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ImpleMentAll

"Towards evidence-based tailored implementation strategies for eHealth" GA no. 733025

Deliverable D6.2

"Report on Stakeholder Advisory Board activities"

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This document contains information on the main activities carried out in the external advisory board (EAB) for ImpleMentAll (IMA) and provides information on the specific consultations and feedback provided by the EAB for the IMA project.

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REVISION	DATE	COMMENTS	AUTHOR (NAME AND ORGANISATION)
V0.1	18/01/2021	Draft for feedback from management team	Mette Maria Skjøth, RSD Camilla Stryhn, RSD
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Executive Summary

This document contains information on the main activities carried out in the external advisory board (EAB) for ImpleMentAll (IMA) and provides information on the specific consultations and feedback provided by the EAB for the IMA project. Furthermore, the document provides information on the interaction between the members of the IMA consortium and the EAB, including requests for information and questions raised.

The document describes the organisational process and the daily operation of the EAB to see the outcome in a larger perspective. Also, the document contains descriptions of main points from discussions in the EAB during the project time. Finally, it also presents an overall conclusion and recommendations.

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1. INTRODUCTION

1.1 Purpose of this document

The overall task for Work Package 6 in ImpleMentAll has been to establish and facilitate an External Advisory Board (EAB) to support the project. The purpose of the ImpleMentAll EAB has been to seek regular external advice on relevant issues with the following objectives:

- To provide independent, expert advice to ensure that the project will develop in accordance with the appropriate legal, ethical, and social issues, as well as the general philosophy and direction of the project.
- To advise on corrective measures in the content of the work.
- To advise on the dissemination and exploitation of the projects results.

This document provides details on the interaction between the members of the IMA consortium and the EAB. This includes requests for information and questions raised, which is supplemented with the specific consultations and feedback provided by the EAB for the IMA project.

1.2 Structure of document

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

Section 3 describes the aim of the external advisory board for ImpleMentAll and its main activities.

Section 4 describes the structure of the board and the advisory role. Furthermore, it provides a description of all EAB members.

Section 5 describes terms of reference used during the project period.

Section 6 describes the board management, EAB activities, and the process for communication.

Section 7 describes dissemination.

Section 8 describes the feedback provided in the project.

Section 9 further contains a conclusion for the report.

1.3 Glossary

EAB External Advisory Board

IMA ImpleMentAll

PSC Project Steering Committee

RSD Region of Southern Denmark

SSC Scientific Steering Committee

WP Work Package

WPL Work Package Leader(s)

2. BACKGROUND

2.1 Aim of WP6 – stakeholder and expert participation

The aim of this work package (WP6) was to facilitate engagement of relevant stakeholders on both national and international level and to ensure that stakeholders were included in the development throughout the project. The purpose of the ImpleMentAll EAB was to provide regular external advice on issues relevant to the trial, methodology, and outcomes. 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 tailoring the implementation strategies.

2.2 Description of tasks

The tasks of WP6 were defined in the Grant Agreement as tasks 6.1 and 6.2, 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. The board members will be informed about the characteristics, features, goals, and expectations of the ImpleMentAll implementation activities, where 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 was managed by the Region of Southern Denmark with reference to the coordinating partner (RSD) and the scientific coordinator (VUA).

3. EXTERNAL ADVISORY BOARD (EAB)

3.1 Aim of the EAB

The purpose of the ImpleMentAll EAB was to seek regular external advice on relevant issues. The EAB provides independent, expert advice to ensure that the project develops in accordance with the appropriate legal, ethical and social issues, as well as the general philosophy and direction of the project. Furthermore, it included advice 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 are taken into serious consideration by the project partners.

3.2 Main activities of the EAB

The main activities of the EAB have been:

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 of its general philosophy, within the appropriate legal, ethical, and social bounds,
5) To advise on any corrective measures needed to retain the previous points.

3.3 Membership of the EAB

There were no formal restrictions for membership of the IMA EAB. However, to ensure that the EAB could operate as a fully external and independent advisory board, members of the consortium could not be part of the board. The duration of membership was, in principle, for the entire project period (from the establishment of the EAB until the end of the project, March 2021).

4. STAKEHOLDER MEMBERS AND ADVISORY ROLE

4.1 Stakeholder analysis/survey

In the beginning of the project, a stakeholder analysis was carried out to identify all relevant stakeholders for ImpleMentAll. The analysis was based on a survey where all partners in ImpleMentAll were invited to participate. Based on the survey, a stakeholder mapping was carried out and main categories of stakeholder groups (e.g. researchers, eHealth experts, implementation experts, etc.) were defined, which corresponds with the representatives that were recruited to be part of the EAB.

