



Platform for Innovation of Procurement  
and Procurement of Innovation

## **Deliverable 1.5 Project Summary Report (3)**

# **PiPPi**

**GA No 826157**

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### History of changes

Change	Date/Beneficiary	Explanation
First preparation for submission deliverable 1.5	May 2020/ SLL	First version of deliverable 1.5 was uploaded for submission
Revisions made based on reviewers' comments with tracked changes	December 2020 / SLL	First draft of revisions according to the mid-project review
Revised Word and PDF versions	December 2020 / SLL	Uploaded to portal

**Response to the review comments** This is the updated Project Summary report, based on the comments from the review conducted during 2020. Please note that the original, planned length of the summary reports are supposed to be 1-3 pages. The substantially bigger scope and scale of this document is therefore not as planned but rather a response to the comments from the review report.

In order to identify where to find our response to the comments we have here included a short reference list to assist in the identification of measures.

Deviations from DoA – please see heading under each WP chapter

An analysis of the work that remains not- finalized – see Activity summary on page 4-6

Information on the profile of stakeholder per stakeholder interaction, on the reasons for the decision on the clustering of the stakeholder groups, on the feedback from these interactions (not their level of satisfaction but the actual feedback related to the topic/aims of the project), the points discussed etc. – see WP2 and appendix 2.

## 1. Project Summary report 1 - conclusions

### Background

The overall aim of the PIPPI project is to support the University hospitals in the creation of a common strategy and toolbox related to improved care, related to *digital care*. Whilst also creating a network that will identify other potential synergy effects in health & care research and innovation ecosystems. To enable this outcome, a key focus in the PIPPI project will be to describe the value framework/proposition from different perspectives: patients, payers, clinician, society. It is also important to include into the framework a simple “business case” to exemplify for the stakeholders what the value for them is. Once a strategy has been verified and shared amongst the partners, the project will focus on supporting the University hospitals to implement actions based on the above strategy.

#	OBJECTIVE
1	Establish an eco-system of stakeholders and partners, with aligned purposes and incentives to improve health care, by enabling & growing the use of value-based innovation procurement.
2	Establish, leverage, and scale a shared set of tools and practices for the common benefit of healthcare providers, patients/citizens, private sector, and policy-makers.
3	Establish an open access web-platform for multi stakeholder communication and collaboration.
4	Complete a feasibility study and preparation of a cross-border PCP (Pre-Commercial Procurement) for digital health services, based on identified health care needs.
5	Establish an implementation & maintenance plan and development of structures and processes to ensure that the value of the PIPPI activities continues after the duration of the project. This includes the validation of a working business plan & model to ensure a wide dissemination, exploitation and sustainable results.

To foster PIPPI objectives, the project is structured in seven Work Packages (WP 8 was added during the grant agreement process), each with a set number of tasks, of which several are interlinked and have dependencies. The figure below summarizes the main activities that all have clear interdependencies and correlates to each other.

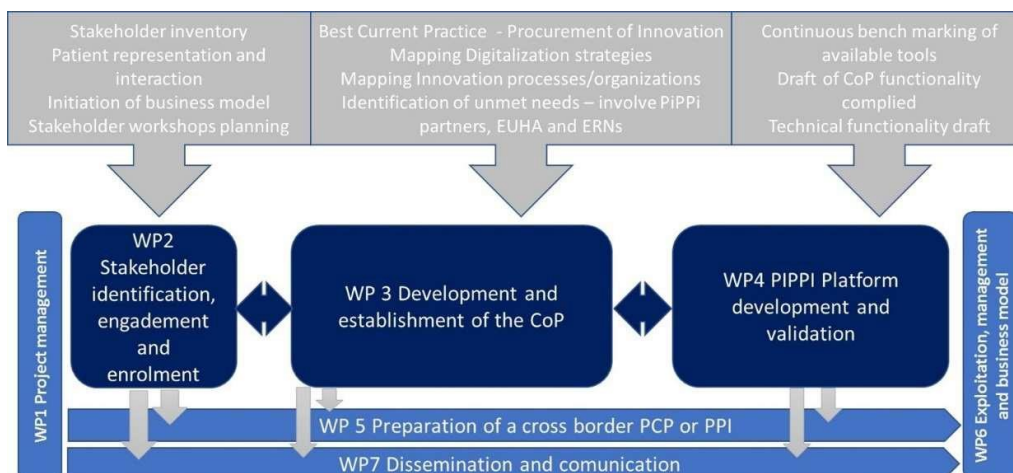


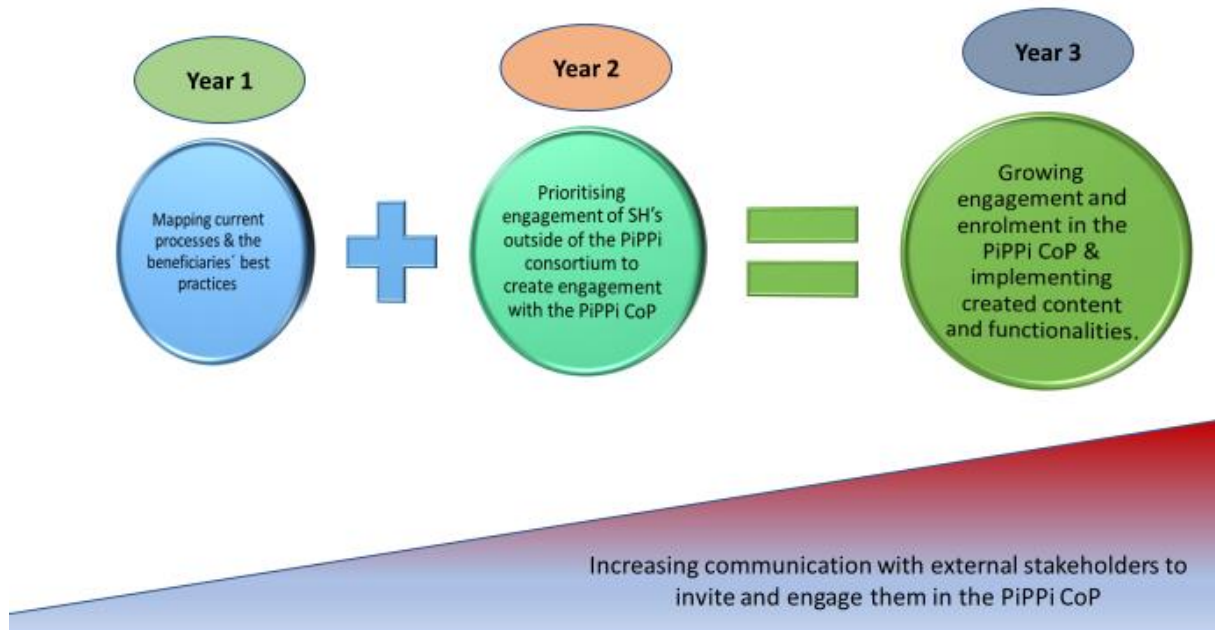
Illustration of the project WPs and activities

