



to support EU eInclusion and eAccessibility

WORKSHOP

Proposal no.: 004111

AT Outcomes



Information Society
Technologies

Identifier	Deliverable No. D16
Class	Deliverable
Contractual Date of Delivery	01-09-2007
Actual Date of Delivery	03-07-2007
Editor(s)	Dr. Gert Jan Gelderblom
Contributors	Harry knops
Workpackage	WP3
Status	Final
Distribution	public
Version	1
Responsible Partner	AAATE



VERSION HISTORY:

Version	Date	Responsible	Changes
1	23-10-06	Gelderblom, iRv	First draft
	01-09-07	H.Knops	Final

REVIEW:

Version	Date	Reviewer	Conclusion

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1 EXECUTIVE SUMMARY

1.1 Results of the event

In the field of AT there is a growing need and interest for knowledge about the effect of AT. This as well from the view point of the users but also from the viewpoint of the financing organisations. On the international level; there are a lot of initiatives to develop instruments and tools for AT outcomes measurement. In the AAATE there is a Special Interest Group which is discussing the development inside Europe and connects to the development in the US.

The SIG on outcomes is the meeting place inside Europe for this subject. The workshop in Düsseldorf is an important activity supporting the work of the SIG within the AAATE and on the international level.

The workshop contained three presentations on the assessment of effects of AT and instruments that can be used to execute this assessment. The presentations were held for a knowledgeable audience (25 AAATE members) and started with an expert introduction but grew into a discussion between the attending persons. The PowerPoint presentations were send out to attending audience and will be made available through the AAATE website (SIG Outcomes), this report on the content of the workshop will be made available to the audience and again through the AAATE website.

1.2 Impact and added value due to CWST

On the European level there is a lack of meeting possibilities for experts in the field of AT outcomes. Usually they meet during general AT conferences, but are not always able to attend due to budget possibilities etc.

By making the workshop part of the annual AAATE meeting, coinciding with the REHA Messe in Düsseldorf attendance was made attractive. The workshop chair and speakers were supported by CWST in attending and preparing. The added value of the CWST project can be defined in two ways:

- Budget support by financing partially the facilities, travel, working hours etc.
- Facilitating the workshop creates the possibility for exchange, cooperation and discussion. on AT outcomes.

2 PREPARING AND RUNNING THE WORKSHOP

The workshop was combined with the annual General Assembly of AAATE and the REHA fair in Düsseldorf. This create the possibility for the attendees to combine the 3 events.

The facilities of the REHA fair were used in a very efficient way.

The workshop was organized under the responsibility of the Special Interest Group Outcomes of AAATE and CWST.

2.1 Invitation / Nomination / Decision for a chair

Chair and speaker

Dr Gert Jan Gelderblom, project manager at iRv, institute for Rehabilitation Research. He has been involved in projects concerning the use and effect of Assistive technology for almost 10 years. He currently is chair of the AAATE Special interest group on Outcome Assessment.

Other speakers

Professor Jan Persson PhD is head of the Centre for Health Technology Assessment CMT at Linköping University in Sweden. He is an international expert in the domain of Assessment of Technologies for Disabled People based on initiation and participation of (inter)national projects and publications.

Åse Brandt PhD works at the Danish centre for Assistive Technology in Aarhus, Denmark. In 2005 she published her Phd Thesis Outcomes of rollator and powered wheelchair interventions

Jenny Alwin Msc is a PhD student at Linköping University Sweden. She performs research in the domain of effectiveness of Assistive Technology for people suffering from dementia.

2.2 Agreement with CWST

The workshop is part of the tasks of AAATE in the CWST project. So it can be sent as a joint activity of AAATE, CWST and the REHA fair.

In this co-operation CWST facilitated the organisation of the workshop by providing the organisation and meeting chair, travel, facilities and accommodation.

AAATE took the responsibility for the invitation, agenda and minutes.

The REHA fair provided us with a number of free tickets for the fair.

Due to the fact that AAATE is part of the CWST project no further agreement was formulated and necessary.

2.3 Seminar / Workshop Office

The workshop was organised by Dr Gelderblom on invitation of the Board of AAATE. The organisation was executed in close cooperation with the AAATE secretariat in Denmark.

