



Platform for Innovation of Procurement
and Procurement of Innovation

Deliverable 1.4 Project Summary Report (2)

PiPPi

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1. Project Summary report 2 - conclusions

The PiPPi project consists of 7 Work Packages, each with a set number of tasks, of which several are interlinked and have dependencies. Fig 1 summarizes the main activities that all have clear interdependencies and correlates to each other.

PiPPi CoP aims at utilizing and enabling all stakeholder to participate and engage with CoP based upon their respective processes and daily operations. Meaning that PiPPi CoP is not aiming at changing all partners/stakeholder internal processes but merely creating the possibility of interaction among them in order to commonly identify, formulate and prepare an unmet need for a PCP/PPI.

The past 6 months have provided some conclusions on specific processes and/or insights addressing unmet needs. Some of the conclusions and insights provide valuable input on how to setup the CoP are in regard to: defined/un-defined process alignment, span of experience base, wide variation of innovation approached and strategic statement/policy status. These are very useful insights and forces us to identify innovative ways to manage these aspects as they are a continuously input to the relevant tasks and continuously developing the CoP's structure and functionality.

The aim is that this will ensure that the potential of- and challenges with, innovation procurement is disseminated amongst the various stakeholder clusters and actors in the EU health sector.

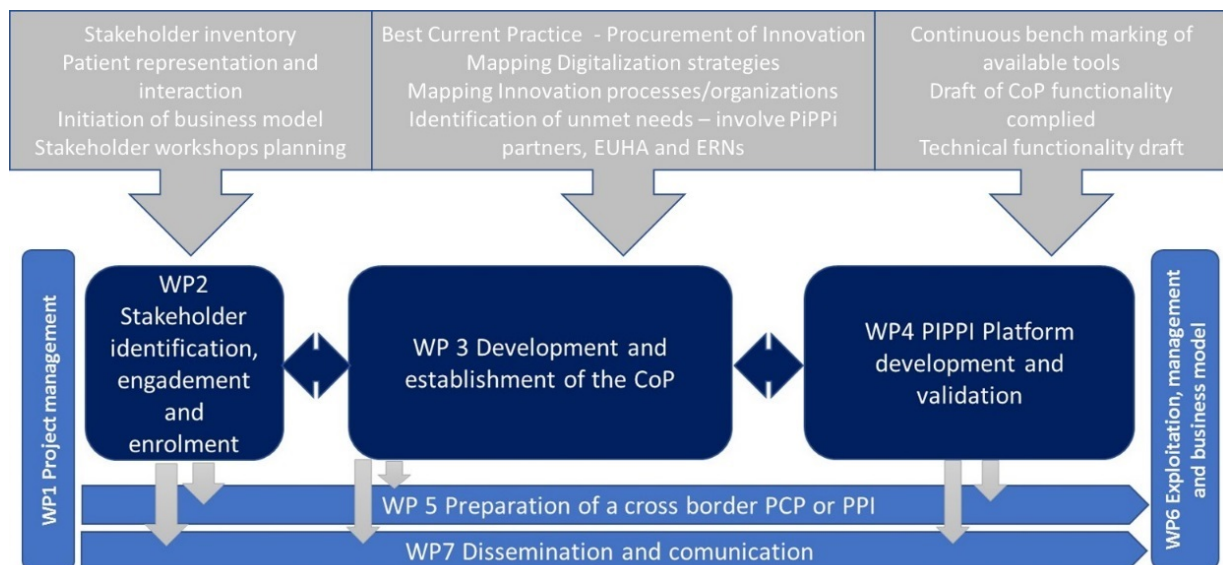


Fig 1: Illustration of main current activities

The conclusions from the second (internal) report is that the project is currently running with some deviations from plan. The deviations and connected adjustments are mainly due to new insights and/or events during the work, all of which are in line with and support the overall objectives and purpose of the project.

Moving forward we build our plans to be able to embraces the findings, expected and unexpected, and adjust your plans, risks, and execution accordingly.

2. Major activities, accomplishments & decisions made – WP and WP leader

WP1 Project Management – SLL

The project's fourth full team meeting was held Sept 25th-26th in London hosted by King's (see appendix 1 for the agenda). In addition, two focused work meetings have been held in Milan (June 4th) and Barcelona (Sept 18th-19th) on specific tasks within WP2, WP3 and WP4. We have also identified different task forces, in order to address specific work items, most commonly identified by a specific specialist competence area.