The interdependencies and correlations strengthen not only the synergies among the work packages but also among the consortium partners and support the creation of a common ground and

understanding of the objectives to achieve and the plan to achieve them.

The 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 creating the possibility of interaction among partners/stakeholder in order to commonly identify, formulate and prepare unmet needs to be addressed through PCP/PPI and taking advantage of their own internal processes.

### PiPPi project plan year 1 -3 increasing the level of engagement with external stakeholders



The PiPPi project plan include an acceleration over three years in the level of engagement with external stakeholders (SH). During year 1 of the project focused on common processes and shared insights amongst the beneficiaries, which in turn would allow a more homogenous foundation for the dialogue with external SH groups in year 2 and 3.

#### Activity summary

Since the last progress report several activities in the various WPs have been done. In WP2, all major SH categories have been mapped, including existing networks and processes that can be used to leverage benefits and insights across the consortium and the planned stakeholder community. A number of workshops were also held across Europe, engaging all SH categories, in order to initiate engagement and the building of the eco-system. The findings from the workshops have been integrated in the first version of the main CoP process and existing current SH interfaces together with the open SH interactions have been received and implemented. Unfortunately, the processes were paused due to the ongoing pandemic (see also WP2) and COVID hit the project in a very active phase, when stakeholder involvement started. This means that the processes will be resumed now, but with a changed perspective: considering more telecare, and the hospitals still busy with COVID and with slightly different digital needs.

In WP3 eighteen key networks and organisations have been identified with available resources that have the potential to contribute to PiPPi's forthcoming activities. Individual and organisational experiences within PiPPi partners' ecosystems have been gathered through surveys and interviews and key elements that could contribute to the implementation and development of the future PiPPi CoP have been identified.

With regards to the platform, a thorough benchmarking of relevant open access web platforms has been done in WP4 to gain knowledge and insights. User cases and system specifications have been established but the process was strongly delayed due to the COVID-19 pandemic.

The preparation for the Cross-border PCP has been initiated and a initial prototype Template for digital challenge description have developed and is being used. Also, a short list of about 20 digital challenges have been analyzed (please see WP5 for more information). Work was planned to initiate the development of the business and operating model. The planned workshops were set for March 2020, however, the work has been delayed due to the pandemic but will be accelerated during RP2. In Q4 of 2020 some of the workshops, planned for March, were conducted, (please see WP6 for more information).

Finally, with regards to WP7, a new communication plan is being developed, creating tools for increasing stakeholder engagement (please see WP7 for more information).

### **Key findings**

During the period covered by this report it has become clear that for successful stakeholder engagement, the identification and communication of value to the stakeholders are important. To be able to do this, the audience must be understood and early on a strategic buy-in and understanding of the hook/incentive should also be understood. It is similarly essential to communicate that this is not an everyday procurement exercise. Especially, the procurement department must be aware of the incentive to have an opportunity to begin building their own knowledge on methods such as PCP and PPI.

The stakeholder engagement, and so the stakeholder map, is thus an ever-evolving tool that is iterated throughout the process. Stakeholders should be involved early on and in every phase of the project. IT, finance and commissioners should be involved early on. Commissioners tend to have a more long-term perspective than and IT who may perceive the innovation to be disruptive to the current operational plans. Finance are often interested primarily in the current financial year, which is time frame too short for innovation projects, which then need to be externally funded. When it comes to funding it is important to look to various stakeholders for funding beyond the implementation phase to ensure sustainability. Proactive communication is therefore critical, making the unmet needs understandable and reaching the appropriate audiences. Having an ‘elevator pitch’ for the project makes it simple to explain.

Another issue is to ensure an understanding of the potential market by market engagement and supplier market development, to have a well described market analysis. A Needs to Demands Evaluation Model (NDEM) will therefore be developed to be used during rest of this process and bridging into the PCP/PPI project. Critical in the phase is collecting input from suppliers, and what is then done with that input. It is essential to avoid unduly influence by industry, addressing the unmet need must always remain the focus. When engaging industry there is also a need to balance and respect supplies time. A risk identified regarding supplier engagement, is that a supplier may assume that they will be involved in or chosen for the project if they are involved too early in the process.

When the time is right, involvement of start-ups and SME’s is beneficial in addressing unmet needs. In some cases, it may be relevant already at this point to exchange letters of understanding with vendors to follow legal procurement requirements and manage expectations. However, in many cases a legal memorandum of understanding is not required at this point. The multi-competence team is again crucial for well formulated needs to demands, as this requires an insider perspective. Working in multi-competence groups requires strong communication skills. It is important that all involved are aware of everything, including the risks, timelines and the final objective.