The stakeholder analysis included the following steps:

- 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 results,
- Shortlisting of suggested EAB members,
- Identification of gaps in expertise areas and shortlisting of additional EAB members,
- Formal invitation of prospective EAB members,
- Establishment of the definitive EAB.

4.2 Stakeholders

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

- Implementation experts
- eHealth experts
- Psychiatrists, psychologists
- Consumers / patients groups
- Health management experts
- Researchers
- Policy makers
- Health economy experts
- IT companies / IT experts
- Law and ethics experts

4.3 Members of the board

Seventeen members were included in the board, and the duration of membership continues throughout the entire project period. One member has been replaced during the project period; otherwise, no other member has withdrawn from the EAB.

NAME	MAIN AFFILITATION	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 research
Dean L. Fixsen	• University of North Carolina • FPG Child Development Institute • Gillings School of Pharmacy • State Implementation and Scaling up Evidence-based Practices Centre	Implementation research
Elizabeth Murray	• Research Department of Primary Care and Population Health, University College London. • eHealth unit, University College of London	eHealth
Genc Burazeri	• Faculty of Medicine, Tirana Medical University	Research and Implementation
Hobbe Jan Hiemstra	• International e-Mental Health Innovation and Implementation Centre	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 eHealth
Nick Titov	• MindSpot Clinic	Research
Richardo Gusmao	• Public Health Institute, University of Porto. • Community Mental Health Team Cascais-Estoril, Hospital Egas Moniz, Centro Hospitalar Lisboa-Ocidental (HEM-CHLO). • NGO EUTIMIA-Alianca Europeia contra a Desressâo em Portugal (EAAD.PT).	Psychiatrist
Simone Gynnemo (2017-2019) **Yammie Fishel (2019-2021)**	• Balans Gotland. NSPH 2017 • Antwerp	Patient representative Patient representative
Vicente Traver Salcedo	• Technologies for Health & Wellbeing group (SABIEN), ITACA Institute, Universitat Politéncia de Valéncia.	Implementation

4.4 Advisory role

The aim of the advisory role of the EAB was to allow for an open and impartial knowledge exchange between members of the IMA consortium and the broad group of stakeholders with expertise in the areas of implementation, eHealth, psychiatry, research, and healthcare. The role of the stakeholders is to help facilitate discussions across the project and participate in opening up opportunities for inputs and links to the outside world to allow greater insight and reflections.

4.5 Results/evaluation

The thorough method used to select members for the board resulted in the establishment of a board with many different competencies, experiences, and insights represented. The members included both public and private sector. Furthermore, a patient representative was included in the EAB. This diversity has been a great advantage and has laid the ground for many interesting and fruitful discussions about the project. The board was able to provide insights and advice both on day-to-day challenges and on a strategic level. Because of all the different backgrounds of the representatives, the questions discussed have continually given many different insights from different perspectives. In addition, their experiences from other projects have been very

important throughout the discussion, as they could advise on successful methods from other projects.

The members of the board have been very dedicated throughout the project and only one member was replaced during the period.

5. Terms of reference

5.1 Composition of Terms of Reference

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

See Deliverable D6.1 for further information with respect to the terms of reference.

5.2 Results/evaluation

The development of terms of reference for serving the board provided the members with a clear overall goal of both the project and the task of serving the board. It helped provide an important visibility with respect to the project at both internal and external levels. The terms of reference signaled a professional approach to the project, while being able to align expectations with each other.

The use of "terms of reference" resulted in a transparent and focused plan for the work with EAB, with respect to expectations, competences, and tasks. The terms of reference provided a clear overview of how the consortium could interact and benefit from the interaction with the EAB. The whole process around the EAB has been uniform throughout the project period to make it easy for the consortium to interact with the board. Throughout the project, the consortium and the EAB has established an increasingly close collaboration resulting in many fruitful discussions and useful feedback.

6. Management of the Advisory Board

6.1 Activities

The IMA EAB provided feedback on questions, issues, or comments raised in the consortium. Furthermore, the EAB provided unsolicited feedback on consortium activities. The general mode of operation was as described below.