The majority of the project management has been focusing on ensuring that all WPs, separately and in correlation to each other, and part of the project develops in consideration to the overall plan.

The Data Management Plan (DMP) DMP has been a continuous work of further detailing and building the content as the CoP becomes more detailed and defined.

The collaboration with Horizon2020 project EURIHPI has been established and leveraging input, validation and learnings from each other is ongoing.



Picture 1: Participants at team meeting in London Sept 25th-26th

Identification and report on concerns

Extra efforts have been allocated in WP1, with 4 deliverables (D4.2, D5.4, D6.1 and D6.6) being requested to be postponed. The main reason and opportunity to these time adjustments have been to further strengthen the objectives and goals for the relevance and usability of the CoP by utilizing coordination with and validation of different aspects during the stakeholder input activities. From a project coordination point of view, fulfillment of strategic goals and overall objectives the adjustments are motivated. A close and detailed follow up with progress and risk mitigation activities will be of high priority moving forward. Please see up-dated risk log in appendix 2.

These adjustments have been informed, discussed and approved in close dialogue with our Project Officer.

An overall reflection is that the harmonization and growing of common understanding in reference to processes and terminology is more time-consuming and demanding than expected. On the other hand, we, each participant, is able to capitalize our individual and shared learnings by gaining from those insights and implement those locally continuously throughout the PiPPi life time.

WP2 Stakeholder identification, engagement and enrolment - ICS-HUVH

Interviews with stakeholders were finished as planned, in which we could identify best practices, and a bibliographic review on patient inclusion criteria has been completed. Feedback has been collected and a first fill-in of the inventory by stakeholders has been done. The WP2 team has also developed the inventory structure and distributed it among the partners to initiate the trial and fill-in. Partners have been collecting their stakeholders in order to be ready to contact them.

Interviews with key professionals from VH (Vall d'Hebron) are now finished, with the aim of describing how innovation is approached in the hospital and defining the relationships between the hospital and most relevant stakeholders in our healthcare ecosystem.

We have been working in a final strategy for contacting stakeholders, which includes a first round of pilots in January (Barcelona and Rotterdam) where we will have the input from all type of stakeholders. This will be followed by a second round in February in other partners' locations. Afterwards, we will start with the organization of workshops specific for each type of stakeholder. Efforts on the preparation of the workshops have started and they will be ready by January 2020. A leaflet for first contact with stakeholders has been created together with WP7.

Regarding the patient advisory group formation, different partners have been asked about their possibilities to collaborate. During this month we will start the procedure to select and contact patients to be able to form this group in the first term of 2020. Protocol and information required for the kick-off it is being prepared.

We have also continued presenting and discussing the project with heads of main units of VH, including new managers of the hospital.

Identification and report on concerns

There is no major concern regarding WP2. It has been difficult to set the best strategy to prepare the contact with different stakeholders. However, from now on, it is expected that with the start of the process, the continuous input from the stakeholders will help to improve the strategy. After a change in the CEO of the hospital, the adaptation to new situation has been overwhelming and our work is continuing normally.

WP3 Development and establishment of the CoP – SLL

The focus has been on concluding the detailed activity base, relevant to the main CoP process. These activities are defined in relation to the main process and its steps and based on the *collective best practices and experience from all partner sites in addressing unmet needs* with innovative solutions.