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



## leader

### WP1 Project Management - SLL

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. However, since the last report all WPs were full speed until the Covid-19 pandemic situation hit all member states with full force and caused major disruptions in the project, which forced some project member stop all activities and other project members had to slow down their activities significantly. This called an extra status meeting with the project officer, to show the project status and to discuss the way forward during the current pandemic situation. The results can be found in Appendix 1.

During the reporting period, face-to-face meetings have been held twice a year with hosts and locations rotating within the consortium. In addition, 35 full core team meetings, 5 focused face-to-face work sessions and a large number of focused remote work meetings were held in order to coordinate and manage all project activities.

The face-to-face meetings have had different topics and utilized the interaction opportunities as well as local sharing, for example of; leveraging experience, communication methodologies, innovations methods, innovation collaborations and un-met needs identifications. As for the face-to-face work and remote sessions, examples of topics have been critical interdependencies, scope drift, external collaboration with projects like EURIPHI, coordination of stakeholder interaction across several WPs, dissemination coordination among others.

The core team at each site holds the responsibility to and does engage, gathering input and disseminating it to the local organization at each site, but the face-to-face meetings as well as the focused meetings offer good opportunities for further interaction with many more stakeholder and experts within the partners.

As a response to the review and to the COVID-19 crisis continuous activities have now been included, further detailing time and activity efforts, to clarify overall results and outcomes and further develop mode of operandum, all to ensure. project objectives and continuously manage risk exposure. Each WP has developed (or are developing) a set of short-term goals that will be used to measure the progress of the project and each WP. These goals will be used as foundation for the discussions in the WP meetings held each week between project management and the WP leaders.

### Deviations from the DoA

Project management has been impacted by the COVID-19 and the cancellation of physical meetings that would support the coordination of activities. The introduction of virtual meetings and the addition of new management support processes (see also D1.2 – project handbook), will however, minimize the impact of the pandemic on the remaining activities and parts of the project.

In addition, each WP have, as mentioned, been asked to identify quantifiable (if possible) goals for ongoing activities. The idea being that the goals will allow project management to easier track the progress of the project together with the WP leaders. Adjusting the risk log as well as the project plan, when necessary.

### Identification and report on concerns

The COVID-19 situation described above and in Appendix 1.

### Goals for WP1





Goals	Due date	Qualitative & quantitative Outcome / measures
Resource analysis conducted to ensure that the financials of the project are in line with the plan	Quarterly	Internal report on spending presented
Updated risk log with 1-3 new mitigation actions identified	Quarterly	Updated risk log
Analyses of challenges & opportunities in period 2 initiated	Quarterly	Summary report presented



## WP2 Stakeholder identification, engagement and enrolment - ICS-HUVH

During the period covered by this report, several different stakeholders of PIPPI Community of Practice have been mapped (see also a printout of the excel list in Appendix 2. Please also note that due to ethics procedures the names and contact info has been withheld, more info about the participants can however be discussed with the WP leader if needed). This process has been done by partners and also, external stakeholders by analyzing PPI/PCP processes and PIPPI CoP processes. Several internal working meetings and external interaction with stakeholders (presentation workshops) have been needed to define the stakeholder groups involved in the CoP

This is the initial classification of the Stakeholders involved in the CoP:

1. Industry
2. Healthcare providers / Hospitals
3. Research community
4. Patients and patient associations
5. Enablers: venture capital
6. Payers
7. Policy makers

The stakeholder identification process started by identification of each partner's stakeholders. Every partner mapped their external stakeholder network that can potentially make PIPPI CoP grow and that has been used to disseminate PIPPI events and workshops in the localization where we were able to organize before Covid outbreak In the table below you can find the numbers by stakeholders group. Importantly, these are external institutions of the consortium.

Type of Stakeholder	Number
<b>Patients / Patients associations</b>	<b>58</b>
<b>Research community</b>	<b>101</b>
<b>Industry</b>	<b>355</b>
<b>Enablers</b>	<b>43</b>
<b>Policy makers</b>	<b>33</b>
<b>Healthcare providers</b>	<b>117</b>
<b>Payers</b>	<b>23</b>
<b>Total</b>	<b>730</b>

Early 2021 (January-February) all partners will contact them to inform about the project and to allow them to register and become an stakeholder of the CoP. Moreover, starting the new plan of dissemination (see WP7) will be an opportunity to share the project and the invitation to all known external stakeholders of each partner. Furthermore, the new dissemination plan will open new opportunities to go beyond known external stakeholders and inform new stakeholders of the project. The external communication to general public was started by members of our hospital (<https://www.linkedin.com/pulse/vall-dhebron-lidera-la-transformaci%C3%B3-digital-en-salut-montaner-vega/>) but it was not concluded by the partners due to Covid outbreak. Future work will therefore be done in close cooperation with WP7.

However, already several workshops have been held and given valuable input from all types of SH, regarding functionality and their needs regarding the use and interaction with the CoP. A first analysis of their input has been used for working in WP3 and WP6. Although the external communication of these events it is still not completed.



The CoP members list is and will be continuously monitored and analyzed by WP2 and WP3, to study gaps in countries, stakeholder cluster, roles and status. The status is and will be continuously monitored by WP2 and WP3 to keep the engagement and collaboration of all members and keep the value of the CoP.

List of CoP members numbers: By working country:

- Spain: 42
- Sweden: 64
- Italy: 4
- Austria: 11
- Netherlands: 16
- United Kingdom: 4

We have a clear gap on countries due to the lack of workshops because of the Covid outbreak. To work on this, as it was previously mentioned, early 2021 (January-February) all partners will contact their known stakeholder inventory to inform about the project and to allow them to register and become a stakeholder of the CoP. Furthermore, partners who organized an event have still potential stakeholders that have not been reached to increase CoP involvement. It will be complemented by new registrations due to communication events.