2.3.1 Information, Invitation, Flyer

By e-mail send to all AAATE members, possible attendees were informed about the content of the workshop. The text is given below

Program AAATE workshop 2006 in Düsseldorf

Friday 20 October 2006 at the REHA Messe

Introduction

During the AAATE annual meeting in Düsseldorf a workshop will be organized concerning the topic of Instruments for OUTCOME Measurement.

It will be coordinated in collaboration with the SIG outcome measurement.

In general the topic of the workshop is that the nature of outcomes is diverse. This is reflected in a variety of available instruments. These instruments vary in level of quality, language availability and in ambition.

In measuring outcomes a trade-off seems to be unavoidable. A general instrument, extensively validated, can be of great help in gathering sound (large) datasets and conclusions, while this same instrument may due to its general nature and excellent measuring capabilities, lack the sensitivity to trace individual effects that are so important in the eyes of the user and in clinical settings.

Through four presentations and an open podium for discussion we hope to contribute to the much needed progress of outcome measurement in Europe.

Program

10.00	Opening and welcome
10.15 – 10.45	Åse Brandt (DK) On the process of translating and adapting existing instruments into your native language and culture
10.45 – 11.15	Jan Persson (SE) On the trade off between sensitivity and measurability of instruments
11.15 – 11.45	Jenny Alwin (SE), Examples from application to AT for persons with dementia
11.45 – 12.15	Gert Jan Gelderblom (NL) On the common ground and links between existing outcome instruments and effect measures
12.15 – 13.00	Plenary discussion

2.4 Budget: Sponsoring, Accounting

The organisation was a cooperation between AAATE, CWST and the REHA fair. As FTB in Germany supported the workshop by being the contactperson for the REHA fair. A good part of the total cost were covered by the participating organisations. Due to this a limited budget was used for organising this workshop. The co-ordination of Gert-Jan Gelderblom was partially taken by iRv. Only the direct hours for preparing and participating were covered by CWST. For the speakers only travel and stay were covered by CWST also part of the catering and facilities were taken by CWST and the REHA fair.

2.5 Local Facilities

Local facilities were organised by FTB in co-operation with the reha fair.

2.6 Hotel: Reservation, Booking, Co-operation

N.a.

2.7 Special needs arrangements

Since no AAATE members with special needs were enlisted no specific measures had to be taken.

3 FINAL REPORT: Programme and Content

3.1 Final Programme

Unfortunately, Dr Brandt could not be present at the workshop due to illness. Because of the short notice this was communicated, it was not possible to inform the participants on this and could the programme not be adjusted. Therefore the introduction was shortened to three speakers and the time for discussion extended.

3.2 Proceedings: Minutes, Reports, Handouts, Slides, Materials

- Presentation Gert Jan Gelderblom, iRv
AT Outcomes. Effects and Instruments
- Presentation Jan Persson, CMT
On the trade off between sensitivity and measurability of instruments
- Presentation Jenny Alwin, CMT
Health Economic Assessment of AT

Presentation Gert Jan Gelderblom, iRv. AT Outcomes. Effects & Instruments




AT Outcomes
Effects & Instruments
Gert Jan Gelderblom



Complexity of effects AT


Depends on:

- Product
- User
- Use environment



Effects of Assistive Technology

- Counterweight for cost arguments
- Feedback for financiers and politics at macro level
- “Evidence Based AT”
- Feedback on Quality of service delivery
- Support of decision making




Type of effects of AT

- Quality of Life
- Participation level
- Autonomy
- Independence
- User-Satisfaction
- Psychosocial impact
- Care substitution
- Health effect
- Level of functioning
 - Impairment level
 - Activity level
- Cost-Effect ratio
- Use vs Non-use
- Product “mileage”
-




Support of decision making

- Access to regulations / insurance (type level)
- Access to market (product level)
- Provision to individual user (product level)



Project
Effects of Assistive Technology

- In 2005
- In collaboration with TNO QoL





Aims

- Collect information on instruments in use
- Collect types of effect measures in use



Instrument criteria

- Generic nature
 - Not related to diagnosis
 - Not age specific
- Quality of the instrument
 - Reliability
 - Validity
 - Feasibility
- Preferably available in Dutch




Approach

- Literature review into aspects of AT effect, instruments and summarizing frameworks
- Development of a shortlist of instruments in relation to framework
- Validate through expert workshops
- Dissemination



Aspect categories


- Effectiveness
- Activities
- Participation
- Care substitution
- Cost-effectiveness
- Satisfaction
- Quality of life
- Use
- Psychosocial impact



Literature review

30 articles selected

- Which instrument(s) applied?
- Which aspects of AT outcome assessed? Any framework?



