Large-scale sustainable deployment of digitally-enabled innovation for health and care delivery to the ageing population

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Abstract

This report presents the results of a survey executed from March 2017 to March 2018 and addressed to the European purchasers of digitally-enabled solutions for Active and Healthy Ageing (AHA).

Combining a quantitative and a qualitative approach, this document reports on several investments planned by public and non-profit organisations and it describes the types of expected solutions and the associated outcomes targeted by the buyers. A series of qualitative interviews have outlined the key success factors and the barriers for the generation of larger investments in the future.

The key findings relate to actions that could be developed by the European Commission and more generally by the stakeholders involved in the AHA market in Europe, in particular the members of the European Innovation Partnership (EIP) on AHA.

These suggestions of actions and innovation relate to better information between the demand and the supply side, a European framework for standards, best practices sharing between regions and countries around their implementation model for digital solutions, and the promotion of more integrated and open solutions. These should allow data sharing between care providers for better quality of services to the citizens, and with innovators to increase the European competitiveness at global level in the AHA sector.
Executive summary

The goal of the European Commission is to achieve more than 50 EU regions actively deploying and implementing large-scale, sustainable, digitally-enabled innovative solutions for active and healthy ageing (AHA), improving the lives of at least 4 million citizens by 2019. For the European Commission's goals to be achieved, it is necessary to pursue joint collaborative efforts across different multi-stakeholders' organisations that can maximise efforts and achieve large-scale, sustainable deployment of digitally-enabled innovative solutions for improved health and care delivery to the ageing population.

The first objective of this study has been to create a “Contact group” with several key multi-stakeholders’ organisations involved in the development of innovation for Active and Healthy Ageing and in the deployment and implementation of innovative solutions. This group has been meeting early 2017 in order to discuss the situation of investments in digitally-enabled innovative solutions for AHA, and the approach around the launch of a survey aiming to quantify and qualify these investments across Europe.

Secondly, a survey with 2 phases has been designed:
- an online questionnaire tracking the committed and planned investments;
- a series of interviews with organisations usually purchasing care products and services for the ageing population.

The information about the online survey has been circulated through the networks of the European Commission, but also of the contractor, European Connected Health Alliance (ECHAlliance), and the members of the Contact group. A multi-channels communication plan has been deployed, targeting specifically the stakeholders participating to the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) and its Reference sites.

41 completed responses have been submitted online. However, a large majority of these applications has been submitted by suppliers showcasing their own solutions for AHA, which was not eligible to the present study. After applying the eligibility criteria, the survey has allowed the identification of 18 procurements (committed or planned for the years 2017 and 2018) from 11 different organisations.
**The main characteristics of these investments** are:
- By public entities and non-profit organisations purchasing health products and services for the public sector;
- Areas of interventions covering the 6 topics of the 6 Action groups of the EIP on AHA, with a majority of the expected solutions targeting integrated care and chronic disease management;
- 61% of the investments are under 1 million euros, around 20% above 3 million euros;
- Most of the targeted solutions could cover a large spectrum of the population (not only age-related conditions);
- 50% of the investments forecast interventions in population of more than 1 million people;
- In terms of expected outcomes of the purchased solutions, the most frequent answer is around the empowerment of patients for the self-management of their health condition, the reduction of costs being only ranked 9th.

Through **individual interviews**, we have looked for qualitative information about these investments but also about the reasons preventing some regions or local authorities from purchasing digitally-enabled solutions for AHA. The low number of tracked investments in phase 1 of the survey demonstrated that, if most of the EU regions have defined strategies which (almost all) include digital technologies to tackle health and ageing challenges, the operationalisation of it by public procurements is still limited. **The part of the budget dedicated to solutions integrating digital technologies is still relatively low (0-3%).**

However, the interviewees recognised that their local strategies clearly identify **digital technologies as a way to cope efficiently with the current large population challenges** (chronic diseases, ageing). In several cases of investments, the digitally-enabled solutions are procured via the support of European structural funds.

The purchasing organisations representatives **identified several barriers** preventing them from triggering public procurements for digitally-enabled solutions for AHA:
- Difficulty to identify which are the digitally-enabled solutions available on the market and to obtain reliable information about them;
- Available digital solutions on the market have limited scopes and are difficult to integrate to the existing information systems;
- Lack of interoperability (need for an EU framework);
- Lack of openness of the (proprietary) solutions for data sharing among the health and care providers and for the 2nd use of data for research and innovation purpose;
- The digital gap for ageing population still remains;
- The purchasing organisations usually prefer tailor-made solutions and decide to develop their own ones (doing specific development and not purchasing standard solutions available on the market);
- Lack of high broadband internet services;
- Lack of user-friendly solutions;
- Cultural change required in purchasing information, health and care professionals and citizens;
- Risk associated to innovation.

The lessons learnt through this survey have led to the definition of a series of specific actions, which could be developed in order to tackle these challenges as presented in the below work plan. These actions should target several dimensions of innovation:

- Innovation for a better information of the demand side about the available solutions on the market and their performance;
- Innovation for developing closer relationship and dialogue between the demand and the supply side (in particular SMEs and start-ups of the EU AHA market (including exchanges about the definition of needs, the business and contract models around innovative solution, the risk sharing);
- Innovation in favour of an implementation model of digitally-enabled solutions, starting from an identification of key success factors from countries to countries, regions to regions;
- Innovation for more integrated solutions, combining several products and services and addressing larger population with multiple health conditions;
- Innovation for open models of data exchange, allowing European health and care systems to share data among the care providers for better services to the citizens and with the research and innovation sector to enhance the EU competitiveness for Active and Healthy Ageing.

These suggestions of actions and innovation will be important inputs for the design of the Innovation to Market (I2M) plan of the coordination and support action WE4AHA. This plan will support the stakeholders from the demand side (purchasers) and from the supply side (in particular SMEs and start-ups), in order to trigger more and larger investments in digitally-enabled solutions for AHA, and to develop a mutual knowledge leading to more relevant solutions for the current needs and challenges that the EU health and care systems are facing.
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1. **Introduction**

The goal of the European Commission is to achieve more than 50 EU regions actively deploying and implementing large-scale, sustainable, digitally-enabled innovative solutions for active and healthy ageing (AHA), improving the lives of at least 4 million citizens by 2019.

At present, there are different multi-stakeholders' organisations across Europe that pursue specific actions to support scaling up of innovation for active and healthy ageing (AHA) at regional, national level and across the EU.

For the European Commission's goals to be achieved, it is necessary to pursue joint collaborative efforts across different multi-stakeholders' organisations that can maximise efforts and achieve large-scale, sustainable deployment of digitally-enabled innovative solutions for improved health and care delivery to the ageing population.

To materialise this collaboration, it is necessary to establish a coordination and collaboration platform amongst like-minded multi-stakeholders' organisations.
The objective of the study is to identify and mobilise the relevant organisations involved in the scaling up of innovation in Europe, qualify and quantify their investment in implementation of innovative solutions for active and healthy ageing (AHA) and establish collaborative commitments ensuring that impact from these investments in innovation are maximised. The tasks of the contractor will include:

(1) Establish a forum with a clear mandate for the period 2016-2018, supported by a digital communication platform that enables the exchange of information and alignment of priorities amongst the multi-stakeholders’ organisations. The forum and supporting platform will support the sharing of expertise and pooling of knowledge amongst different experts and amongst the representatives of the multi-stakeholders' organisations invested in the deployment and implementation of innovative solutions for active and healthy ageing (AHA).

(2) Identify the organisations across Europe that are committed to invest in large scale implementation of innovative solutions for active and healthy ageing (AHA) within the 2017-2020 timeframe. Quantify and qualify these investments according to amounts, area of intervention and expected outcomes.