Further interactions are needed to continue building the CoP and an adaptation to the new situation it is important to be able to build PiPPi CoP. WP2 has already started to work in this new strategy to interact with the needed stakeholders and prepare further steps in WP6 through personal interviews (12) and virtual workshops involving 2 workshops with approximately 30 stakeholders from the different groups (particularly, healthcare providers, providers and enablers due to the aims of the workshops).

WP2 has focused on stakeholder engagement through 2 pilots in Barcelona and Rotterdam with the following aims:

- Pilot and test the format and content of stakeholder interactions
- Presentation and introduction of the project
- Initiate engagement and input from and among all stakeholder categories
- Better knowledge of the needs/functionalities of the different Stakeholders
- Better knowledge of different Stakeholders' point of view of the PiPPi project and the future platform
- Knowledge regarding if participants are interested in participating in the project

Stakeholder engagement activities thereafter continued in other partners cities following the same pattern, including workshops in Stockholm, Milan and Vienna. Unfortunately, London was preparing the event when COVID outbreak happened. In Barcelona 40 stakeholders' representatives from different groups participated:

- ✓ Patients: 5%
- ✓ Enablers: 27%
- ✓ Payers: 5%
- ✓ Policy makers: 0%
- ✓ Providers: 22,5%
- ✓ Healthcare providers & Hospitals: 30%

✓ Research community: 10%

Vienna had a total of 15 different stakeholder groups represented:

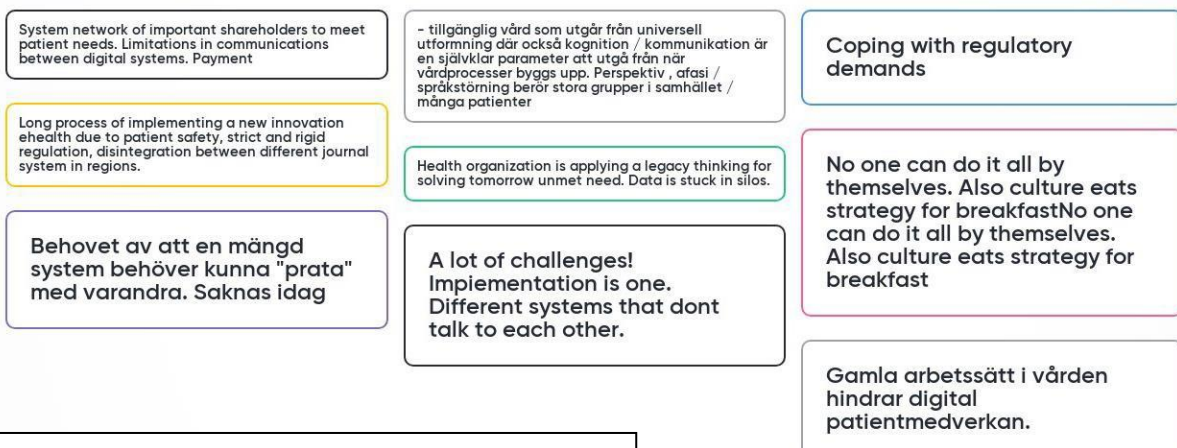
- ✓ Patients: 7%
- ✓ Enablers: 2%
- ✓ Payers: 0 %
- ✓ Policy makers: 7%
- ✓ Providers: 20%
- ✓ Healthcare providers & Hospitals: 20%
- ✓ Research community: 33%

During the stakeholder interaction, groups of different stakeholders (5-7 people from different SH categories) collaborated in building the process of PiPPi. The process was divided in 4 topics:

1. Un-met need sharing
2. Un-met need prioritization
3. Further detailing in the un-met need
4. Concluded definition of the un-met need

## Open Ended

Mentimeter



*Example of Stakeholder input on digital challenges and opportunities in the HC sector today, total more than 100 view and ideas where offered.*

For each topic each group discussed regarding enablers stoppers and which stakeholders should be involved. From each group we then analyzed the answers and to sum up each site information we counted answers which were given by 40% or more groups. The conclusion from the different events were that the first contact with stakeholders worked well and the environment was positive. WP2 also achieved the goal of dissemination and information of the project and a positive impact was noted in most Stakeholders (98% of them want to continue participating in future meetings). Furthermore, we obtained valuable input from all type of Stakeholders regarding their needs but it was also clear that further interactions are needed to continue building the CoP.

Not all our interactions have lead to the involvement in the CoP. To include them in the list and share the contacts within the consortium they have had to sign the consent. Until now only stakeholder who have participated in events have signed the consent. This is an action that must be take into account for

the rest of the project. All interaction events (interviews, workshops, dissemination events) will require that partners ask first for registration in the CoP, and in case, they are not interested, we will share a minimum information including organization, working country, stakeholder cluster and type of stakeholder that would allow us to track in a better way all interactions.

By status:

- Active:137
- Communicated: 4
- Involved: 0

This numbers show what was previously explained. All CoP members have been involved in workshops during last year and signed the consent. The tracking of all other involved and communicated stakeholders have been not tracked properly. Therefore, during next period, all stakeholder interactions will use a new strategy that will include a new internal registration form for none CoP members. Moreover, once the MVP platform and the CoP start validating specific challenge, the activity through the CoP will increase and the involvement and engagement different stakeholders cluster, and profiles included in each stakeholder cluster too

### **Work done in each task – summary:**

#### Task 2.1: Define and map the stakeholders & detail their relevant scope and role

- Identification and definition of stakeholders: inventory at each HCP (first round completed- more than 200 external stakeholders detected)
- Legal implications for SH inventory and mapping solved after 4 interviews with legal representative in our institution (completed)
- Detail the role and type of engagement of each stakeholder group (first round completed)