Effectiveness

- IPPA (individual prioritised problem assessment)




Activities

- AMPS (The Assessment of Motor and Process Skills)
- Barthel Index
- COPM (Canadian Occupational Performance Measure)
- Appropriate Indicators Measure)
- FIM (Functional Independence Measure)
- Cost Analysis Instrument) FLS (Functional Life Scale) Kenny Self-Care Evaluation
- Klein-Bell Activities of Daily Living
- Scale Life Habits
- London Handicap Scale
- Nottingham Health Profile
- (NHP) Sickness Impact Profile (SIP)




Cost effectiveness

- CERTAIN project (Cost-Effective Rehabilitation through SCAI (SIVA)



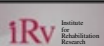
Participation

- CHART (Craig Handicap Assessment and Reporting Technique)
- IPA (Impact on Participation and Autonomy)



Satisfaction

- Quest
- ATD-PA (Assistive Technology Device Predisposition Assessment) (part of MPT)



Care substitution

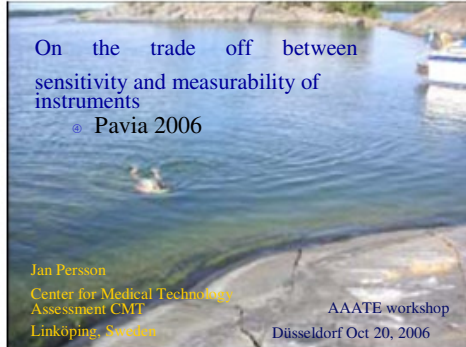
- CSI (Caregiver Strain Index)
- SCQ (Sense of Competence Questionnaire)
- CRA (Caregiver Reaction Assessment)



Quality of life

- EuroQol

Presentation Jan Persson, CMT. On the trade off between sensitivity and measurability of instruments



Definitions I

Responsiveness is the degree to which a health status instrument detects clinically meaningful change within individuals to whom it is applied.

For a particular group the sensitivity of an instrument must be sufficient to detect differences in health status among the individuals in the group being assessed.

(Kirshner and Guyatt 1985, Chambers et al. 1987)

Definitions II

Feasibility (= measurability) is determined by mode of administration, the time it takes, whether equipment is required, training of assessors, respondent burden, complexity of scoring.

(Jette and Jette in Fuhrer 1997)

What is the question?

sensitivity	—————	measurability
low	?	high
high	?	low

Is there a state of opposition? Is the question a matter of trade-off?

Instruments with regard to responsiveness

outcome measure = effect + error

responsiveness depends on -
 - size of effect
 - variance of error
 - sample size

Types of instruments

specific instrument	low variance	precise
generic instrument	high variance	imprecise

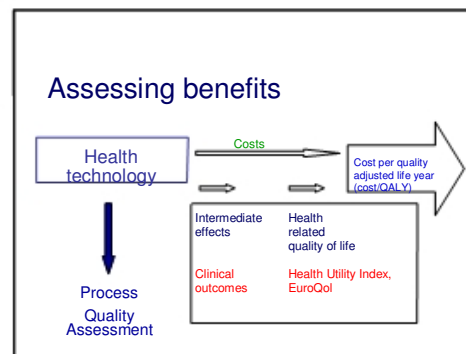
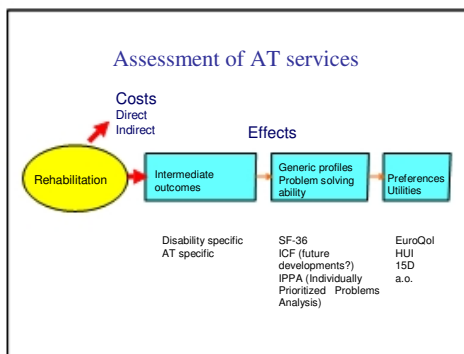
Why measure? Which are the questions?