(3) Create an overview of EU regions and organisations that are deploying large-scale, sustainable digitally-enabled solutions for active and healthy ageing (AHA), accelerating the transfer and adoption of innovative practices and solutions across different organisations at regional and national level.

Given the delay between the launch of the call for tenders (March 2016) and the launch of the mission (January 2017), a continuous dialogue has been established between the European Commission and the contractor, ECHAlliance, in order to prioritise the activities and adapt the objectives to the context and the need of the EC and the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).
2. Contact Group on Deployment of Innovation

2.1. Composition

A Contact group has been established by the European Commission and the ECHAlliance in January 2017, simultaneously to the launch of the mission. The objectives were to bring together:

- **Key leaders from multi-stakeholders organisations** having responsibilities, within EU regions, for the deployment of AHA solutions
- **Key experts with tangible experiences** around the following areas: innovation and business, legal, innovative public procurement and contracts, medical and solutions assessment.

The members appointed by the European Commission to this Contact group have been:

- **George CROOKS**, Medical Director of the **NHS24 Scotland** and Director of the Scottish Centre for Tele-health and Telecare, Coordinator of the **B3 Action group** of the EIP on AHA;
- **Mariëlle SWINKELS**, Coordinator of **CORAL** (Community of Regions for Assistive Living), Strategic Advisor of the Noord-Brabant Region;
- **Joan CORNET**, Director of the mHealth Competence Center of **Mobile World Capital Barcelona** (MWCB);
- **Toni DEDEU**, Chair of **EUREGHA** (European Regional and Local Health Authorities), Director of the Catalan Agency for Health evaluation (AQUAS) and in charge of Digital for the Ministry of Health of Catalonia;
- **Bleddyn REES**, Board member of the **ECHAlliance**, healthcare lawyer & Digital Health Consultant at Osborne Clarke
- **Marc LANGE**, Secretary General of **EHTEL** (European Health Telematics Association);
- **Sylvie BOVE**, CEO of the **KIC EIT Health**;
- **Jon DAWSON**, Director at Smarter Futures EEIG and member of the **Reference Sites Collaborative Network** (RSCN) of the EIP on AHA.
2.2. Mission statement

The contact group made up of experts from multi-stakeholders' organisations that support the European Commission goal of "reaching 50+ regions deploying and improving the lives of at least 4+ million citizens" with sustainable deployment of digitally-enabled, innovative health and care solutions for the ageing population" by 2019.

The contact group of multi-stakeholders' organisations

- Have a wide reach across the EU;
- Support the identification and exchange amongst their membership base, national and regional organisations engaged in the deployment and implementation of innovative solutions for active and healthy ageing.

The members of the Contact group have been asked to:

- Help to identify the European stakeholders planning to invest within the next 2 years in "digitally-enabled innovative health & care solutions for the ageing population", by opening their network and provide some introductions
- Support the European Commission in disseminating and promoting the Blueprint strategy
- Contribute to the identification of use-cases, according to the Blueprint strategy
- Work closely with the European Commission to define future priorities of policies and funding instruments (such as H2020) about Active & healthy ageing and Silver Economy, bringing insights from their members
- Promote the investments map and the results of the study

The first meeting of the Contact group has been organised on 17th of January 2017. It has been the opportunity to define and agree on the above mission statement, and to present and discuss the methodology of the survey.

The Contact group has been then asked in March 2017 to relay the communication around the survey deployed by the European Commission and the ECHAlliance.
3. EU Map of Innovation Deployment

3.1. Methodology of the survey

Given the double objectives of this mission, aiming to quantify and to qualify the investments across Europe in digitally-enabled innovative solutions for AHA, the survey has been developed in 2 phases:
1. a quantitative approach through an online questionnaire
2. a qualitative approach through semi-structured interview guide

3.1.1. Quantitative survey

A questionnaire (Annex 1) has been established and agreed with the European Commission, in order to collect a series of information around the committed or planned investments in digitally-enabled innovative solutions for AHA.
It has been designed with a limited number of questions and items in order to maximise the response rate restricting the duration to fill it (approximatively 15 minutes).

The questionnaire asks to the respondents to fill in some information around their organisation, its purpose and objectives, its location and the details of the contact point for the organisation.
The main part is dedicated to describe the investment(s) reported by the respondent:
   o The name and the description of the targeted product or service
   o The status of the investment (committed or potential, date)
   o The planned amount of investment
   o The target population (age, number)
   o The area(s) of intervention of the solution
   o The expected outcomes of the investment
   o Would you like to tell us about another investment? *

This questionnaire has been disseminated jointly with a press release¹ (Annex 2) explaining the objectives of the study, from March to May 2017.

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¹ ECHAIIance communication: https://echalliance.com/general/custom.asp?page=EuConsultation
The press release, including the link with the online questionnaire has been disseminated through the following channels:

- European Commission
  - Websites and newsletters (DG CONNECT)
  - Social networks (Twitter, LinkedIn)
  - Emailing to the EIP on AHA members
  - eHealth week 2017 in Malta (10-12 May 2017) > plenary session within the Ministerial programme
- ECHAlliance
  - Whole database (16,500+ contacts in health and social care sector) addressed through several emailings and 3 monthly newsletters
  - Article on the website “GLOBAL CONNECTOR” www.echalliance.com
  - Ecosystems network and events: ECHAlliance coordinates an international network of 25+ regional ecosystems which meet regularly (mostly every quarter); an information about the survey has been presented to each ecosystem
  - Working groups: ECHAlliance coordinates 3 international working groups (on eHealth strategy, mental health and wellbeing and medicine optimisation)
  - Social networks (Twitter, Linkedin, Facebook)
  - Contact group: accordingly to the mission statement, the member organisations have been asked to disseminate the information through their network:
    - Through all their communication channels (website, newsletters, social networks, events)
    - In particular to EIP on AHA Reference sites (through the Reference Site Collaborative Network – RSCN) as these regions, territories were specifically expected to respond to the survey.

3.1.2. Qualitative survey

After analysis of the results of the quantitative phase, a qualitative approach was necessary in order to understand the dynamic around these investments but also, capture the motivations and potential barriers to purchase (or not purchase) digitally-enabled innovative solutions for AHA.

For this purpose, it has been decided to use semi-structured interviews (Annex 3).
We have defined an interview guide, e.g. a series of themes (and sometimes some specific associated questions), but the tone of the interview was an open and free conversation, in order to allow new ideas and comments to be brought up during the interview by the interviewee.

The interviewees who didn’t participate to the quantitative survey were asked the main questions of the initial (online) questionnaire.

We have sent the questions beforehand each interview in order to allow the interviewee to think about the potential answers and/or to seek advices from colleagues when the questions were covering a topic out of the scope of their position.

Facing serious difficulties to obtain meetings confirmation from interviewees, we also have limited the number of subjects and questions within the interview guide to limit the required time.

### 3.2. Results of the survey

#### 3.2.1. Results of the quantitative survey

In total, from March to May 2017, more than 120 people started the survey, but only 41 responses have been fully submitted online.