#### Task 2.2: Engagement and monitoring of knowledge builders

- First contact with known stakeholders to explain the project and first workshop interaction with all stakeholder groups (≈130 stakeholders in all sites) to present the project and first co-creation working session (completed)
- Analysis of the workshop at each site: satisfaction surveys, questionnaires, material (partially completed): 98% of stakeholders want to be inform of further actions of the project.
- Continuous update of the status of the project with stakeholders (completed) : each site has returned to the participants of the workshop a sum-up and acknowledgement for them after participating

#### Task 2.3: Define an appropriate involvement of patients/citizens in all stages of the project

- Identified and initiated Patient Advisory Group (PAG) at each HCP and first PAG strategy prepared (completed)
- First face-to face meeting in each site: suspended due to the pandemic (May 2020) new strategy under preparation
- Patient participation in PiPPi presentation workshop (completed)

### **Deviations from the DoA**

- The London workshop was in preparation when the COVID outbreak happened.
- The external communication to general public was started by members of our hospital (<https://www.linkedin.com/pulse/vall-dhebron-lidera-la-transformaci%C3%B3-digital-en-salut-montaner-vega/>) but it was not concluded by the partners due to Covid outbreak.

### Identification and report on concerns

The major concern at the moment is caused by the COVID-19 pandemic which is making it very difficult to continue the stakeholder interaction in an efficient way.

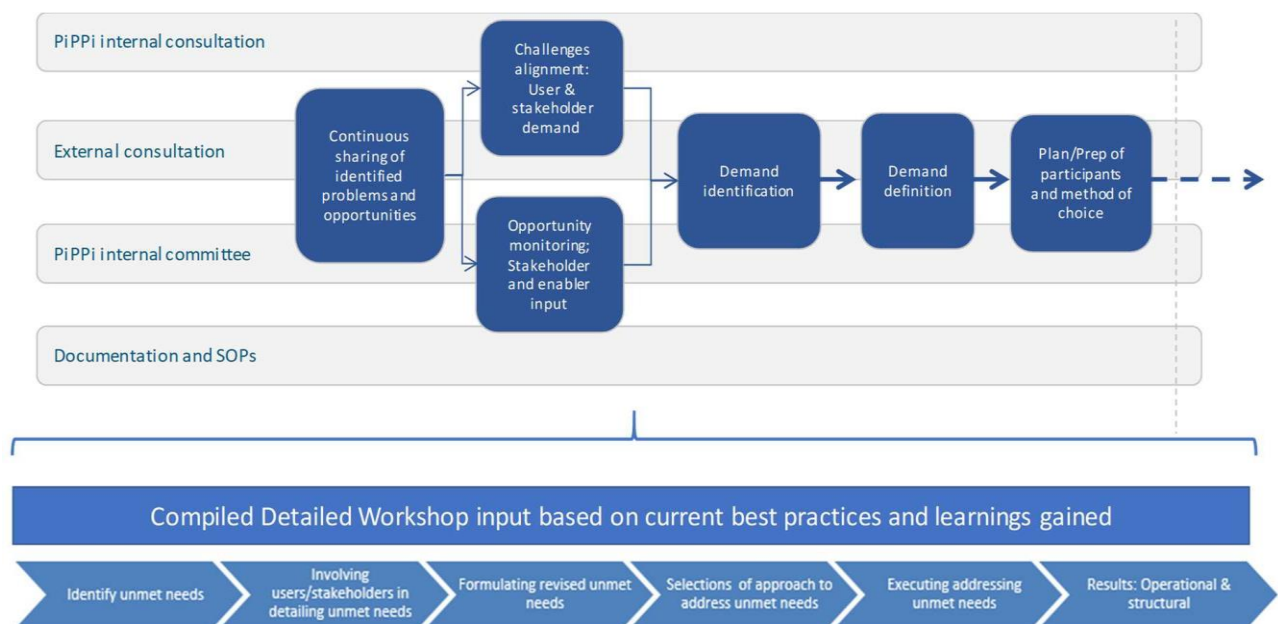
### Goals for WP2

Goals	Due date	Qualitative & quantitative Outcome / measures
Deep analysis of the interactions during the presentation WS in the different Sites	February-2021	Collect all the information from the rest of the partners that have done presentation WS
First version of the inventory of SH for all the CoP to share	November-2020	List created. Num of SH involved / Have all the inform consent of SH that want to be part of the CoP
Create an attractive offering for all stakeholder groups value from and benefit of the CoP and involvement as open innovation ecosystem stakeholders.	July- 2021	Surveys to evaluate SH involvement / Interactions with different SH clusters together with WP3.
To Increase the inventory of the CoP by including the local external ecosystem SH that are not contacted yet, for all partners	February-2021	Num of SH involved / Sent the information of the project, the register form to all the SH in the internal inventory all each partner
To Increase the inventory of the CoP by including the new external SH	Starting from January 2021	Num of SH involved / In Collaboration with WP7 dissemination actions and by the register form in the Pippi website
Develop processes how to engage relevant stakeholders in the different stages of the innovative procurement process	TBC	To contact with SH (by phone or email), to explain them our interest in collaborate with us in all Pippi process in collaboration with WP3.
	Regular - Based on input WP3	Regular virtual meetings
	Regular - Input WP3	Continuous update of the status of the project.
	Regular - Input WP3	Presentation workshops in different sites (started in March 2020)

### WP3 Development and establishment of the CoP – SLL

To identify best practices within the PiPPi consortium, workshops were held at the different project members' sites. Participants at each site differed in background and expertise. The common denominator was participation and execution in a project involving procurement of innovation (PCP or PPI) or innovation solution addressed to an unmet need. The focus was 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.

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.