- provision of AT for the individual, in order to ...
- follow-up of provision for the individual, in order to ...
- quality assessment of AT services, in order to ...
- cost-effectiveness analysis for decisions on priorities, in order to ...

Classification of outcome measures

Type	Example	Advantages	Disadvantages
Disability specific	Audiogram	Responsive	Not comparable across disabilities
Generic	IPPA	Comparable across disabilities	Less responsive
Preference, utility	EQ-5D HUI	Comparable, preference weighted	Less responsive, conceptually difficult

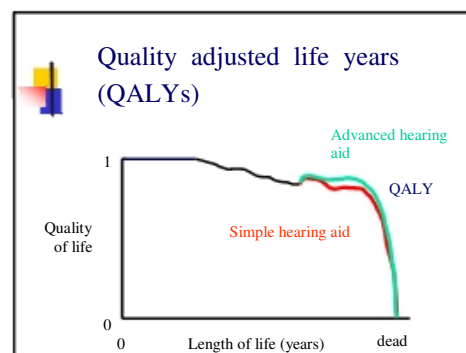
After Fitzpatrick et al. 1998, Persson et al. 2002



Appropriate instruments

	provision	QA	priority setting
specific	●	●	●?
generic		●	●

Instrument should be chosen based on appropriateness as to the question being asked.



QALY league tables

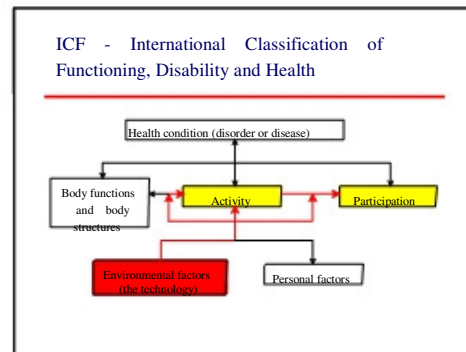
show cost/QALY by treatment

Examples of treatments	cost/QALY EURO
safety alarm vs non alarm	neg cost
cholesterol testing and diet therapy	350
pacemaker implantation	1700
hip replacement	1850
cochlear implant	15 600
home hemodialysis	27 100
heart transplantation	38 970

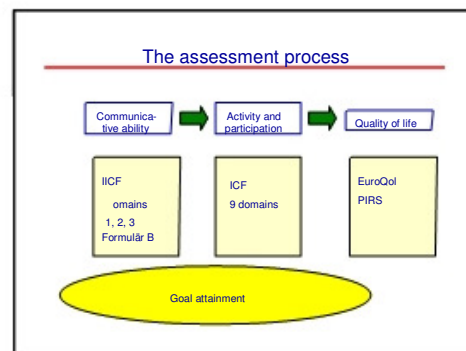
- ### Type of interventions
- **cost saving**
 (e.g. seat belts, motor cycle helmets, safety alarm vs no alarm in home settings)
 - **cost-effective**
 (cochlea implant children, EUR 1 640/QALY)
 - **intermediate cost-effectiveness**
 (e.g. cochlea implant, adult, profoundly deaf, EUR 12 000/QALY)
 - **cost-ineffective**
 (e.g. dialysis vs no dialysis, seriously ill hospitalized patients with renal failure, EUR 109 000/QALY)
- (Sources: Neumann 2003, Harvard CEA registry)


Example 1

ICF and outcomes analysis
 at assessment of
 communication aids




- ### Domains of activity and participation
- 1 Learning and applying knowledge
 - 2 General tasks and demands
 - 3 Communication
 - 4 Mobility
 - 5 Self-care
 - 6 Domestic life
 - 7 Interpersonal interactions and relationships
 - 8 Major life areas
 - 9 Community, social and civic life





Example 2

User benefits of different types of hearing aids




AIM

To compare

- ⊗ analog hearing aid with essentially linear characteristics
- ⊗ hearing aid with digital signal processing with non-linear characteristics


and

Both were of "behind-the-ear type".