Despite the fact that the press release (Annex 2) was stating that the survey was aimed to "identify plans for investment (both committed and potential) in the implementation of innovative solutions for Active and Healthy Ageing 2017–2020", a vast majority (73%) of the respondents were representing the supply side of the market. They were representatives of companies (large corporate and SMEs/Start-ups), using this opportunity to showcase their products and services for AHA and gain visibility at the EU level. These answers have been considered as non-eligible, and they have been removed from the results of the survey. Nevertheless, it demonstrates that companies are eager to raise awareness about their solutions for AHA and that all channels are good to be used. A parallel survey launched end 2017 within the EU project WE4AHA “Innovation to Market” (I2M) initiative, will confirm this fact (see the “Work Plan” section of this document).
11 submissions have been deemed valid, representing 18 procurements in 2017/2018. The respondents didn’t mention any plan of investment beyond 2018. The qualitative interviews will show us that this is mainly due to a lack of visibility on future investments, giving that most of the buyers are working on the basis of annual investments.

The majority of these (e.g. 15 procurements out of 18) are committed procurements, already validated and engaged in their budget by policy-makers.

3.2.1.1. Profiles of the respondents

A large majority of the respondents (91%) were representing public entities or non-profit organisations, either health and social care providers, or regional institution, or network organisation (purchase platform for public sector).

In terms of geography, the respondents are located in western Europe countries, with a large part of them located in Spain (42%).

<table>
<thead>
<tr>
<th>Organisation Types</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and/or social care provider – PUBLIC</td>
<td>55%</td>
</tr>
<tr>
<td>National/ regional government and institutions</td>
<td>18%</td>
</tr>
<tr>
<td>H2020 Project</td>
<td>9%</td>
</tr>
<tr>
<td>Health and/or social care provider - PRIVATE</td>
<td>9%</td>
</tr>
<tr>
<td>Network organisation</td>
<td>9%</td>
</tr>
</tbody>
</table>

Locations of eligible respondents

- United Kingdom
- Sweden
- France
- Spain
- Belgium
- Denmark
- Netherlands
- Norway
3.2.1.2. Areas of intervention of the identified procurements

The respondents have indicated through the questionnaire, the main area of intervention of their investment(s). The pre-defined category were aligned on the focus of the six (6) Action groups (AG) of the EIP on AHA:

- Integrated care and chronic disease management (AG B3)
- ICT solutions for independent living (AG C2)
- Medicines adherence (AG A1)
- Age-friendly environments (AG D4)
- Falls prevention (AG A2)
- Frailty and functional decline (AG A3)
- Other

The respondents had the possibility to select several options in the case the solutions they will procure cover several areas. We can see on the above diagram that the **chronic management and integrated care is the most targeted area**, which reflects certainly one of the most important challenge for buyers.
3.2.1.3. Amount of investment per procurement

The survey shows that 61% of the identified investments are under 1 million euros and the section 251k-500k euros is the most selected range of investment. We can then understand that most of the procurements are targeting a fairly low amount of investment per procurement, which could represent a difficulty for solutions suppliers (companies) as it illustrates a fragmented AHA market with local organisations purchasing low-scale deployment.

Nevertheless, we can notice a significant part of the investment (~20%) is above 3 million euros, which could represent in some cases, structuring investments for these regions with a wider scope for the purchased solutions.

3.2.1.4. Target population

We have tracked also the characteristics of the targeted population by the solutions that the buyers were planning to purchase.

The below diagram shows that a large number of the procurements (78%) were targeting the general population, even if some aspects of the solutions were specifically addressing older people. Half of the investments are targeting populations above 1 million people.
3.2.1.5. Expected outcomes of the procurements

The respondents have also been asked to describe the expected outcomes of their investments. Several options could be selected. We can observe that interestingly, digitally-enabled solutions are not seen only as a tool to decrease the costs of health and social care services (#9\textsuperscript{th} ranked option), but digital is seen as an innovative media or channel to:

- modify the role of the patient in the management of her/his health (self-management ranked #1\textsuperscript{st});
- improve the patient’s situation (better quality of life ranked #2\textsuperscript{nd});
- improve the communication between patients and professionals (ranked #3\textsuperscript{rd}).

3.2.1.6. EU Map of investments

The data collected through the survey could be used to design a European map of the investments in digitally-enabled innovative solutions for Active and Healthy Ageing (AHA).

The proposition is to integrate these data as a new layer of the EIP on AHA Dashboard\textsuperscript{2}. This policy dashboard presents, through an integrated geographical visualisation, all the key activities of EIP on AHA. It displays information on the EIP on AHA activities (commitments, good practices and reference sites), together with contextual indicators extracted from official statistics related to Active and Healthy Ageing. When displaying EIP on AHA activities, the dashboard displays their territorial coverage as indicated in the Commitment Tracker, not only the location of the main organisation.

\hspace{1cm}\textsuperscript{2} See the EIP on AHA Dashboard: http://www.linkedpolicies.eu/policymaps/eiponaha/#
The map of investments data could be an interesting new indicator to follow for the EIP on AHA as it has been confirmed by a parallel study executed within the “Innovation to market”\(^3\) (I2M) activities of the coordination and support action WE4AHA\(^4\).

Joint to the present report, the contractor is providing the data within an Excel file, designed to be integrated to the EIP on AHA Dashboard (following the requirements of the dashboard’s developers).

### 3.2.2. Results of the qualitative survey

Additionally to the quantitative survey, the objective of this report was to understand better the motivation of buyers when they decide to launch an investment for digitally-enabled innovative solutions for AHA. We have then organised **individual interviews** with some respondents to the previous quantitative survey. However, as it was also interesting to understand the dynamics with non-respondents, e.g. other organisations which didn’t plan to purchase digital solutions although they regularly purchase solutions for AHA. We then have also contacted for interviews other potential purchasers. **The transcriptions** of the interviews are presented in Annex 4 of this document.

**The interviewees** have been:
- Galician Health Service (Spain)
- Ministry of health of Andalusia, innovation department (Spain)
- NHS Liverpool (UK)
- Northern Ireland Reference Site (UK)
- RESAH (health public purchase platform) (France)
- Health department of Murcia region (SMS) (Spain)
- Stockport city council (UK)
- Caisse Nationale de Solidarité pour l’Autonomie (CNSA) (France)

**General comment and finding:** some people contacted have not responded to the request, some have expressed their difficulty to answer this type of questions and expressed their concerns about the publication of nominative results.

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\(^3\) Innovation to Market (I2M) of WE4AHA CSA, see [https://ec.europa.eu/eip/ageing/innovation-market-i2m_en](https://ec.europa.eu/eipaip/ageing/innovation-market-i2m_en)

3.2.2.1. Current Investments characteristics

All the interviewees have indicated that they are deploying strategies around digitalisation for health and care services, and they confirmed their interest in investing more in digitally-enabled solutions for AHA.

However, the current budget part dedicated to purchase of Digital solutions for AHA is low (0-3% of whole health and social care budgets). Number of interviewees have mentioned that this part is increasing despite some challenges and barriers (see below). As an example, in France, the recent law (2015) about the “adaptation of the society to the ageing population” has created a national fund\(^5\) (allocated and controlled by local counties “conseils départementaux”) for solutions in favour of the independent living.

In 2016, more than 160 million of euros have been dedicated to this fund (combining national funding from CNSA and from local authorities and stakeholders). The part of the investments related to ICT technologies or smart homes has been 3%\(^6\). From the point of view of the CNSA, the local purchasers sometimes lack of information about digital solutions for AHA, or use their budget to purchase classic telecare services (passive assistance).

All the respondents indicated also that the innovative procurements they are developing are partially funded through European structural funds.

Most of the targeted digitally-enabled innovative solutions are not only targeting older people or age-related issues but they often are more generic (chronic diseases, prevention, empowerment, EHR or generic IT systems, etc.) and could addressed general population issues. The interviewees declared that the investments in digital solutions could cover EHR and IT infrastructure, patients’ empowerment, chronic diseases management, telecare, prevention and self-care, (re-)design health services.