6.2 Communication workflow

From the beginning, the plan was to label all questions or issues from the consortium according to their urgency. Thus, feedback on urgent matters was sought to be given as soon as possible. The levels of urgency were defined as follows:

1. The question or issue can be solved by one of the other consortium members, and does not need input from the EAB.
2. The question or issue needs input from the EAB, but is not urgent and can wait until the next scheduled EAB meeting. This was labelled as a *request*.
3. 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 was labelled as an *active response*.
4. 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 did not foresee these), 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 was labelled *urgent*.

The system of labelling all questions was accepted by the consortium and EAB. However, it turned out that there was no need for such a complex setup. All questions raised by the consortium or the EAB was collected directly by WP6 and handled according to their urgency.

All EAB advice or input was communicated directly to WP6, and from there to the relevant parts of the consortium.

6.3 Communication modes

The following communication modes were used throughout the project period:

1. **Email**. For consistency and traceability, all e-mails from and to the EAB were handled by the WP6-administered email address advisory.board@implementall.eu.

2. **Teleconference meetings.** (For virtual meetings, GoToMeeting facilities were used. Specific instructions were provided by email to each participant.)
3. **Face-to-face meetings.** Originally, two were planned: One during the project's midterm workshop and one at the end of the project (due to the COVID-19 situation, only one face-to-face meeting was held).

6.4 Meetings

Throughout the project, two virtual EAB meetings were held per year. The meetings were organised and chaired by a representative of WP6, and the project coordinator and scientific coordinator attended all meetings to give an update of both areas. When relevant, invited members of the consortium participated in the meetings.

High attendance at all meetings was experienced together with fruitful dialogs. The meetings lasted 1.5 hours and were recorded with the consent of the participants. Subsequently, WP6 provided minutes of all meetings, which were sent to all participants and members of the board.

The advice (either solicited or unsolicited) from the EAB was disseminated to the consortium in collaboration with WP8 (communication).

Description of WP6 Advisory Board tasks		
Internal Task ID	**Description**	**Time point**
1	Attend first 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	Oct 2019
5	Attend regular advisory board meeting October 2019	Oct 2019
6	Attend regular advisory board meeting April 2020	April 2020
7	Attend regular advisory board meeting October 2020	Oct 2020
8	Attend final regular advisory board meeting February 2021 to inform Report of stakeholder advisory board activities, including consultations and feedback (WP6 Deliverable D6.2).	Feb 2021
9	If possible, attend the final conference	Mar 2021

10	Respond to “Active response” or “Urgent” questions from the consortium	Any time

7. Dissemination

The EAB ensured that dissemination activities were carried out regularly throughout the project to stakeholders outside the ImpleMentAll consortium, to raise awareness of the project and increase the focus and discussions around implementation. Dissemination included websites, social media, and conferences. The EAB members actively disseminated across their professional networks at international, European, national, and local levels.

The WP6 management had a close collaboration with WP8 (Communication) and all members of the EAB were presented in individual posts on Twitter in addition to the dedicated EAB page on the website.

8. Feedback

8.1 Requests and feedback

During the project, a number of requests have been made to the External Advisory Board. Requests for feedback were made by Work Package Leaders, trial sites, and other consortium partners, and have focused on specific and generalised elements relating to the ImpleMentAll project.

Feedback was provide by all members of the Board and was gathered by email and during face-to-face and virtual interactions.

Throughout the project, two annual EAB meetings were held. In the table below, numbers of meetings and attendees are listed:

Date	Meeting	Number of attendees from EAB	Number of attendees from the consortium	Not able to participate from the EAB
31th October 2017	1 EAB meeting	12	5	5
20th March 2018	2 EAB meeting	12	6	5
9th October 2018	3 EAB meeting	8 (4 in person, 4 online)	13	9
26th March 2019	4 EAB meeting	6	8	11
5th November 2019	5 EAB meeting	9	7	8
29th April 2020	6 EAB meeting	8	8	9
28th October 2020	7 EAB meeting	10	7	7
25th February 2021	Final EAB Meeting	11	7	6

The following sections describe some of the questions raised and discussed by the EAB with the key points from the discussions listed.

Should implementation costs be considered as a factor or can we leave it out?

- Implementation cost and outcome should be included.
- The protocol will be finished the following months and be available for the EAB.
- It is expected to see changes in the implementation after a 6-month period. Will be measured every 3 months to see the changes

How do we make people work in the same direction?

- Meet face-to-face
- Personal meetings will make it easier to work together in a cross-border project
- Information flow

- Someone should be in charge of the communication
- Take responsibility and get things done between meetings

Apart from the ItFits-toolkit, what other questions can be answered within the ImpleMentAll project?