OBJECTIVES

- ⊗ Which is the added value of advanced HA versus simple?
- ⊗ Which are the costs for each alternative?
- ⊗ Which is the added value of binaural HAs?
- ⊗ Which types of outcomes are effective in describing the value of HAs?
- ⊗ How cost-effective are the two types of HAs?



Outcomes (effects)


- ⊗ Speech in noise (understanding)
- ⊗ Problem solving ability
 - ⊗ IPPA - Individualised Prioritised Problems Analysis
 - ⊗ PIRS - Problems Impact Rating Scale
- ⊗ Quality of life (generic)
 - ⊗ EuroQol EQ-5D
 - ⊗ HUI (Health Utilities Index)
 - ⊗ TTO (Time Trade Off)
- ⊗ Final choice of hearing aid



Quality of life

- ⊗ EuroQol (EQ-5D)
- ⊗ Questionnaire with 5 items.
- ⊗ Three response options per item.

- ⊗ HUI (Health Utilities Index) ⊗ Questionnaire with 15 items. ⊗ Three items devoted to hearing in the instrument HUI3.



RESULTS

Outcomes with and without HA

	Hearing aid				Difference adv-simple	p
	None	Advanced	Simple			
	n	(before)			red-in favor of adv	blue-in favor of simple
Speech in noise, percent correct	154	43,7	58,6	55,7	2,9	0,004
IPPA	128	17,1	9,9	10,3	-0,4	0,044
PIRS	155	43,3	20,7	23,0	-2,4	0,079
HUI 3	145	0,54	0,72	0,73	-0,01	0,857
EQ-5D	147	0,83	0,86	0,88	-0,02	0,009

Cost-effectiveness (cost/QALY) of new prescriptions of HA

POPULATION and QALYs		COSTS EUR (Swedish and others reported)	
Men 60%, mean 69 years, life expectancy 13 years		GP consulting	24
Women 40%, mean 70 years, life expect 16 years		Audiological center	218
Mean life expectancy 14.2 years		Maintenance & repair	53/year
		Hearing aid, simple	294
		Hearing aid, advanced	741

Cost/QALY (assumption of constant utility over expected years alive)	
QALYs gained per client on average	0.04*14.2 = 0.568
Costs over 14.2 years, average (EUR)	1557
Cost/QALY	EUR 2742

Cost-effectiveness (cost/QALY) of new prescriptions of HA

Assumption of constant utility over expected years alive	
Utility gained per client on average	0.04
QALYs gained over 14.2 years	0.568
Costs over 14.2 years, average (EUR)	1557
Cost/QALY (EUR)	2742

- ### Summary of results
- Implementation of HA provides significant improvement in all outcomes (hearing specific, generic problem solving ability, quality of life)
 - The advanced HA provides better speech understanding and problem solving ability than the simple one
 - Generic quality of life is rated higher for the simple HA (EQ-5D but not for HUI3)


User preferences - final choice

50 % preferred a different HA than those which were tried

Of the remaining group:

- 62 % preferred advanced HA
- 88 % preferred binaural HAs, 12 % mono


- ### User preferences - willingness-to-pay
- Out-of-pocket payment for HA services
- rules differ between regions
 - here: 1st simple device almost free, advanced and/or second device paid by the client
- In practice, binaural solution means a client cost of
- EUR 403 (simple HA)
 - EUR 1265 (advanced HA)



User preferences - WTP


With information on out-of-pocket costs:
Preferences for advanced HA decreased from 60% to 50%.
Preferences for binaural solutions remained (88%).

SUMMARY:
Few clients preferred mono-solution, in spite of substantial out-of-pocket cost.
A small group abandoned the advanced HA due to an added cost of about 850 EUR (no significant effect of age, sex, living conditions).