Interviewees underlined the fact that digital technologies could be an answer to some challenges their health and care systems are facing due to the explosion of the number of patients affected by age-related conditions and chronic disease, and so the lack of resources (human, facilities).

\(^5\) [https://www.cnsa.fr/compensation-de-la-perte-dautonomie/financement-des-prestations-concours-aux-departements/la-conference-des-financeurs-de-la-prevention-de-la-perte-dautonomie](https://www.cnsa.fr/compensation-de-la-perte-dautonomie/financement-des-prestations-concours-aux-departements/la-conference-des-financeurs-de-la-prevention-de-la-perte-dautonomie)

\(^6\) See 2016 CNSA report: [https://www.cnsa.fr/documentation/cnsa_18-01_dossier_tech_financiers_exe1.1mg_opt.pdf](https://www.cnsa.fr/documentation/cnsa_18-01_dossier_tech_financiers_exe1.1mg_opt.pdf)
Digital technologies appear then as a way to cope efficiently with these large populations challenges, with a good ratio investment/population outreach. They often are mentioned as a solution to keep hospitalisations at a sustainable level, through the empowerment of citizens for self-care and self-management. ICT technologies are also considered as a promising way to improve the accessibility to health and care services.

### 3.2.2.2. Barriers for Digital solutions and large investments

One of the challenges for buyers is the **fragmentation of the solutions available on the AHA market**. Number of solutions are dedicated to one aspect of the issues they are facing and the lack of integration between the different solutions create a gap for procurement processes. It often requires to design the purchase process encouraging suppliers to build consortia in order to provide integrated solutions with a wider scope. Several interviewees reported their difficulty to identify "**simple and integrated solutions, easy to scale up and maintain**".

**Identifying available digitally-enabled solutions for AHA** is still a challenge for some purchasers. It is sometimes difficult to obtain clear and reliable information about the solutions. The buyers notice a **predominance of large vendors versus SMEs and start-ups**.

Interviewees underlined the lack of interoperability and openness (in terms of **data availability** and **integration**). For instance, the recent new Master plan for the health information system in Catalonia\(^7\) is clearly pointing the need nowadays to define a new "**model for the data management and an architecture of information systems which matches the changes in the model of care services (...). This is why (it requires) a systemic approach allowing the data exchanges between healthcare providers but also with other environments such as social care**".

To tackle these challenges, the Catalan department of health plans to "technologically update” its information systems and encourage healthcare providers to do so in order to build a regional model of data management and data sharing opening the way for massive data treatments (big data) to improve health and care services (personalisation, piloting the system...) and for research and innovation purpose\(^8\).

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\(^7\) See the document (in Catalan) [http://pdisis.blog.gencat.cat](http://pdisis.blog.gencat.cat)

A couple of purchasers are also pointing that the **digital gap still remains for older people** (especially above 75 years old). They call for improvement in the **design** of the AHA solutions in order to propose **more user-friendly interfaces**.

**The lack of high broadband internet services** has also been raised during our interviews, but most of the interviewees recognised that this challenge is covering a large spectrum of activities (not only health and care purpose).

We have observed also that **several regions have developed their own solutions with the support of IT companies**, such as in Spain in Galicia or Catalonia. One of the reasons could be the fact that regional buyers are asking for **very specific requirements, looking for solutions perfectly tailored for their own health and care system**, taking in account the existing information systems, fruit of the history. This trend of “**hyper-personalisation**” of the solutions to each region or organisation is a barrier for generic solutions aiming a large-scale deployment at the European level.

**Cultural and mind-set change** for citizens and health and care professionals seems also challenging for some organisations. Better **design** and **user-centred innovation** could be a way to overcome this barrier.

One of the interviewee explained that **public procurement regulation** could be a difficulty to understand better the AHA market and its innovations, with some limits and a lack of flexibility in the dialogue between purchasers and suppliers.
3.2.2.3. Drivers for more (and larger) investments in digitally-enabled solutions for AHA

Mirroring most of the barriers mentioned by the interviewees, the 2 main drivers for investments related to the available solutions on the market, are the following:
  o Integrated interoperable solutions allowing data sharing
  o User-friendly solutions with seamless user-interfaces

All interviewees mentioned the innovative public procurement mechanisms (PCP, PPI) as an important tool to invest in digitally-enabled innovative solutions for AHA, because of the inherent risk associated to this type of products and services. Some are also exploring innovative models for partnerships with suppliers, such as risk-sharing models.

Sharing best practices with other buyers and implementers is a way to limit this risk and better target the solutions required in the procurements.

Several interviewees explained also that their current focus was on digital health infrastructures investments (“building the foundations”), before purchasing large applicative solutions.

One of the interviewee announced a paradigm shift in her organisation, from tailored-made products and services (internally developed or with IT companies non-specialised in healthcare) and generic market solutions.

It appears also key to focus future investments to support care services redesign and services transition rather than focusing on funding “technological invention”. Here again, the question of the integration of an innovative solution in a specific system was in background of this comment.

Finally, some respondents mentioned the fact that giving the high-speed change happening currently on the consumer market with “Business to Consumers” (B2C) products and services, public sector should also learn from it and look for connections, in order to propose relevant and citizen-centred solutions.
3.2.2.4. Expectations about actions of the European Commission

During these interviews, we also asked what the expectations of our interviewees for the future actions of the European Commission on would be the AHA market of digitally-enabled solutions. Here are the five (5) major expectations:

- Providing reliable information on existing solutions, including relevant features from vendors and users, through a kind of EU observatory or Business intelligence dynamic tool.
- Promote information exchanges between public authorities at national and regional level, and healthcare organisations.
- Fund activities fostering the dialogue between procurers, providers and suppliers.
- Fostering open source solutions and standardization at EU levels.
- Stop investing in invention but invest in understanding the deployment challenges and supporting transition to new services models.

This survey (including quantitative and qualitative approaches) has revealed number of information around the current status and certainly the future evolution of investments in digitally-enabled innovative solutions for AHA, across Europe.

Despite the relatively low number of tracked investments and interviews, we can extract enough information to outline some potential actions to be developed between 2018 and 2020.

These actions should be related to the currently running coordination and support action “WE4AHA” which objectives is to support the stakeholders involved in the EIP on AHA.

Specifically, the Innovation to Market\(^9\) (I2M) initiative will design in the next months (to be delivered in September 2018) an I2M plan which will propose between October 2018 and December 2020 a series of activities both to the purchasers (demand side) and the innovators and solutions vendors (supply side).

The following actions will be integrated in the discussions and the design of the I2M plan, led by ECHAlliance with the WE4AHA consortium.