- How low can you go in your tailoring or in your implementation intensity or implementation support?

How to "assess" implementation as usual within a trial without confounding outcomes.

- Distinguish the service and the intervention, between the two interventions you are doing. The one is it iCBT intervention and the other is the implementation intervention.
- For the "implementation as usual", the intervention should be delivered as it is without further implementation carry on.

'Qualitative process evaluation of ItFits-toolkit: are we asking (all of) the right questions?

- Use the toolkit for documentation for the implementation of the iCBT. It does not need to be the toolkit effect.
- It can also have an intervention effect, which could be good to keep track of.
- Use the objective/practical data – all the clicks etc.

Analysis plan to understand the "implementation as usual"

- Consider maturity measurement?
- Look into the stages of implementation by Lisa Saldana. It is as a questionnaire but can be tailored to different kinds of interventions.
- The B3 Maturity Model - A model that is now integrated in the SCIROCCO project and can provide good input for the project.
- Look at the weak point with respect to organisation and infrastructure.
- Ask for the actions and not the motives.

To what extent can we adapt to changes that happen in real-world conditions in trial sites? E.g. the inclusion and exclusion criteria of participants (organisation and individual staff members) and recruitment pathways to secure data amount and quality?

- It is about change and you need to embrace it – the reality is that this is what implementation is about and then you need to incorporate it into what you are doing.
- Link between changes is a consequence of implementation process. It is difficult because you cannot catch these changes.
- Healthcare systems are complex and they will not stand still – therefore document what you see happening – it is a moving target.

What is most needed according to the EAB members, and why:

1. Valid instruments for measuring implementation-relevant outcomes (which outcomes?)
2. Knowledge about relationships between barriers and implementation strategies and leading to effective strategies,
3. Knowledge on barriers (and on what level: patient, provider, organisation, setting?), or,
4. Practical tools to shape and guide implementation activities?

- Number 1 is very right. If you can have pragmatic solutions along with it, which people can use in practice, it would be great. My second thought is that there are so many barriers but to say one that is more important, then the interface between policy context of this world and the intervention of evidenced practice.
- They are all very important. Best is to provide a tool – the reality for me is that you mostly think in technical barriers, which is what we are afraid of. A tool to overcome that fear – number 1 and number 4.
- A large majority is now focusing on changeable factors but I can see that it is moving towards more implementation science than looking into pure policy factors. To take on the factors in a different way than what we have in the past. If the project can actually show impact on implementation sites, I think it could have a great impact.

Process evaluation qualitative data collection and case study sampling: which plan is best in context of IMA?

- Have an iterative approach in it to have an opportunity to be responsive over time to interesting phenomena that emerge over data.
- To catch the outliers, you need more diversity in your sampling approach.
- Collect and analyse feedback in periods. These cycles can become longer and longer, because you cannot introduce a new version every month, therefore, do it in a rational way.

We cannot guarantee anonymity when the surveys are sent out. Should we add a consent form to the survey?

- I would say that you can do a copy-paste and adapt the text that e.g. Google Chrome or Firefox use when asking if you want to join the user experience to improve the interacting with the tool or brochure – that some personal data will be dealt but that you are only going to use it for improving the toolkit.

How aggressive should we be in approaching potential affiliate partners who have indicated an interest in the project?

- “Hey ImpleMentAll is available for this kind of partnerships”, I am very happy to support that to the EIC newsletter. We can have a separate chat about how we can support your dissemination efforts on a more regular basis, so just think us into your plans.

What other implementation outcomes should we include in the project?

- One of the things you want to achieve is at least maintaining or even improving clinical outcomes from all of the work you are doing through implementation
- In the clinical space, it is very important to have some measure of clinical outcomes' success; it is going to be very difficult to do. This is my impression from having seen many of these projects.

Despite all efforts, it is very difficult to keep GPs and GP mental health nurses engaged in the implementation process and the IMA project. What are the advisory boards' ideas on how to engage GPs more in implementation/IMA?

- Use marketing techniques. Report to them what other organisations have in their response rate. Make it more personal and help them make it easy. If 90% have answered, then the last people will also answer.
- Contact the secretaries, it was more effective.
- Look at the benefit for the GP and the patient.
- Hard-core payment. Maybe they are not engaged because they are not paid for the work they engage in the project.

What possible consequences from COVID-19 can we foresee regarding the effectiveness study stemming from e.g. priorities in implementing iCBT, data collection, etc?