Summary - hearing devices study

- Audiological and communications parameters are discriminative to type of HA
- Activity and participation parameters are discriminative to type of HA
- Generic quality of life does not differ between HA types (HUI) or are rated better for the simple (EQ); the reason why is unclear
- Preference for type of HA seems to be individual, with 60% preferring the advanced one
- First time prescription of HA is cost-effective, with cost/QALY=2742 EUR. This is valuable information in priority setting.
- This study provides information for decision making, although providing weak evidence (EBM terminology)



Overall conclusions/question marks I

Sensitivity and feasibility are different performance indicators, characterizing different instruments?
Sensitivity and feasibility can always be improved?
A certain study question needs elucidation by means of certain instruments, which are appropriate?
The right concept must, thus, be chosen?



Overall conclusions/question marks II

"It is better to be vaguely right than exactly wrong"
(Ezra Mishan on valuation of life and limb)

"It is better to have an imprecise estimate of the right concept than a precise estimate of the wrong concept"
(Bengt Jönsson, CMT's 20th anniversary 2005)

Presentation Jenny Alwin, CMT. Health Economic Assessment of AT

Health Economic Assessment of AT

For Persons with Dementia and their Relatives

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Project Group at LiU

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- ⊗ Jan Persson
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Jenny Alwin, Linköping University, Sweden

Assessing AT in Dementia

“Technology and Dementia” Project

The Swedish Handicap Institute in Collaboration with the Dementia Association in Sweden and the Alzheimer Society of Sweden

Two Resource centers in Sweden

Jenny Alwin, Linköping University, Sweden

Aim

To explore costs and effects of an intervention that includes

- Assistive technology
- Support
- Strategies

For person with dementia and their relatives from a patient-, relatives- and societal perspective

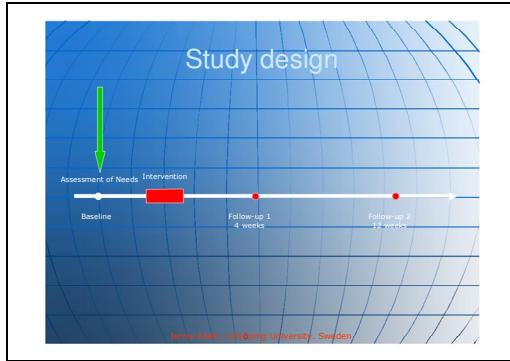
The aim is further to make a process evaluation to study experiences of the intervention

Jenny Alwin, Linköping University, Sweden

AT Assessment for Persons with Dementia

Unstable condition and small sample size	→	Study design
Question of Validity of Self ratings and Proxy ratings	→	Data collection Procedure
Quantification and Valuation of Informal Care	→	Methodology

Jenny Alwin, Linköping University, Sweden



Data collection

QoL
 Self rating – Proxy rating

Proxy Ratings differ from patients own ratings

Who's ratings should be used?

Annika Hansson, Lundborg University, Sweden

Costs

Societal Perspective
 Calculation of costs of Informal Care
 1. Quantification

Different Methods:
 Recall Method
 Diary

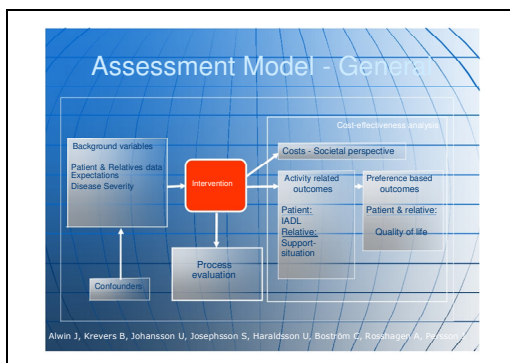
Annika Hansson, Lundborg University, Sweden

Costs

Societal Perspective
 Calculation of costs of Informal Care
 2. Valuation

Different Methods:
 • Opportunity Cost method
 • Replacement method

Annika Hansson, Lundborg University, Sweden



Assessment Model - Operationalised

Baseline	Follow-up 1	Follow-up 2
Person with dementia	Person with dementia	Person with dementia
1. Demographic Data	2. Process Follow-up	3. Cognitive ability - MMSE
2. Expectations	4. IADL - Lawton & Brody	4. IADL - Lawton & Brody
3. Cognitive ability - MMSE	5. HRQoL - EQ-5D	5. HRQoL - EQ-5D
4. IADL - Lawton & Brody	6. Resource use, costs - RUD	6. Resource use, costs - RUD
5. HRQoL - EQ-5D		
6. Resource use, costs - RUD		
Relative	Relative	Relative
1. Demographic Data	2. Process Follow-up - POCR	2. Process Follow-up - POCR
2. Expectations - POCR	3. Support/Caregiving - COPE	3. Support/Caregiving - COPE
3. Support/Caregiving - COPE	4. HRQoL - EQ-5D	4. HRQoL - EQ-5D
4. HRQoL - EQ-5D	5. Resource use, costs - RUD	5. Resource use, costs - RUD
5. Resource use, costs - RUD		