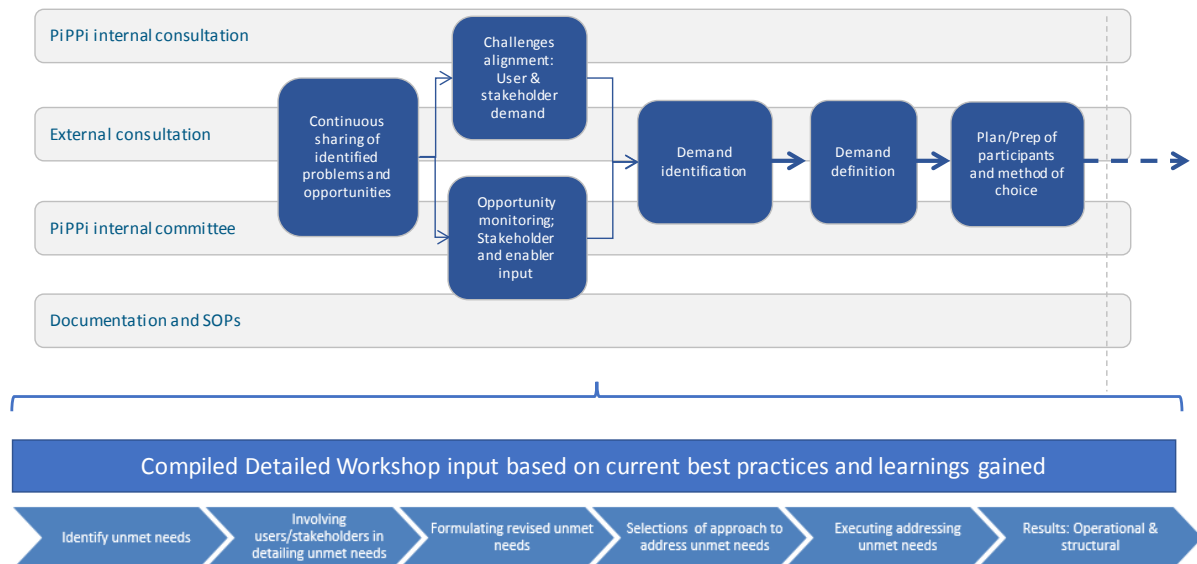


Fig 2: Illustration of how the current accumulated experience have been collected and feed into the main CoP process.

The coming focus is on further detailing the specific users for all central stakeholder categories by detailing: roles, functionality (user as well as technical) and incentive driven perspective per stakeholder category.

All activities as well as roles, functionality and incentives are being validated with the PiPPi respective partner organizations and, will be further developed and validated within an interactive setting in the upcoming stakeholder interactions (i.e workshops and surveys) covering a combined effort for WP2, WP3 and WP4.

Identification and report on concerns

The WP3 leader position has been temporarily vacant due to staffing changes and layoffs at the Karolinska. Temporary resources have stepped in for support. Enrollment of continuous resource is ongoing.

WP4 PIPPI platform development and validation – OSR

In the current timeframe, WP4 activities were strictly interconnected with those in WP2 and WP3, in order to derive all the needed insights and material to start the outline and definition of the functional and technical characteristics of the future PIPPI Platform. Following the

guidelines of WP3, different workshops have been held with future OSR-internal, PIPPI stakeholders in order to gain their feedbacks on the local procurement processes, so as to identify possible best practices, strengths and weaknesses. These have been put together and discussed with those emerging from the other partners, in order to have a common picture of the different phases of the CoP among the consortium members. This is the basis on which the OSR team started on elaborating the high-level functionalities of the PIPPI platform which are going to be dissected and formalized in to both functional and technical requirements for its future implementation)

Identification and report on concerns

The main issues in WP4 has been the unforeseen outsource of an IT-expert resource who was going to work together with the service-designers research team in defining the PIPPI platform requirements. A new resource has been identified and will start working in January 2020. This leads to a small delay in the task's accomplishment, which is going to be rescheduled in (end of) March 2020, with the submission of D4.2.

WP5 Preparation for execution of a cross- border PCP – SLL

There have been two main parallel ongoing activities:

- 1) Identification and mapping of the **current processes for identification of unmet needs** at all partner sites today in order to harmonize terminology and process understating in relation to our CoP
- 2) **Identifying the current digital unmet needs** within; the PiPPi partners, EUHA and a sample of the ERNs.

At the moment, we have a short list of about 20 digital challenges. Common grounds among these needs are interoperability, need of data and patient empowerment. At this point in time; Interoperability have been further detailed in each need identified into; foundational, structural, semantic and organizational aspects.

Need of data: collection, sharing and using data.

It is too early to determine where a main challenge lies but we have several challenges in relations to multi-disciplinary care on national and international level as well as patient reported measures, with clearest demands on foundational and semantic interoperability components as well as patient empowerment.

The next steps forward are to further validate this with the experts and management in the respective sites, and some preliminary validation with central stakeholders in order to have a complete pre-screening of a preliminary validated and unmet needs put forward in WP5 pilot. Our target is to have multiple identified unmet needs to support a pilot in WP5 should findings during the process show a unmet needs is not suitable for a PCP/PPI we will have another one defined.