- Add a dummy variable
- Time aspect is difficult – postponing is not an option.
- Patient level outcome makes a dummy variable easier.
- Crossover point must be site specific. Each site must be able to define a window.

How this relates to ItFits use in the trial sites and subsequent issues with the process evaluation. E.g., will it have any impact on our study methods/recruitment in ways that we need to manage? Or is this more of an opportunity from a data collection perspective? Related to the COVID-19 pandemic.

- There is an interest for promoting eHealth – it can be used in the sustainability process.
- Thinking about what is going to be needed after the COVID? Telemedicine is growing. Huge interest in what telemedicine can do.
- We have an opportunity to see what happens when we scale up telemedicine.
- This toolkit will be needed after this situation.
- Scale up solutions from small to national scale can be done now.

From the COVID-19 perspective, are there alternative ways of remaining present in the field of implementation science? Many conferences are currently being cancelled or postponed due to COVID-19, which means that an important dissemination channel is currently "out of order". Should we think about alternative ways to remain present in the field of implementation science

(e.g. online presentations, webinars, publishing posters digitally)? Moreover, if so, are you aware of any platforms (other than Research Gate) that could be used for this?

- Webinars are good.
- Blog posts
- Virtual conferences
- Team up with open science

Implementation as usual (input to the final report)

- Compare implementation-as-usual with implementation based on ItFits to obtain another mindset that informs the implementation in a different way.
- Contrasting how they change implementation work from approach A to approach B would be interesting.
- Assure not to have a process too over-bureaucratic in terms of a toolkit that supports implementation getting in the way of acceleration.
- Think of how you can market the toolkit as something that would assist the acceleration of the implementation without lacking the quality of the product

How can we maintain the ItFits-toolkit? Ideas for governance structures including the technical, financial, and personnel infrastructure.

- Take the opportunity to pull in business students through the university (existing both in European and North-Western American universities among others), as they can be incorporated to do market analysis and develop a business plan for the project.
- For ItFits it will be unlikely to find a large company to commercialise it, but look at other ways of securing funding such that people can benefit from the good potential this toolkit provides.
- Define ultimately, what the vision for the long-term perspective is and what you want to achieve from it.
- Find out what is realistic with this within the next five years
- Need some hosting and development and someone really adopting it.
- Need to clarify the intellectual property with the institutions, maybe about making it an open source, to minimise getting into trouble down the road.

8.2 Evaluation and feedback on the format from the EAB

- What worked well?
  - The structure of the process has been helpful and clear, provided all members with relevant information, and stepped all the way through in a systematic way.
  - Good communication and set-up within the meetings.

- Even though the EAB organisers did not have a lot of knowledge of implementation science, the meetings were really well completed.
- Not a waste of time at any point.
- High level of importance every meeting.

- What could have been better?
  - Meetings more specified on topics within the process could be relevant to dig deeper into topics.
  - 6 months between meetings can be a long time. Some could suggest meetings more frequently, such as quarterly or three times a year. This could prevent people from falling out of the thinking patterns of the project. Others expressed difficulties in having time to participate in more than half yearly meetings
  - Some suggested a small reading as preparation for meetings, but some might not find the time to read it.

9. Conclusion

At the end of the project, eight EAB meeting have been held – seven virtual and one face-to-face. All meetings had a high level of participation and dedicated engagement from all participants. The feedback from the EAB provided the IMA project with exceptional insights in a number of areas; implementation, eMental health, sustainability, interaction with market, and upscaling.

The feedback highlighted the importance and value of the area of eMental health and well integrated interventions in the area. Furthermore, the feedback stresses the importance and complexity of implementation and implementation science and some of the lessons learnt are:

- Establish a board with different competencies and experiences represented and consider using a structured process for the selection of members
- Link the advisory board closely with the project consortium to ensure relevant and fruitful discussions and feedback
- Choose relevant topics for discussions and include all members in the discussions
- Develop a distinguished set of terms of reference, be well prepared, and keep a high level of communication
- Ensure a high level of feedback.

The results from WP6 demonstrate that a well-functioning advisory board can be of high value for a project and highlight the importance of increased focus on the areas of eMental health and implementation.

10. Appendix

APPENDIX 1: Presentation of each member of the ImpleMentAll EAB

Bianca Albers is Chair of European Implementation Collaborative and Director of Centre for Evidence and Implementation. Bianca participates in the ImpleMentAll project 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 build links and exchange knowledge about implementation science and practice within Europe and provides an infrastructure for projects such as ImpleMentAll.