In order to extract the exact meaning and start pencilling suggestions for action, a through gap analysis can be deducted and analysed in accordance with the PESTLE method in order to better understand the market conditions and suggest actions:

<table>
<thead>
<tr>
<th>Gap No.</th>
<th>Description</th>
<th>Explanation</th>
<th>Potential actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gap 1</td>
<td>Fragmentation of the solutions on the AHA market</td>
<td>Buyers need integrated solutions</td>
<td>&gt; EU map of investments (updated regularly) describing the needs from buyers to suppliers  &gt; Foster creation of consortia of suppliers integrating several products and services in one solution</td>
</tr>
</tbody>
</table>

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\(^9\) Innovation to Market (I2M) of WE4AHA CSA, see [https://ec.europa.eu/eip/ageing/innovation-market-i2m_en](https://ec.europa.eu/eip/ageing/innovation-market-i2m_en)
<table>
<thead>
<tr>
<th>Gap No.</th>
<th>Description</th>
<th>Explanation</th>
<th>Potential actions</th>
</tr>
</thead>
</table>
| Gap 2  | Lack of knowledge about available digitally-enabled solutions for AHA | Purchasers lack of reliable information about existing solutions | > EU observatory of the available solutions  
> Organisation of meetings and workshops between demand and supply side  
> Raise buyers’ awareness about the offer of SMEs and start-ups |
| Gap 3  | Lack of interoperability | Buyers are facing a market where several standards are used | > Promote EU standards of interoperability |
| Gap 4  | Lack of openness of the solutions about data sharing and management | Health and care systems need to share the data between several care providers (for services improvement) and with innovators (research and innovation) | > Promote open models, facilitating the Free flow of data  
> Legal framework for secondary use of data |
| Gap 5  | Need for cultural change and literacy in demand side organisations about digitally-enabled solutions for AHA | Purchasers are not enough informed on the benefits and capacities of digital technologies to tackle the main health and care challenges | > Develop educational material and events to inform and train the buyers  
> Organise matchmaking events where suppliers present their solutions and their impact  
> Foster best practices sharing between buyers across Europe |
| Gap 6  | Investments could be limited by the high level of risk around innovative solutions | Impact and outcomes of the digital solutions (implying a re-design of care services) are uncertain | > Promote and support innovative public procurement processes  
> Educate buyers around innovative models of risk-sharing |
5. Conclusions

This survey has been designed to describe and quantify the future investments across Europe in digitally-enabled innovative solutions for Active and Healthy Ageing. Its aim was to identify the potential actions that could be launched between 2018 and 2020 in order to stimulate the European AHA market and support the goal of the European Commission to achieve more than 50 EU regions actively deploying and implementing large-scale, sustainable, digitally-enabled innovative solutions for active and healthy ageing (AHA), improving the lives of at least 4 million citizens by 2019.

First, the results show that the collection of such information is in itself a challenging objective. The (public sector) demand side of the AHA market is fragmented as, most of the time, the purchasers are regional and local organisations, which are not coordinated at a national or pan-European level. This situation drives to a certain opacity of the market for the supply side and a barrier for scaling-up the deployment of innovative solutions.

Moreover, most of the regional and local authorities are planning such investments on an annual basis, which has limited the capacity of forecasting long-term investments.

If each region or local authority in Europe purchases regularly products and services for the older part of their population, the survey has demonstrated that the part of digitally-enabled solutions is still remaining at a relatively low level (0-3%) for this specific AHA segment. Several reasons have been mentioned such as the digital gap related to older generations, or the lack of user-friendly solutions.

Nevertheless, the buying organisations have invested massively in ICT-based solutions for supporting the delivery of health and care services. But most of these solutions are related to digital health infrastructures, and care solutions targeting the general population (not only ageing segment), which was out of the scope of the quantitative and the qualitative survey.
However, the respondents have clearly described the barriers, which could prevent their organisation from large investments. A series of specific actions could then be developed in order to tackle these challenges as presented in the above work plan. These actions should target several dimensions of the innovation:

- Innovation for a better information of the demand side about the available solutions on the market and their performance;
- Innovation for developing closer relationship and dialogue between demand and supply side (in particular SMEs and start-ups) of the EU AHA market (including exchanges about the definition of needs, the business and contract models around innovative solution, the risk sharing);
- Innovation in favour of an implementation model of digitally-enabled solutions, certainly from an identification of key success factors from countries to countries, regions to regions;
- Innovation for more integrated solutions, combining several products and services and addressing larger population with multiple health conditions
- Innovation for open models of data exchange, allowing European health and care systems to share data among the care providers for better services to the citizens and with the research and innovation sector to enhance the EU competitiveness for Active and Healthy Ageing.

These suggestions of actions and innovations will be important inputs for the design of the Innovation to Market (I2M) plan of the coordination and support action WE4AHA. This plan will support the stakeholders from the demand side (purchasers) and from the supply side (in particular SMEs and start-ups), in order to trigger more and larger investments in digitally-enabled solutions for AHA, and to develop a mutual knowledge leading to more relevant solutions for the current needs and challenges that the EU health and care systems are facing.
Annexes
Annex 1
Quantitative survey:
online questionnaire

Part 1 – Organisation details

Organisation Name*

Geography
Country*
Drop down menu - select one:
- EU country 1
- EU country 2
- Etc
- Etc
- Other (please specify)
Region

Website*

Organisation type*
Drop down menu:
- National/ regional government and institutions
- City Councils/ Municipalities
- Health and/or social care provider – public
- Health and/or social care provider - private
- Insurer, mutual and pension funds
- Public insurance
- Other (please specify)

Description of the organisation
Please upload your organisation’s logo if you would like it to be included in a report to the European Commission
Part 2 – Investment details

List of investments

First investment

- **Name of product/service targeted**
- **Briefly describe the product/service, including how it is innovative and digitally enabled**
- **Type of investment**
  - *Drop down menu – select one:
    - Committed
    - Potential
- **Expected year for launch of investment**
  - *Drop down menu
    - 2017
    - 2018
    - 2019
    - 2020
- **Amount of investment (Euros)**
  - *Drop down menu – select one:
    - 1 – 100k
    - 101k – 250k
    - 251k – 500k
    - 501k – 999k
    - 1m – 2m
    - 2m – 3m
    - More than 3m
- **Select the age of target population for the product/service**
  - *Drop down menu – select all that apply:
    - All population
    - 50 – 79 years old
    - 80 years old+
- **Estimate the number of population targeted by product/service**
  - *Drop down menu – select one:
    - < 500 people
    - 501 – 10,000
    - 10,001 – 999,999
    - 1m+
Select the area(s) of intervention of the product/service
Drop down menu – select all that apply
- Medicines adherence
- Falls prevention
- Frailty and functional decline
- Integrated care & chronic disease management
- ICT solutions for independent living
- Age-friendly environments
- Other (please specify)

What are the expected outcomes of your investment?
Drop down menu – select all that apply:
- More personalised care
- Better self-management for patient
- Reduced risk of developing long term conditions e.g. diabetes
- Better health outcomes and/or quality of life for patient
- Improved communication between patient and health care professionals
- Deliver more care in home setting rather than hospital
- Production of quality data for information sharing
- More time to care for health care professionals
- Improved productivity for healthcare professionals
- Reduced costs for health care provider
- Creation of jobs, growth
- Other (please specify)

Would you like to tell us about another investment? *
- Yes -> Provide details of Second Investment
- No -> Proceed to last page & submit

Second Investment

Part 3 – Respondent details & Submit
Name*
Email address*
Would you be willing to participate in a short telephone interview to discuss your investments further?
Drop down menu
- Yes (If yes, we will contact you via email to arrange a suitable date & time)
- No
You may use this space to provide any further comments
Submit Questionnaire
Annex 2
Press release
(Associated to the online questionnaire)

The European Innovation Partnership on Active and Healthy Ageing, supported by ECHAlliance, has just launched a short online consultation with any organisations that are actively deploying and implementing large-scale, sustainable, digitally-enabled innovative solutions for Active and Healthy Ageing (AHA).

The consultation was launched to identify plans for investment (both committed and potential) in the implementation of innovative solutions for Active and Healthy Ageing 2017 – 2020. The consultation will inform the creation of an Investment Map illustrating the EU investment potential in this area, contributing to the EIP on AHA Policy Dashboard.

This is an excellent opportunity for organisations (any organisation, public or private, irrespective of being partner of the EIP on AHA or not) to gain visibility at a European level for their investment potential, to identify enablers or obstacles that can impact on the realisation of those investments, as well as to contribute to the creation of an Investment Map for innovative digitally-enabled AHA solutions.

