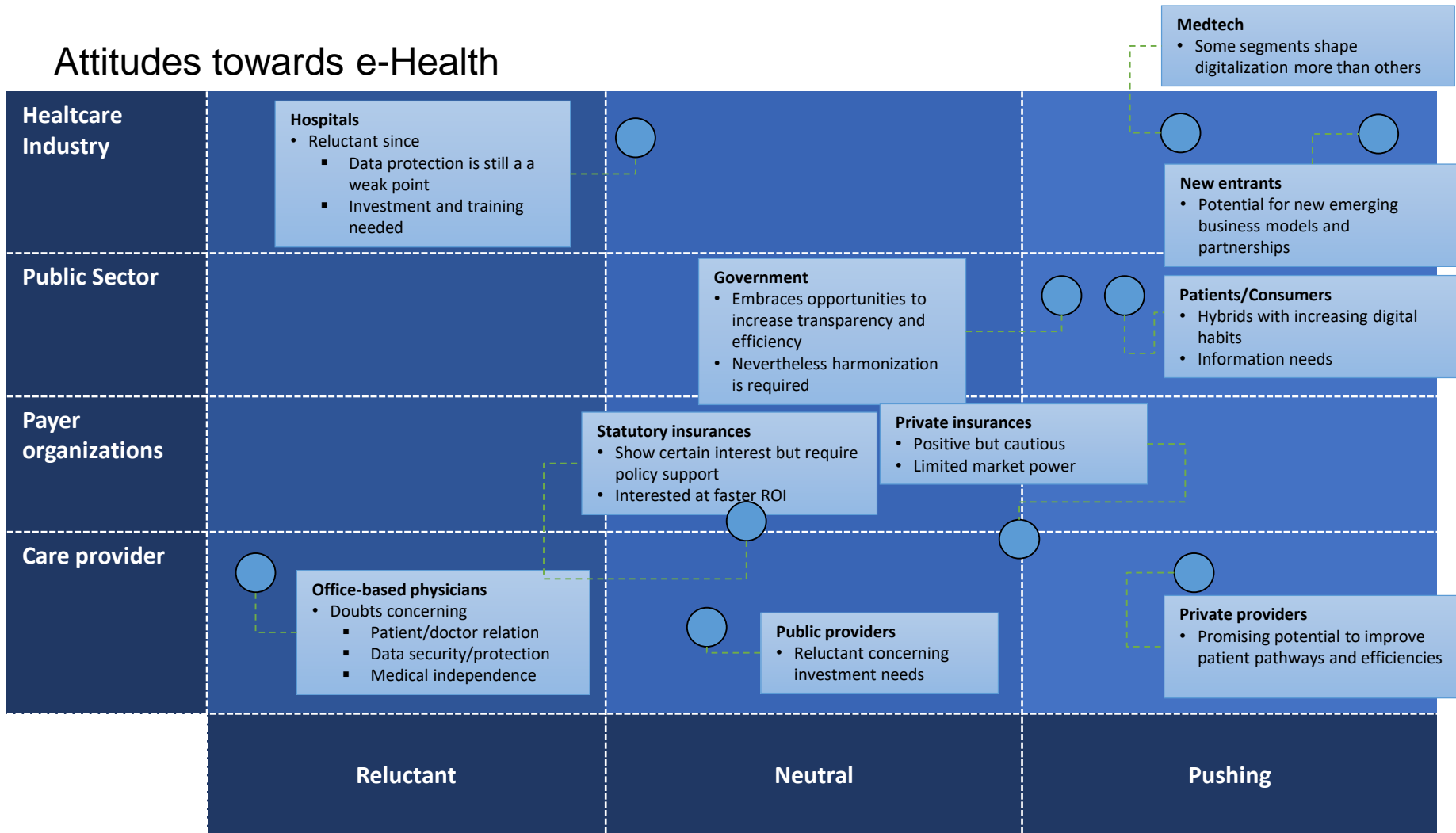
Stakeholders and routes for exploitation



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Stakeholders attitude towards eHealth solutions

Attitudes towards e-Health



Trying to adopt to the market

- Converting solutions towards „Wellness“ rather health, clinical
- Avoid complicated routes until a favourable environment is created
- B2C and B2B is the key



Solutions intended to be used to maintain a general state of health activity or that associates to a healthy lifestyle with as a result a reduction in the risk or impact of chronic diseases or conditions.

Solutions that present a very low risk to the patient and not involve implants, body modifications or medical procedures to use.

Specific problems SMEs are facing

- Lack of financing
- Lack of support
- Marketing
- Time to market
- Credibility
- Lack of power



What can be changed?



- Set and achieve the objectives and policies (on Gouvermental level) in a harmonized and clear level with the provision of significant amounts of additional resources for conventional processes change
- Involvement of various stakeholders to develop an overall business model that supports R&D results exploitation
- Faster time to market can be acheived through faster decision making process (too many non-business related targets)
- Use of focused funding

Thanks for your Attention

Contact

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