Bruce Whitear MSc BN (Hons) HND is a highly experienced strategy and change professional with over 30 years of experience working with the NHS in the UK. Bruce Whitear 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.

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.

Chris Wright works as Service Development Manager (Mental Health), SCTT, NHS 24 Chris 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 development in the field of mental health in Scotland as well as 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.

Professor 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.

Dean L. Fixsen, Ph.D. 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*.

Professor Elizabeth Murray is a General Practitioner and Professor of eHealth and Primary Care, Head of Research Department of Primary Care and Population Health, University College London, as well as Co-Director, eHealth Unit, 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), behavior 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).

Prof. Dr. Genc Burazeri is full-time lecturer at Faculty of Medicine, Tirana Medical University and Deputy Director, Institute of Public Health, Tirana, Albania. Genc has since 1998 been Lecturer of Epidemiology and Research Methods at Department of Public Health, Faculty of Medicine, Tirana. He has also, since 2011 been deputy director of the national Institute of Public Health in Albania. From 2011-ongoing, Visiting Lecturer at Maastricht University, The Netherlands. Genc's main expertise is in Epidemiology and Quantitative Research Methodology. He is involved in several major research projects and published many original research articles in international scientific journals with high impact factor.

Hobbe Jan Hiemstra is Managing Director of E-Mence, International e-Mental Health Innovation and Implementation Center. Hobbe Jan is responsible for innovative e-health projects and service organisations for implementation and scaling up of e-health. Furthermore, he has more than 20 years of experience with ICT projects.

John Crawford is an independent consultant based in the UK, with significant experience of the practical application of digital health in Europe and North America. With over 37 years of service to IBM, culminating in his role as Healthcare Industry Leader for Europe, he brings a wealth of knowledge and insight. He is also a past member of the IBM Industry Academy, a community of the IBM's most eminent and innovative industry visionaries. He is past President (2015-2018) of the European Health Telematics Association (EHTEL), a multi-stakeholder membership organisation dedicated to the promotion of Digital Health and new models of care, and he served as a director on the Global Board of HIMSS (2016-2018).

Levente Kriston, PhD is the head of the Research Group 'Research Design and Data Analysis' of the Department of Medical Psychology at the University Medical Center Hamburg-Eppendorf, his major area of expertise comprises a wide range of quantitative research methods and statistical data analysis techniques. As a trained psychologist, he has background knowledge on cognitive behavioral therapy. Levente is used to attempting to find an ideal trade-off between scientific rigor and realistic conditions in complex health care environments.

Mark Bloemendaal, MSc & MBA, is Founder of ImplementationIQ and SmartRollout. 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.

Dr. Phil. Markus Moessner is currently working in Center for Psychotherapy Research (FOST).
Markus Moessner's work and research is about: E-Health, Health Services research, Cost-effectiveness, Ecological Momentary Assessment, and Network analysis.

Nick Titov is a Professor in the Department of Psychology, Macquarie University. Nick is founding Project Director of the MindSpot Clinic, a national Australian digital/virtual mental health service for adults with anxiety and depression. MindSpot launched in 2013 and provides education, screening assessments, and online psychological interventions to 20,000 Australian adults each year. Nick is also founding Project Director of PORTS (Practitioner Online Referral and Treatment Service). PORTS provides tailored virtual mental health services across Western Australia, for GPs and their patients, targeting people with anxiety, depression, or substance use problems.

Dr. Ricardo Gusmao mainly focuses on the progress of depression and suicide prevention in Portugal and elsewhere. This is his main aim and global mental health is his framework. Ricardo is currently involved in developing large scale programs for the promotion and prevention of depression and suicide in communities, workplaces, schools, and primary care.

Vicente Traver Salcedo is the Director of the Technologies for Health & Wellbeing group (SABIEN) at the ITACA Institute. Universitat Politécnica de València Vicente Traver Salcedo has been working with EU and national projects from 1998 until now, dealing with citizens, health, and wellbeing.

Yammie Fishel is the newest member of the External Advisory Board. As an ex-patient, Yammie is an 'expert by experience' representing the patient group of ImpleMentAll. Yammie has been in and out of psychiatric hospitals for years, but has now recovered and graduated as an "Expert in the Mental Health Care" from the Thomas More University in Antwerp. Having the goal of creating a warm, loving house run by 'experts by experience', Yammie brings not only experience, but also drive to the External Advisory Board.