Identification and report on concerns

The challenge of identify unmet needs, that do not have a good enough solution in the market, and in need of being addressed by PCP/PPI is more unmaturred than expected. It therefore presents higher degree of alignment with undeveloped processes and needs of greater span of

tools, both locally and within the CoP capabilities.

WP6 Development of the business model, business plan and operating model - ICS-HUVH

Work has begun on the business model preparation to be able to define better the subcontractor tasks. Several interviews have been done by the team. Public tender will be published soon. Moreover, we have started together with WP2 to plan the workshops. During these workshops (pilot and more to come) we are planning to obtain the necessary information to develop the deliverables 6.1, 6.3 and 6.6 (operating model, business model and workshops reports). In this workshop we will gather this information together to other information specific to WP2 and WP4.

Identification and report on concerns

There is a concern regarding the creation of the optimal business model and its timing. A six-month extension for deliverables 6.1 and 6.6 has been requested due to the interdependencies between different work packages, leading to a delay in the business model development.

WP7 Dissemination and Communication – MUW

The project website has been launched and is continuously updated (www.PIPPI-project.eu). A PIPPI LinkedIn page was created (<https://www.linkedin.com/company/platform-for-innovation-of-procurement-and-procurement-of-innovation>). Relevant news has been published. More material and templates have been developed to be used for gathering and compiling (past and future) communication and dissemination activities. These will be used for the future dissemination progress reports. EMC works with a graphics designer to develop a design portfolio for the PIPPI project. A roll-up banner was produced for presentations. The banner has already been used at an EU workshop on innovation procurement in Brussels. Further networking and outreach were also conducted at the workshop (in addition to Martina Ahlberg's presentation). All partners are working on a script for a video to explain the project to a general audience. Multiple dissemination activities have taken place, captured in a detailed log, with majority of partners been active with press releases and presentations in regional, national and international settings.

- Deliverable 7.1, Dissemination Progress Report, was submitted on-time; a template now exists for future progress report deliverables.
- Deliverable 7.5, Dissemination and Communication Plan, was submitted on-time.
- Deliverable 7.9, Press Release 1, was sent to all project team members and identified communication contacts. Two news items were distributed: the launch of the website and Martina Ahlberg's presentation of PIPPI at the Vitalis conference.
- Two internal surveys were developed and distributed to collect information on completed dissemination and communication activities, as well as desired materials.
- Potential topics for the three scientific publications (Deliverables 7.6, 7.7, 7.13) have been presented and discussed at the project meeting in London.
- A working Task Force was created for work related to the scientific publications.

- Subject-matter research experts have also been consulted regarding the publication.
- Work on the first scientific publication (Deliverable 7.6) has been started.
 - A working Task Force was created for the stakeholder group meetings preparation and communication.
 - Conversations between WP7 and WP2 are ongoing regarding communication activities specific to stakeholders.

Identification and report on concerns

No major concerns have been identified in WP7.

Appendix 1. AGENDA - PiPPi full team meeting in London, Sept 25th & 26th, 2019

Wednesday Sept 25th

- 12:00 - 1:00pm Joint welcome lunch Ann Spence, Des Carter, ORTUS, 1st floor
- 1:00 - 1:30pm Welcome and introduction Presentation of the agenda for the two days Martina & Jan
Introduction of team members All
- 1:30 - 2:15pm All site to present their organization to the team, approx. 5-7 min/site All
- 2:15 – 3.00pm **Work package updates:** to cover ongoing tasks, discussions & knowledge sharing, next steps and relation/interaction to other WPs and any upcoming external interactions
- 2:15-3:00 WP2 - Stakeholder identification, engagement and enrolment: Vall d’Hebron team
- 3:00 - 3:15 *Coffee break All*
- 3:15 - 4:45 *Continue; Work package updates*
- 3:15-4:00 WP2 Stakeholder identification, engagement and enrolment: Vall d’Hebron team
- 4:00-4:45 WP3 Development & establishment of the CoP Karolinska team
- All sites to shortly present their results 5min/site (compiled detailed information will be sent out as pre-read material) total 40 min
 - Present the compiled material – 5 min
 - Discussion and recommendation of best practice 50 min
 - Coming process – 5 min
- 4:45 - 5:15 *Cogstack project, ongoing at King’s. (20 -30min) Presented by the clinician involved*
- 5:15 - 5:30 *Wrap up of the day* Martina Ahlberg
- 5:30 - 7:00pm Free time - guests welcome to go check-in to their hotels All
- 7:00pm *Dinner* All, The Boot & Flogger 10-20 Redcross Way, London SE1 1TA