Click here for more information and to complete the short online Consultation Questionnaire.

Contact
Paula Dougan, ECHAlliance: paula@echalliance.com
Annex 3
Interview guide
(Qualitative survey)

TRENDS
- Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing?)?
- Why do you buy this kind of solutions?
- What are the barriers preventing you from buying?
- Which would be the enablers to foster the purchase process?

SOLUTIONS
- Which kind of solutions are you looking for?
- How easy is to find available solutions on the market?
- How would it be easier to access to the information of the solutions available in the market?

INNOVATIVE PROCUREMENT
- Have you ever used PCP or PPI?
- Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?
- Would you be interested in participating in events with companies presenting you solutions?
- Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?
- What should be the role of the European Commission to support your investment?
CONTACT DETAILS
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Javier Quiles del Río
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Region and country: Galicia (SPAIN)
Mail: Sergio.Figueiras.Gomez@sergas.es
jquirio@sergas.es
Date of interview: 21st December at 11:00

TRENDS

Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing)?

SERGAS is the healthcare organisation responsible of dealing with general health care rather than focused in chronic patients and AHA, although this is an important area as the increase of elderly people also increase the number of patients with chronic conditions. In Galicia, 23% of the population is over 65 years old. It is important to pay attention to the digital solutions aimed to chronic patients with a bigger impact, excluding those already in hospital and those that the chronic condition does not affect the quality of life (this is approximately 5% of population). Digital technology direct purchase is about 35M€/year, that is around 1% of Healthcare total budget. There are a number of new solutions oriented to provide support to chronic patients. A high percentage of these patients are also ageing people. These solutions are mainly aiming to better monitoring and closer followance of these population based on IT. Galicia has invested about 5 M€ on innovation projects directly supporting these new platforms (e-Saúde, TELEA, SISENS), and there are 10 M€ undergoing in PCP PPI new developments.

Why do you buy this kind of solutions?

These solutions are one of the best ways to provide low intensity and long term healthcare services improving accessibility and health conditions of a large and increasing number of patients, that demand these services, keeping hospital admissions and hospital processes in a sustainable rate.
What are the barriers preventing you from buying?

Change of strategy: There is a need of long term political commitment to support the use of digital solutions to be able to move from treatment of acute patients to chronic patients. 50% of the population is in the segment between 30-60 years and 23% of the population is over 65 years.

Literacy: The digital gap for old people still exist, so we still need more user friendly and less invasive technology solutions that can be easily adopted in the daily life of old patients.

Connectivity in remote areas: Also high broadband internet services are not already in place to every geographical locations, so scalability is conditioned.

Open access solutions: Regarding products, there are also barriers, as products are not open, modular, interoperable, and you can not rely in clear long term cost model for scaling and support. Actual solutions have a long life cycle and involved 10-years investment and being limited to one supplier.

Available solutions: There is no “quality” market and dealing with personal data is a limitation with the POPD as well as all regulatory aspects.

Licensing models: No clear licensing models yet

Business models: There are not clear business model meeting both, supplier and healthcare organisation needs.

Which would be the enablers to foster the purchase process?

IT tools should be integrated in a standard way, with seamless user interfaces that provide security and accessibility. At the moment, a lot of new solutions are emerging but many of them are disconnected or use different security systems, platforms, etc. This de-integrated scenario makes it difficult to make decisions on investments that require long term change management processes to deploy and succeed.

The best solution will be:
- Integrable
- Price able to be scaled-up

SOLUTIONS

Which kind of solutions are you looking for?

Simple and integrated solutions, easy to scale up and maintain.

How easy is to find available solutions on the market?

It is not easy to find available solutions that are enough open, flexible and interoperable to be easily incorporated into an existing IT information ecosystem.
How would it be easier to access to the information of the solutions available in the market?

It is not easy to get clear and reliable information on the solutions available in the market that is evolving so fast. A number of features should be taken into account: Modularity, functionality, workflow integration, standardization, costs, ownership model...

INNOVATIVE PROCUREMENT

Have you ever used PPC or PPI?

Yes. actually involved in EMPATTICS
Also SERGAS launched the Innovasaude and Hospital 2050, a PCP and PPI launched with ERDF funding and are actually involved in Codigo 100

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

Yes. Companies are keen in the use of PCP and PPI as they know better the need of teh healthcare organisations but they are complex from the procurement point of view for healthcare organisations.

PPI is easier than PCP.

Would you be interested in participating in events with companies presenting you solutions?

Yes

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

Yes. We participated in EIP-AHA twinning, and TITTAN project is about networking

What should be the role of the European Commission to support your investment?

Providing reliable information on existing solutions, including relevant features from vendors and users. Promote information exchanges between public authorities at national and regional level. Fostering open source solutions and standardization at EU levels.
**TRENDS**

**Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing)?**

Se está participando en el desarrollo de una estrategia de envejecimiento activo que lleva asociada el desarrollo de plataformas digitales, con un presupuesto de 1Mio euros de FEDER en salud, además de las que se localicen en políticas sociales. También hay presupuesto para otro tipo de actividades y la puesta en marcha de servicio de teleasistencia avanzada, servicio que se presta desde servicios sociales.

La línea estratégica de inversión es en actualización y desarrollo de las infraestructuras digitales más que servicios digitales. Entre las prioridades destacan: actualización de la historia clínica integrada digital, atención a crónicos y telemedicina, servicios de soporte y acompañamiento. Por ejemplo, se cuenta con una plataforma de emergencias consolidada que da soporte al centro de información y atención a la ciudadanía "Salud responde" que amplía servicios para atender a pacientes frágiles y crónicos. Además hay un convenio con Red.es de 46 Mio para estos temas.

Además de la infraestructuras, hay servicios de teleasistencia avanzada vinculada al bienestar: "compañía y prevención de la soledad“ y se están incorporando servicios avanzados, pero esta incorporación requiere un cambio en paralelo.

**Why do you buy this kind of solutions?**

Las competencias de la Junta de Andalucía en el ámbito del envejecimiento activo están en la Consejería de Igualdad y Políticas Sociales. Concretamente, uno de los servicios es teleasistencia avanzada, no solo para dependientes, y aunque los usuarios principales se encuentran en el segmento de mayores de 65 años, se tiene claro que los servicios tienen que empezar con anterioridad en fases preventivas.

Las competencias en asistencia sanitaria y envejecimiento saludable corresponden a la Consejería de Salud, y se desarrollan a través de la red de centros del Sistema Sanitario Público de Andalucía (SSPA). Este sistema ha incorporado soluciones digitales de manera generalizada, contando con una historia clínica electrónica centrada en cada paciente, accesible desde los diferentes niveles asistenciales y también por el/la propio paciente. Los servicios de telemedicina están vinculados al sistema corporativo y en estos momentos nos interesa la mejora y actualización de las infraestructuras digitales operativas.
What are the barriers preventing you from buying?

Por lo que se refiere a servicios vinculados a la aplicación y actualización de apps... el enfoque es que es preciso disponer de una infraestructura que permita que una app validada pueda conectarse de una manera segura a la infraestructura de datos, evitando iniciativas sueltas. Por ello, es preciso definir las reglas y las condiciones de acceso y explotación de los datos de la historia clínica para las explotaciones de big data. Es preciso evitar soluciones a medida que no se traducen en servicios corporativos.

Which would be the enablers to foster the purchase process?

El SAS cuenta con 49 hospitales, 1500 centros de atención primaria y comunidad muy extensa. Frente a sistemas más descentralizados una vez que hay una solución tiene una gran impacto

SOLUTIONS

Which kind of solutions are you looking for?