The following three key activities were done during the period:

#### 1. Stakeholder inventory:

- Mapping of stakeholder engagement at all HCP sites (completed)
- Identified and initiated Patient Advisory Group (PAG) (completed)

#### 2. Compilation of know-how and best practices

- Identification, mapping and analyze of on-going/completed initiatives at all sites concerning addressing unmet needs with innovations/procurement of innovation – resulted in defined activities based on best practice in-cooperated into the main process in PiPPi CoP (completed)

#### 3. Mapping:

- Current processes to identify unmet needs
- First short list of 3 digital challenges per site
- Digital challenged identification initiated with ERNs & EUHA

The SH inventory (1) provided support for our invitations list for our SH interactions, and allowed us to initiate co-creation activities. It also provided a baseline and guidance for SH interaction set up.

The compilation of know-how and best practices (2) provided content to our CoP content and resulted in defined activities, based on best practice incorporated into the main process of PiPPi CoP (completed). The mapping (3) provided input to CoP functionality with a first compiled list of digital challenges done.

Finally, a template to capture input on digital challenges was created. However, it was clear that there are large differences in understanding between the different stakeholder groups regarding the subject of innovation procurement.

In the initial two topics *Unmet need sharing*, *Unmet need prioritization*, the SH group was unified around the 3 most important enablers:

- *Communication* – Sharing of data, experience and knowledge
- *Needs perspective* – Clinical, patient, research and industry perspective
- *Infrastructure* – Channels to meet trough and share informatics and knowledge, Innovation environments for experimentation and co-creation, "

The two topics *Unmet need detailing and Unmet need definition* were more difficult to grasp for the whole stakeholder group and the enablers can initially be summarized around two areas Strategy incl Business models and multi stakeholder involvement (ongoing).

The involvement of a multi-competent team in the identification of unmet needs has been identified as imperative. Within the team, it is also important to have a common understanding of the timeline and work to be performed. There should be clear challenges formulated. To achieve this, one must have experience in the field of *innovation lead*, to be able to identify stakeholders needs. Access to clinical staff is also critical, the involved individuals should be signed off to ensure time for project work. Furthermore, the outcome has shown that the process can be elaborated on as follows:

### **Step1: Identification of unmet needs – Continuous sharing of identified problems and opportunities**

- Problem and needs from each site are provided to the CoP in a common form (i.e the one pager described in WP5).
- The one-pagers are collected, sorted by keywords and published in the CoP Problems & Needs (Challenge) store.
- The CoP hospital alliance collectively analyses the Problems & Needs description and decides upon 3 different focus areas that represents common areas of challenge and also frame the problem and Needs. These focus areas have to be addressed with a broad approach from the beginning that will be open to a number of different opportunities and directions to be used in the next step.

At the end of step 1, the Hospital alliance will have formulated a common picture the challenges in a broad sense and also the different actors that owns the problem & needs. The outcome and input to the next step is an alliance with a description of the 3 different common focus areas.

**Step 2: Alignment and opportunities – Challenges alignment & Opportunity monitoring** In step 2 it is important to understand the problem-owners and the different segments of stakeholder that owns or can contribute to solve the problem. We must be able to describe the target groups (the problem owners) and the job they are trying to get done. It is clear that a value that may be attractive for different stakeholder to participate in this phase is the possibility to co create new business models that are validate together with several high-profile hospitals according to Service-dominant logic.

- The Problems & Needs description - The challenge is published in the challenge store for the different stakeholders and initial problem owners/target group
- In this step, deeper exploration to understand the needs, driving forces and experiences of your target group I conducted using tools such as Value map, Jobs to Be Done, business modeling and prototyping.
- We also open up for stakeholder groups to look for and present different opportunities that may address the different problem and needs within the focus areas.

### **Step 3: Formulating revised unmet needs – Demand identification (PiPPi CoP process)**

In this phase the activities will change as we make a transition from described need & challenges to demands that will be used in the forthcoming procurement. A *Needs-to-Demands Evaluation Model* are cross-functionally identified and will be further developed during the testing of the CoP process. The format also changes from a Design Thinking - Dominated approach to a more classical Project – Dominated approach that demands establishing a governance structure to ensure time, resources for the entire project reach the objective. In short, an alliance of all or a selection of hospitals will select a specific challenge to address together from the defined focus areas. The alliance will then engage the to work the described need & challenges to demands. It is also important to work out and describe the business model connected to the need & challenges that will contribute to the refining demands description.

### **Step 4: Selection of approach to address unmet needs – Demand definition**

This step will further define the demands and working out the selected approach to towards engaging in innovation procurement. The established governance structure is again detrimental to the project in order to manage the different stakeholder groups and keep the project on track towards the objectives.

In this section, the, *Needs-to-Demands Evaluation Model (NDEM)* must be defined, modified and confirmed by a cross functional team. The sustainability of the solution should also be studied, before going to market, for it to be maintained into the future. For the evaluation model, it's important to look at different kinds of KPI's from the start. The strategy also needs to be formulated, defined and refined in fine detail. This is done by for example definition of PCP/PPI strategy, including pros and cons, and selection of a legal definition of provider-procurer interaction. The approach needs to be given a strategic approval, both from a governance perspective and through sign-off with stakeholders. Furthermore, the issue of IP ownership often arises from innovation procurement. Discussing and negotiating strongly with vendors, for the lifetime of the solution, is important.

There needs to be a perspective beyond year one. Critical success factors for this part of the process include stakeholder commitment. This includes commitment and sign-off for clinical stakeholders. The timeline ahead and the possible impact need to be commonly understood. There should be a diverse stakeholder input, namely procurement input. Critical competencies include innovation and time management.

**Step 5: Execution addressing unmet needs – Plan/Prep participants and method of choice** To execute the project, resources need to be planned and allocated, a recruitment process may be required and again the governance structure is central body to manage the project. It will also be important the make changes in the governance structure in order to ensure seamless bridging of competences into the actual procured development phase. The governance structure will make oversee:

- A successful project execution, time management and time resources.
- That the clinical stakeholders need to be committed and engaged and there should be back-up available throughout the project.
- That Teams must have a leader, even being from different departments and disciplines, to be able to carry out the project.

