



BROKERAGE FOR HEALTH

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Evidence-based internet interventions by GAIA:
Opportunities for collaboration

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Company expertise

<https://gaia-group.com/en/>

- GAIA: an SME from Hamburg, Germany that develops e/m-Health interventions (e.g., CBT-based medical devices) for the treatment & prevention of psychiatric disorders and other illnesses where behaviour change/lifestyle matters
- We are > 60 experts in software engineering, clinical psychology, medicine, graphic design, regulatory affairs, etc.
- Our multi-lingual interventions (deprexis, velibra) have been tested in >15 RCTs and meta-analyses (& NHS)
- They run on any browser (incl. Smartphones) and can be used adjunctively to other treatments (“blended care”)
- They are safe and secure, individually tailored (“chat format”) and don’t burden clinicians by requiring support
- 2 recent RCTs: adding these interventions doubled treatment effectiveness (Berger, 2018; Zwerenz, 2017)



Study name	Statistics for each study						Std diff in means and 95% CI	
	Std diff in means	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value	
Beevers (2016)	0.816	0.124	0.015	0.573	1.059	6.580	0.000	
Berger (2011)	0.853	0.251	0.063	0.360	1.346	3.390	0.001	
Fischer (2015)	0.425	0.240	0.058	-0.045	0.896	1.772	0.076	
Klein (2016)	0.386	0.063	0.004	0.262	0.510	6.086	0.000	
Meyer (2009)	0.639	0.157	0.025	0.330	0.947	4.058	0.000	
Meyer (2015)	0.570	0.178	0.032	0.221	0.919	3.197	0.001	
Montz (2012)	0.433	0.155	0.024	0.128	0.737	2.785	0.005	
Schröder (2014)	0.220	0.268	0.072	-0.305	0.744	0.820	0.412	
	0.544	0.078	0.006	0.390	0.697	6.949	0.000	



SC1-DTH-01-2019: Big data and Artificial Intelligence for monitoring health status and quality of life after the cancer treatment

- Undergoing cancer treatment is stressful and increases risk for mental disorders, other illnesses, and reduced quality of life. Genetics, lifestyle, and environmental context modify individual risk.
 - How can we monitor, model and predict patients' individual risk, and how can effective and risk-tailored interventions be offered to patients in an efficient manner, so that adverse psychosocial and medical outcomes can be prevented?
- We envision the development of an (adjunctive) e/m-health intervention that cancer survivors can use 24/7 on their smartphone or computer
 - It exchanges data with others, including results of “big data” analyses and AI-models
 - It provides effective CBT content (e.g., depression, anxiety, stress management, lifestyle change), tailored to match each patient’s individual situation, context, and risk
 - It aims to empower patients with relevant skills and abilities, to reduce risk/improve outcomes
 - Based on previous GAIA developments (i.e. *Optimune*, our intervention for breast cancer survivors, currently tested in 2 RCTs)
- We are looking for partners/consortium leaders who share this vision



SC1-BHC-25-2019: Demonstration pilots for implementation of personalised medicine in healthcare

- Personalized medicine (PM) could benefit citizens and healthcare systems when implemented in real-life healthcare settings.
- We envision the development of a pilot that focusses on a high-burden common disease, such as diabetes mellitus type 2 or cardiovascular disease
 - Our potential role: development of two highly individualized, interactive e/m-Health tools
 - Firstly, a patient-focused intervention, which educates them about the results of PM diagnostic testing and provides help and support throughout their treatment journey
 - Secondly, an eHealth tool for healthcare providers (HCP) to help them overcome the barrier of lack of knowledge and awareness about PM diagnostic testing
 - Both interventions could help overcome significant barriers to PM implementation
 - Both would be based on previous GAIA developments (i.e. *Covivio* , our intervention for diabetes mellitus type 2, currently in RCT, and on *Plexus*, our physician education web-trainings programs)
- We are looking for a consortium/coordinators who share this vision
 - E.g., hospitals or clinics, experts in the area of PM, pharmacogenetics, other -omics research



SC1-BHC-22-2019: Mental health in the workplace

- The problem: too many work absences and early retirement due to mental health conditions such as depression, anxiety and stress
 - Suffering, financial loss to employees, employers and society
 - The solution: creating “mentally healthy workplaces”
 - Provide interventions for workers and managers to improve mental health in the workplace
- We envision the development of an e/m-Health intervention(s) that specifically targets mental health at the workplace.
 - To empower employees (with CBT and other techniques) to manage work stress, recognize symptoms of anxiety or depression, and acquire skills to prevent or overcome such symptoms.
 - The intervention could be embedded in more complex programs that could also focus on enhancing employers’ and managers’ abilities to create mental-health-promoting workplaces
- We are looking for partners who share this vision



Contact details

Thank you!

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