Teleasistencia es una área muy relevante Además, hay unos retos lanzados a través de la plataforma estableciendo unos requisitos que deben cumplir para poder acceder a datos, la historia clínica digital. Por otro lado, se han definido más de 80 procesos de asistencia clínica que son los procesos asistenciales integrados prioritarios que señalan las prioridades de la organización. Se está analizando cómo la transformación digital puede mejorar esos procesos y, basando en esto, construir la línea de prioridades para avanzar hacia una nueva generación de servicios digitales.

How easy is to find available solutions on the market?

No es complejo pero la diferencia es que hasta ahora se ha venido trabajando con desarrollos a medida y ahora va a buscar soluciones estándar, pero supone una transformación completa. Otro cambio es que en la compra de servicios es importante desvincularse del mantenimiento y se vira a la posibilidad de servicios. Finalmente se está cerrando el modelo de gobernanza de aplicaciones móviles.

How would it be easier to access to the information of the solutions available in the market?

Sería interesante contar con un servicio de vigilancia tecnológica independiente que pueda ser cooperativo.
INNOVATIVE PROCUREMENT

Tienen tres líneas de proyectos de compra pública pero la situación es mala desde el punto de vista financiero para lanzarlos son ningún tipo de ayuda. Se está desarrollando la CPI aprovechando los incentivos de la Comisión H2020, FEDER o Fondos de Desarrollo regional o CPI Ministerio

- H2020: 2 proyectos stars (stress pacientes) relief (solución telemática de soporte a manejo de dolor crónico. Relacionada con AHA) En los dos está implicado el Hospital Reina Sofia
- FEDER Ministerio: 2 iniciativas con un importe de 6 Mio centrado en soluciones de diagnóstico biomédico
- Hay varias propuestas presentadas en el Ministerio
- Cuentan con una cartera de 20 iniciativas presentadas a fondos FEDER de la Junta. Además, tienen una solución de patología digital pendiente de presentar.

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

Si, pero es preciso construir los procesos para fomentar la compra pública en el SAS con una dinámica normalizada de trabajo. Se está trabajando primero con subvención y luego con recursos propios.

Would you be interested in participating in events with companies presenting you solutions?

yes

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

yes

What should be the role of the European Commission to support your investment?

Create a platform to share knowledge between the healthcare organisations
TRENDS

Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing?)?

In the UK there are two big digital movements:

1. TOOLING THE WORKFORCE: smart inc digital solutions for practitioners e.g. doctors, nurses, social workers etc. to provide tools to work better and safer. eg electronic patient record, digital scanning etc.

2. SERVICE/PRACTICE MODEL SHIFT. The actual trend is a change in the channel, applying it to health/care it means a need of a shift what involves a change from a person to person interaction to services will not be provided by a person, and patients have to accept it, and this requires also a change in the citizens culture towards health services. The existent model has to be redesigned towards a service/practice model and the challenge is resource and capacity to shift from the standard to “self” care and service operating model.

Liverpool has one of the largest deployments of telehealth in a single health economy in Europe (6000 patients), education, providing information on their medication, monitoring their condition, measuring levels of oxygen, blood pressure, etc. managed by a remote call centre that also counts with a response triage. 6000 people supporting that service.

Also, Liverpool is world leading scaling up of electronic patient record sharing, with over 8.5 million shared records accessed creating a seamless process and invaluable experience with no data losses or complaints.

Other examples of the use of technology include:

- redesign of services to support patients that have been discharged from hospital, or with chronic conditions such as cardiac problems and diabetes, cancer instead of focusing mainly on COPD,
- to monitor hypertension with simple technology and mobile apps
- GPs prescribing technology to monitor falls
- through community groups there is a different approach to use wearables and fitness trackers to get citizens to gamify and improve physical activity.

The objective should be for the citizens to be healthier for longer, empowered and have ownership of their own life. Through an increase in digital maturity, patient care and prevention can be improved.
Why do you buy this kind of solutions?

It is the change in service/practice that gives the advantage. The patient feel more informed and in control of their condition and its treatment/care. Patients as co-delivers of the care.

What are the barriers preventing you from buying?

- current service/practice operating models are non-interoperable with what many of the technologies are designed to do i.e., supporting patient self-service and care
- cost of the technology is not the issue but the cost of the service redesign to a self-serve/care service (and the cost of running 2 services during the transition from one to another):
- there is a need for a culture change from the citizens: health is a really hard sell and people as a general rule do no prioritise health but financial and social safety
- interoperability: there is a plethora of systems in use that do not talk to one another - and the reason for this is often commercial rather than technical
- traditional approaches to security and governance often disabling rather than enabling change
- large vendor (and predominant) health/care IT systems are not designed or accessible in an intuitive and user friendly enough way for clinicians working in hospital and community settings of care or citizens

Which would be the enablers to foster the purchase process?

- Investment to support service redesign and service transition rather than a focus on investment in technology invention
- Supporting citizens to overcome non clinical challenges (economic and physical safety e.g.) so that they can be better engaged in their health and well-being - enabled to self-care.
- Learning from the consumer market and the quantified self-movement

SOLUTIONS

Which kind of solutions are you looking for?

- Prevention and self-care hard-wired into health/care service models and practice
- Service/practice design skills
- Capacity and resources to redesign and transition between service models

How easy is to find available solutions on the market?

Solutions exist and are already operating in the consumer space. The challenge is that those solutions are non-interoperable with existing service models and practice
How would it be easier to access to the information of the solutions available in the market?

Liverpool has 2nd fastest growing creative and digital industry in the UK. The NHS facilitates to have conversation with solvers to understand what the challenges are and create new products to meet the challenge. Companies are now working with NHS for to disrupt service/practice through test deployment of innovative products/service. If we can get this right we will have world beating, innovative digital health companies, transforming, innovative health services and a growing local economy. And economically active citizens are healthy citizens.

INNOVATIVE PROCUREMENT

Have you ever used PPC or PPI?

Liverpool council lead on a program for home care agencies and it is now on the final year to deliver care of people at the home the PPI was used to purchase the digital solutions: How to interoperate with the social with healthcare with health records. The ambitions in relation to digital maturity will enable the integration of health and social care information that will improve communication between professionals and significantly reduce costs.

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

It is not about the technology but about the way to use the technology and the service needs for technology

Would you be interested in participating in events with companies presenting you solutions?

If the solutions:
- met the key service/deployment challenges (i.e. showcasing innovative products adds little value)
- Innovators can work with as partners not just suppliers

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

Liverpool is actually involved with another 9 regions in the INTERREG project ITHACA and they are focused in how regions organise themselves in smart health policy.

What should be the role of the European Commission to support your investment?

STOP INVESTING IN INVENTION! INVEST IN UNDERSTANDING THE DEPLOYMENT CHALLENGES AND SUPPORTING TRANSITION TO NEW SERVICE MODELS

TRENDS

Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing?)?

In Northern Ireland there is an eHealth strategy that covers all the action lines in this field. Nevertheless, there are some other organisations working in the field of wellness and AHA that are using digital solutions but they have not complete information on the deployment.

This strategy includes the use of telemonitoring, telehealth and telecare working effectively with a range of partners such as housing, councils, and the community and voluntary sectors to deliver better care. The procurement is done through the procurement frameworks and there will be on on telehealth this year and another one on telecare later this year.

Most of the activities are aimed to patients with chronic conditions

Some of the actions implemented are not aimed to elderly people but they will benefit from them such as:
- The web-portal will give citizens, self-care information and secure access to online services and to their own health records.
- The use technology to enable people to live independently at home and include prevention, such as, prevent from falling.
- The development of ways of allowing citizens to interact electronically, e.g. online booking or videoconferences to facilitate access to clinicians.