- The ability to monitor outlay between the expected and final cost of the project.

The success at this point goes back to step one and two in the CoP process and is dependent on identification of user needs and the possibility to get definitive indicators from users. Lessons learned from previous projects have taught us that projects are successful if there is enough time and the necessary stakeholders are involved. As the PiPPi project starts to test the Processes and the different components will be tested and developed further, step 3 – 5 will be further developed.

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 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. As described in WP2, this work is still ongoing and more stakeholder interactions through using *Jobs To Be Done theory* and *Business Modelling* will be conducted.

### Work done in each task -summary

In task 3.1 the work has focused on to understand what tools and knowledge have been completed already internationally and could be used for upcoming activities in order to achieve desired goals in creating a CoP business model. We have identified 18 different Networks and Organisations (see table below), existing resources that will contribute to the forthcoming activities - not only in the definition of a sustainable CoP creation, but also in the platform development and/or cross-border PCP preparation:

1. [European Assistance For Innovation Procurement \(EAFIP\)](#)
2. [European Procurement Platform – eHealth](#)
3. [E-Health Hub](#)
4. [European Institute of Innovation & Technology \(EIT\) –Health](#)
5. [Innovation Procurement Platform \(IPP\)](#)
6. [European Innovation Partnership on Active and Healthy Ageing \(EIP on AHA\)](#)
7. [Aging Well in the Digital World](#)
8. [European Network of living Labs \(ENoLL\)](#)
9. [International Network Supporting Procurement of Innovation via Resources and Education \(INSPIRE\)](#)
10. [Health Quality Ontario \(HOO\)](#)
11. [Global Digital Health Network](#)
12. [Trillium II \(IPS global CoP for e-health innovation\)](#)
13. [HOBE+](#)
14. [SBRI Health Programme](#)
15. [Digital Health Innovation Platform](#)
16. [InDemand](#)
17. [European Connected Health Alliance \(ECHA\)](#)
18. [World Bank Group](#)

The horizon scanning was completed with three interviews to experts in cross-border CoP and international organizations and with the analysis of the answers given to a specific survey by overall 24 respondents among project partners, internal and external stakeholders.

AQuAS has additionally been collaborating to gather feedback from both PiPPi Partners and External Stakeholders on their individual/organisational experiences in their ecosystems (CoPs/working groups/clusters). Even if they were not primarily focused on CoP establishment, they can contribute to the implementation and development of the future PiPPi CoP. In task 3.2 and 3.3 several activities were initiated/completed upon COVID-19 situation, including a stakeholder inventory.



### Deviations from the DoA

WP 3 has not seen any major deviations from the DoA as of yet. However, the work is very much affected by delays in other WPs and work is thus ongoing to identify suitable mitigation actions to limit such impacts during period 2.

### Identification and report on concerns

The Covid-19 pandemic situation causes problems for the project's progress as all WPs are dependent on each other. Since some parties cannot work in the project at all during the current situation, others can work with reduced speed and limited activities. This will lead to delayed deliveries and thus a delayed project.

### Goal for WP3

Goals	Due date	Qualitative & quantitative Outcome / measures
V0.1 General description of process for stakeholder interaction with cross-border CoP. based on best practice from the PiPPi consortium	2020-12-18	General road map, and methodology
V0.2 – 0.5 Step 1. <i>Continuous sharing of identified problems and opportunities.</i> 2. <i>Challenges alignment: User &amp; stakeholder demand.</i> Tested and validated using Digital challenge 1 – 3 and 4 -5 Hospitals.	2020-01-31	V0.5 General Road map for a digital challenge, process, checklists, roles and suggested deliverables for step 1 and 2 in the PiPPi process involving the Challenge owners
V0.6 – 1.0 Adding step 3. <i>Opportunity monitoring; Stakeholder and enabler input.</i> Tested and validated in 3 – 4 iterations using Digital challenge 1 – 3 and 4 -5 Hospitals in interaction with: 1. Small group of SH – Industry, researches, policy makers. Iteration 2, Increase nr of stakeholders. Iteration 3. Multisite SH interaction. The activity is coordinated with WP5. Outcome	2020-03-31	General Road map for a digital challenge, checklists, roles, documentation and suggested deliverables for step 3 in the PiPPi process involving the Challenge owners and SH groups the PiPPi process
D.2 Report on final conclusions to be used in WP5.	2020-04-15	List of final conclusions



## WP4 PIPPI platform development and validation – OSR

Analyses have been done through desk research, and then with the analysis of the PIPPI system requirements regarding the purpose, research strategy, background knowledge, business aspect, stakeholders, scope and limitations of PIPPI (which are presented within deliverable D4.2). Finally, the system requirements of the PIPPI Platform are described through elaborated use cases to be pursued in the implementation of the platform (Task 4.3).

Several workshops have been held in order to map a user’s journey of innovation processes in the local organizations, high-level functionalities, which were already shared with the PiPPi Partners and internal SH's to get validation and further iterations. Furthermore, focus groups have been engaged to create an understanding of the expectations of diverse external stakeholders and insights for the use-cases of the PiPPi Platform.