Baseline Intervention Follow-up 1 Follow-up 2

Krevers B, Johansson U, Josephsson S, Haraldsson U, Boström C, Rosshagen A, Persson J

Conferences – Workshops – Seminars - Tutorials

Instruments

Person with Dementia

EQ-5D (EuroQol group)

- Generic Health Related Quality of Life instrument
- 5 dimensions
- Visual analog scale

• Lawton and Brody Scale (Lawton & Brody, 1969)

- Instrumental ADL
- 8 questions, ex. telephone use, house keeping

• RUD (Wimo et al, 1998)

- "Resource Utilization in Dementia"
- Costs

• MMSE (Folstein et al, 1975)

- "Mini Mental-State Exam"
- Cognitive Ability

Anna Wahl, Linköping University, Sweden

Instruments

Relatives:

- EQ-5D (EuroQol group)
 - Generic Health Related Quality of Life instrument
 - 5 dimensions
 - Visual analog scale
- COPE index (McKee et al, 2003)
 - Positive and negative aspects of the caregiving situation
 - 15 questions
- RUD (Wimo et al, 1998)
 - "Resource Utilization in Dementia"
- PCR (Krevers et al, 2002) Modified version
 - "Patient perspective On Care and Rehabilitation process Instrument"

Anna Wahl, Linköping University, Sweden

Article on Methodology

Health Economic and Process Evaluation
of AT-interventions for Persons with Dementia and their Relatives

A suggested Assessment Model

Alwin J, Krevers B, Johansson U,
Josephsson S, Haraldsson U, Bostrom C,
Rosshagen A, Persson J

Accepted, Journal Technology and Disability

Anna Wahl, Linköping University, Sweden

To Summarize...

Anna Wahl, Linköping University, Sweden

Challenges

- Small population
- Not a stable condition
- ATs may be relevant only for a limited time
- Validity of Self Ratings and Proxy Ratings?
- Calculations of costs of Informal Care?

.....Only difficulties?

Anna Wahl, Linköping University, Sweden

.....No, also possibilities in developing methodology and new models!

