



Figure 5: The CRIP Subsystem of CareStore AAL platform

The evidences are stored in *NR Evidence* database. Finally, the Privacy component evaluates the dissemination of data from CAALHP to external system. The privacy preferences of citizens are stored in the privacy policies database so that the same should be forwarded along with data when medical data is sent to the external systems.

Conclusion

Our theoretical analysis and real-world experience led us to the results that most of the current platforms and solutions are not easy to use in personal health monitoring and telemedicine scenarios. The conceptual frameworks are more ideal than practical, whereas the available solutions are still facing plenty of challenges such as interoperability, usability, dependability/availability, and security. In current status, the end-users still require significant technical support and continuous supervision from skilled IT and medical staff, which on one hand hinders their ‘independent-living’ and on other increase the cost for the (elderly) citizens with limited budget. Besides, it puts lot of economic pressure on the government and health insurance providers to meet the expenses. More validation and user experience studies are necessary to improve the systems with user feedback and participatory development. Based on the requirements identified through analysis of contemporary AAL systems and user experience evaluation the proposed CareStore platform aims to provide a technical solution for seamless deployment of medical sensors/actuators and AAL applications. CareStore is an ongoing project; currently we have preliminary prototype implementation to connect blood pressure and weight-scale devices with the homecare platform. We are extending the platform and it services to evolve as an open AAL platform for connecting devices and applications in a vendor-neutral way and integrate the AAL subsystems with tele-health and medical record systems.

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