Thursday Sept 26th

8:00 - 9:00 *Joint breakfast* *All, ORTUS, 1st floor*

9:00-11:00 *Continue WP work focus* *ORTUS, 1st floor*

9:00-10:00 Continuing: WP3 Development & establishment of the CoP

- Discussion and recommendation of best practice 50 min
- Coming process – 5 min

10:00-10:15 WP4 - PiPPi platform development and validation San Raffaele team

10.15-11:00 WP7 - Dissemination and Communication MWU team

11:00 - 11:15 *Coffee break*

11:15 - 12:15 Identification and discussion of upcoming external interactions, such as other initiatives (ongoing & coming), industry, academia, sub-contractors etc., Martina and WPs

12:15-12:35 Reporting update and process – discussion and feedback Project management; Meeting structure, re-view the deliverable process, Coordinator, Martina

12:35-1:15 Wrap up

1:15 - 2:00 *Lunch* *All, ORTUS, 1st floor*

2:00pm *End of meeting*

Appendix 2: Updated risk log

No	Table 3.2b: Critical risks for implementation Description of risk (indicate level of likelihood: Low/Medium/High)	Work package(s) involved	Proposed risk-mitigation measures
1	Limited interest from important stakeholders to participate and interact with the PIPPI consortium. Probability: low Impact: high	2,3,4, 5	1) Using the proper methodology for respective stakeholders. 2) Identify value proposition, communication. 3)
2	Low participation of end-users in the user-requirements/testing phases Probability: Medium Impact: High	4	The project lists among its partners, healthcare related and hospital representatives that will ensure a good participation of real users into the requirements elicitation and testing phases. Moreover, proper dissemination and communication activities are going to be put in place in order to engage real people into the project researches and raise awareness about its topics Increase utilization and activate the already existing direct and in-direct network by targeting relevant specific areas of interest.
3	WP leaders or other key staff leave the project Probability: low Impact: low	1-7	1) Workload is redistributed to cover immediate effect at site 2) Internal/External temporary staff may be brought in at short notice 3) Recruitment of replacement executed 4) Explore how other consortium partners among themselves can re-distribute workload.
4	Substandard performance of project members or is unable to commit to its tasks, i.e. risk for delay slow down progress of the project. Or withdrawal of project partners or partner default Probability: low	1-7	1) The WP leaders will continuously monitor, with mandatory request frequent status reporting, the performance in each WP, with regular review by the Project management. If needed, appropriate training will

	Impact: medium		be supplied, and if necessary, staff will be cautioned and replaced. 2) Other partners with similar competencies will be required to carry out the activities.
5	Access to key staff within the participating organizations, e.g. clinicians at the university hospitals Probability: low Impact: high	2-6	1) Project funding will be supplied to ensure innovation work time is available. 2) Identify clinicians at a different university hospital that are available (we have 10 in the project, including EUHA)
6	Insufficient coordination between inter-dependent activities Probability: low Impact: medium	2-7	1) Project management will monitor the development and follow up on WPs that are inter-dependent. 2) Regular review in bi-weekly meetings and status report
7	No clinical need that could be solved by a PCP or PPI of a digital solution can be identified. Probability: low Impact: high	5	The needs identification will be conducted covering all segments of the partners' organizations. Thus ensuring that this risk is minimized.
8	Identification and integration of an adapted technical platform takes too much effort, ambitions cannot be fully realized (because too much has to be created from scratch). Probability: low Impact: high	4	The partners will identify existing webtools and instruments and consider whether to build on them, rather than begin from scratch.
9	Not enough companies to do the procurement Probability: low Impact: high	6,7	Increase specific targeted dissemination of the procurement, and also dissemination to providers that already have shown interest for the project
10	Low quality of business model (BM) because lack of time Probability: low Impact: medium	6	Increase number of workshops to improve the BM. Focus the BM on strategic stakeholders such as healthcare providers and industry.

11	Low input from stakeholders in the workshops for building the business model or stakeholder incompatibility Probability: low Impact: medium	3,6	Start the scheduling already, in case of being necessary or do online workshops. Use the proper methodology for respective stakeholders. Modify the format in case of need to have the input of all required stakeholders. Increase the number of sub categories of the major identified stakeholder categories
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