The trend, is to look for individual conditions so there will be space for improvement in telehealth, through individual contracts instead of a big contracts. SIngle IT systems for Health that will benefit all population will be procured later this year. Artificial Intelligence will be included in a future.

Why do you buy this kind of solutions?

- Keep patients out of hospitals and secondary health so monitoring is a great way of taking care of patients without an appointment and
- Enables the clinician to do better use of their time as well
What are the barriers preventing you from buying?

- Limited by what you can connect in the system and some solutions will take a lot of cost to integrate
- Old people is not familiar with technology

Which would be the enablers to foster the purchase process?

- Key is technology infrastructure
- Reduce eHealth literacy of the population so they are able to understand data
- In Northern Ireland, climate is a challenge in winter to make people to be active all year long

SOLUTIONS

How easy is to find available solutions on the market?

- It is easy for most things
- There are so many solutions, technology does not hold back but the infrastructure
- Working in better connection with local companies to better fulfill the NI health care system needs

How would it be easier to access to the information of the solutions available in the market?

INNOVATIVE PROCUREMENT

Have you ever used PPC or PPI?

- Small Business Research Initiative (SBRI) make it easier to develop a product
- It has been used in
  - app for gamification on medicines optimization,
  - detect when a patient has ingested the medication (inhalers),
  - gestational diabetes
- H2020 MAGIC

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

- It is a good tool as enables companies to try things
- There is an acceptance that sometimes you can do things wrong or fail and that’s why you have more that 1 company
- Also, companies can learn from one another. Co-design.

The good thing will be launching a proper procurement after the PCP process.
Would you be interested in participating in events with companies presenting you solutions?

In concrete areas of interest they are interested in procuring, they attend to ECHAlliance events with companies and they are interesting.

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

They participate in research projects in H2020 and EIP collaborative networks. Getting in touch with 4star reference sites like Denmark give some ideas.

What should be the role of the European Commission to support your investment?

To use structural funds to build up infrastructures of health. Now are used for INTERREG and other infrastructures. Funding is always a problem.
TRENDS

Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing?)?

We don’t have so many contract for AHA at RESAH although some of the existing solutions are adaptable, because there is no specific section for AHA solution.

Why do you buy this kind of solutions?

The main reason is because they match an existing need. At RESAH, the process to be followed is to launch a basic market consultation to identify the available solutions via cluster or other stakeholders in our network and the tenders is launched for those buyers that “Would you be interested in purchase these solutions”. First solutions and the fit with the need.

(Example)
Trough “Espace Acheteur” you can consult the list of markets, make online requests for availability, centralize all the documents of markets, etc.

What are the barriers preventing you from buying?

There is no concrete AHA unit in RESAH

Which would be the enablers to foster the purchase process?

- Create a section and unit at REASH focused on this topic.
- Make a better connection in between the need and the solution and better understand the need. There is a gap to be filled in between the demand and supply side. It’s not the job to look for new solutions.
- When the solutions are tested they realised that there are new options.
- It is important to identify the real needs of the nursing homes.
**SOLUTIONS**

*Which kind of solutions are you looking for?*

Adequation between the need and what exist. It would cover all solutions that can address a need for healthcare or nursing home organization.

*How easy is to find available solutions on the market?*


*How would it be easier to access to the information of the solutions available in the market?*

It is easy to have a cartography being part of a network of partners.

**INNOVATIVE PROCUREMENT**

*Have you ever used PPC or PPI?*

There is a baseline for normal solutions and then PCP and PPI for innovative solutions. They’re actually involved in:
- **HAPPI** where 3 solutions were selected
- **INSPIRE**
- **PROEIPAHA** is a support and coordination type of project and will support the large European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

*Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?*

Everything is quite connected

PCP is quite specific and takes 4 years on a concrete topic to select 1 solution developed from the beginning. It is not suitable for this sector as there are many solutions available. PCP is interesting for healthcare rather than care sector.

PPI should not finance the project itself as it is really a public tender and support the common initiative. PPI gives the money for the one buying the solution. The main barrier of the adoption is the budget of the organization to purchase the solution.
Would you be interested in participating in events with companies presenting you solutions?

Launch a public consultation through on-line platform.
Connection with the clusters and the networks, Chamber of Commerce
Attending events and exhibition

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

Yes

What should be the role of the European Commission to support your investment?
**CONTACT DETAILS**

Name and Surname: PILar López Acuña  
Organisation name: SMS Murcia  
Region and country: Murcia (Spain)

**Date of interview**

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**INNOVATIVE PROCUREMENT**

Have you ever used PPC or PPI?

Actually involved in proEmpower looking for ICT solutions for patient empowerment and self-management for patients with diabetes mellitus type 2  
Also involved in inDemand, a new demand driven model aimed to launch procurement with regional funds to develop solutions aimed to match the need previously identified by the healthcare organisations.

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

It is a good way to work with a demand driven approach taking as starting point the real need of the healthcare organisations.

Would you be interested in participating in events with companies presenting you solutions?

Yes

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

Region of Murcia is reference sites and is involved in several EU projects, allowing the main healthcare stakeholder to be in touch with some other national and european initiatives.

What should be the role of the European Commission to support your investment?
CONTACT DETAILS
Name and Surname: Andy Bleaden, Funding and Programmes Manager
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Date of interview: 21st Sept 2017

TRENDS

Are digital solutions a large part of your purchases within the ageing sector? What do you foresee in the future (increasing)?

Yes and no. They are starting to form a more considered approach as part of our telehealth and telecare strategy and have also been part of several EU Cooperation projects.

Why do you buy this kind of solutions?

Our citizens expect them more and more and also to tie in with the Council’s drive to have all of our services digital by design so it is consistent with that. Stockport Council’s vision is to greatly improve the customer experience offered to residents and service-users by embracing all the advantages digital solutions bring. The focus will be on online self-service, improved customer contact, providing information, engaging with local communities and creating a joined up view of our customers to provide the right services at the right time.

As part of this we seek:

1. £7 million one-off investment in new technologies & service transformation.
2. Using technology to keep people informed and better connected.
3. Supporting Services with new ways of working.
4. Helping to future-proof our organisation.

What are the barriers preventing you from buying?

Procurement regulations stopping us meeting potential providers in advance. End user expectation lower than what is possible. Market is empty of decent solutions.

Which would be the enablers to foster the purchase process?

We have consistently as members of the ECHAlliance in Greater Manchester found through the ecosystem approach there a mechanism to enable this process that allows us to have dialogue.

We can meet providers, explain our needs, hear their solutions and then look to tender with more information and knowledge to enable our procurement to be better informed and successful.
SOLUTIONS

Which kind of solutions are you looking for?

Tools to manage obesity, mental health and dementia as well as support people with long term needs.

How easy is to find available solutions on the market?

Not very

How would it be easier to access to the information of the solutions available in the market?

Use a EU wide approach where we could look outside the EU for lessons from elsewhere.

INNOVATIVE PROCUREMENT

Have you ever used PPC or PPI?

Yes PCP with Project Silver….we were in the first PCP targeting robots

Do you think that Innovative public procurement (PCP, PPI) are good instruments to support your investments?

Brilliant tools and help us to define our market and get user input

Would you be interested in participating in events with companies presenting you solutions?

Yes we do already (see above)

Are you interested in meeting other EU countries/regions to learn and/or to share your experience in investment for digital solutions for ageing?

See above yes and we are in the EIP-AHA

What should be the role of the European Commission to support your investment?

Fund the EIP-AHA more and the agencies that facilitate the dialogue between procurers and providers