Anna Wahl, Linköping University, Sweden



4 FINAL REPORT: Summarizing

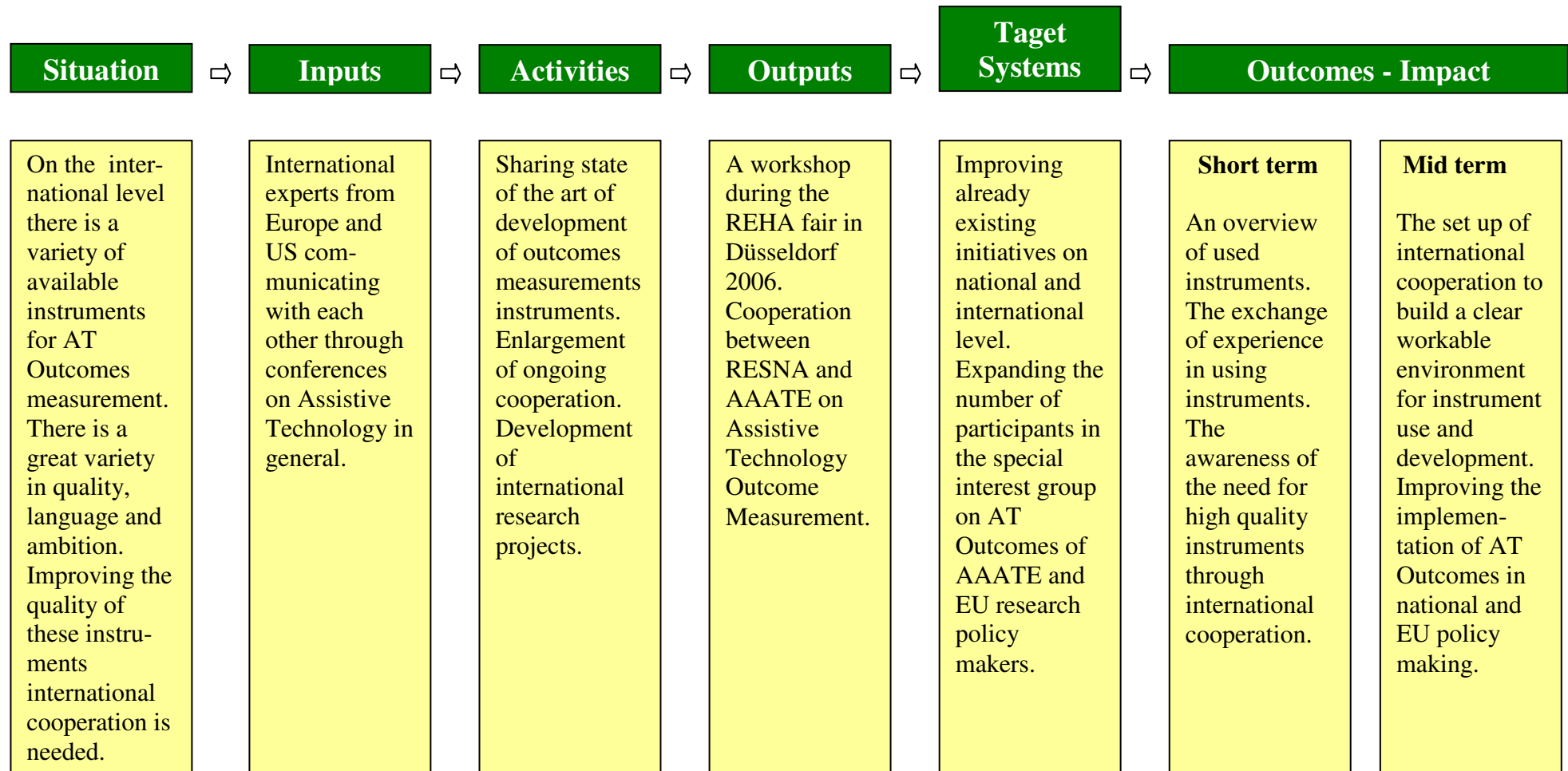
The topic of the workshop; the measurement of outcomes of Assistive Technology is becoming an increasing important subject within Europe. The provision of Assistive Technology is in various forms subsidised out of collective means. Measures providing insight into the effect of these provision will be needed and when not available must be developed. The expertise in this domain within Europe is fragmented and under developed, compared to Northern America.

The attendees were all AT professionals in Europe hence their AAATE membership. The workshop elucidate the importance of the topic and the challenges involved. But on national and international level.

4.1 *The Most Important Results*

- Attendees were informed on ongoing activities in the field of the At outcome measurement. This was expressed by all the 3 presentations.
- Beside the three presentations exchange of information between the 25 attendees can be seen as a great added value by organising this workshop. Because in this field (at outcomes) there is a lack of meeting and exchange possibilities.
- Shared determination on the need to progress in this domain by collaboration. A lot of activities are going on and specially on the development of international comparable tools progress is needed. Also EU policymaking needs to be supported by scientific developed tools and executed research.
- The need for EU research support in the field of AT is needed in order to follow and support the fast growing technological developments in the field of AT. Until now no significant research area is developed into this direction. The participants expressed their concern about this.
- AAATE SIG was regarded as potential starting point for international collaboration and development. Based upon the Tokoshima agreement between AAATE, Resna, Resja and ARATA outcomes could be the ideal subject for co-operation. This is also expressed during several other meetings between the mentioned organisations. During the AAATE conference in San Sebastian this point will be put on the agenda for the international meeting.

AAATE: Workshop "AT Outcomes" D16



Dissemination Planning and Actions