ACTIVITIES	CAPABILITIES	COMPETENCIES	LESSONS LEARNED	CRITICAL SUCCESS FACTORS
2.10 Ensuring team members to ask for and get feedback regarding the unmet need from diverse SH's such as industry, research, academia, patient's organization and policymakers	2.19 Enabling unmet need owners to involve relevant stakeholders (e.g., with specific skills and experience, etc.) in the process	2.2 Ensuring common understanding among stakeholders through online communication channels (e.g., email, phone, video, forums)	2.21 Ensuring the availabilities of the user to participate in CoP process	2.29 Enabling user/team to take decisions on strategic, tactical and operational aspects
2.20 Allowing users to do modifications regarding multi-functional teams (including the most impacted, knowledgeable, skilled, available members)			2.22 Ensuring the users to decide on the Terms of reference (TOR) (purpose and structure of a project)	2.30 Ensuring user to include procurement experts in the teams
2.30 Allowing users to detail unmet needs from each ones perspectives			2.23 Allowing user to do modifications on the stakeholder map, whenever necessary	2.31 Ensuring user to build Procurement Advisory Group for the platform (Consultant)
2.40 Ensuring user to define incentives for each stakeholder			2.24 Provide user with the interest and influence matrix	2.32 Providing user with structured method and tools to communicate the project (Talking in the same language)
2.50 Providing user with the guidelines and videos on the CoP process			2.25 Ensuring user to define the aim and the potential outcomes of the solution	2.33 Providing user with the tool "Inevitable plot" for exploring the project
2.60 Providing user with the guidelines and videos on how to use the platform			2.26 Allowing user to find possible solutions to challenges through open-sourcing or launching competitions	2.34 Ensuring users first to define the demand without the limitations of other stakeholders (e.g., industry)
2.70 Providing user the recommended lists of stakeholders within respected Stakeholder categories to involve in the process under different categories (Industry, Healthcare providers, Patients, Academia)			2.27 Enabling user to involve the necessary experts/stakeholders during the CoP process	2.35 Allowing users to decide the levels of self engagement in different moments of the project
2.80 Providing user with the templates to prepare reports			2.28 Enabling users to find stakeholders/organizations who can help to design economically sustainable projects	2.36 Providing user with the tool of Gantt chart

Excel file prints illustrating High-Level Functionalities

Cluster	Enabler/stoppers	Total of citation as enabler	Total of citation as stopper	Topic 1 based sharing (total of citations)	of citation enablers	of citation stoppers	Topic 2 based prioritization (total of citations)	of citation enablers	of citation stoppers	of citation enablers vs. of citation stoppers	Further detailing into the enablers vs. of citation stoppers	Consolidated definition of the need (total of citations)	of citation enablers	of citation stoppers	Find suggested functionality	Other comments			
SH Alignment	Dedicated sharing moments	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	Allowing users to share their materials through communication channels (chat, forum & etc.)	Guidelines	
	User feedback	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	Allowing the user to give feedback	Feedback	
	Communicating the process to all the actors involved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Providing the user with guidelines and templates	Guidelines	
	External Partners	0	2	0	0	0	0	0	0	2	0	0	0	0	0	0	---		
	Lack of competence	0	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	Suggesting the supplementary stakeholders automatically to the user	Auto suggestion
	Need of training/know of use	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	Providing the user with the guidelines, tutorials	Guidelines
	Language	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	Allowing the user to have a live translation Allowing users to access with different languages	Language
Terminology	0	2	0	0	0	0	1	0	1	0	0	1	0	1	0	0	Providing the user with the Glossary	Glossary	
Lack of knowledge and awareness	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	Providing the user with guidelines, templates and tutorials	guidelines templates	

The results of workshops and focus groups, the Use-Cases of the PiPPi Platform, have been presented to diverse stakeholders in the form of online survey. They have been shared with the PiPPi partners and their feedback is awaited. Under the leadership of WP3, the workshops were conducted locally by PiPPi partners.

As a result of the workshops, a user journey of innovation processes in the local organizations were outlined, the strong and weak points of processes were defined.

Thanks to the workshop results and brainstorming sessions with the partners, all promising high-level functionalities (the features of the platform to deliver the benefits users expect) were drafted in a human language.

### **Analysis of Focus Groups**

Focus Groups were as mentioned, held locally and led by WP2 to announce the PiPPi Project and to understand the expectations of diverse external stakeholders. During the Soft Suspension, the WP4 team collected all the available raw Focus Group results from the partners, analyzed and integrated them into the use-cases of the PiPPi platform (to be communicated in the final version of D4.2).

Communication with potential suppliers has already begun and the selection of the most appropriate supplier, which will ultimately shape the evaluation metrics and indications of performance during the validation and evaluation process. It has also been clear that a glossary of terminology for the Scenarios and the Use-Cases is needed. An example of an essential modifications to the terms inside the Use-Cases is using “Opportunities” instead of “Solutions”. However, the results would have been further enriched if the final validation with the external stakeholders had been completed and the second local focus group had been conducted (they were canceled because of the COVID-19 coronavirus). Also, the focus group results of partners were not included (they could not be added because of being behind schedule).

### **Work done in each task - summary**

- Task 4.1 Background analysis: Inventory of models and available technologies for EU procurers. The activities are presented in the Deliverable 4.1 as the report on lessons- learned and unmet needs from existing tools.
- Task 4.2 PiPPi Platform system requirements elicitation
  - o Gap Analysis: WP4 team identified the gap areas within the best practices, based on the results obtained from Task 4.1. Nevertheless, considering the review comments, a more critical examination on the GAP areas of benchmark results (existing tools) will be done and communicated through upcoming deliverables. An innovative platform will be aimed by addressing the gap areas.
  - o Workshops: Under the leadership of WP3, the workshops were conducted locally by PiPPi partners. As a result of the workshops, a user journey of innovation processes in the local organizations were outlined, the strong and weak points of processes were defined. Thanks to the workshop results and brainstorming sessions with the partners, all promising high-level functionalities (the features of the platform to deliver the benefits users expect) were drafted in a human language.
  - o Focus Groups: Focus Groups were held locally and led by WP2 to announce the PiPPi Project and to understand the expectations of diverse external stakeholders. During the Soft Suspension, the WP4 team collected all the available raw Focus Group results from the partners, analyzed and integrated them into the use-cases of the PiPPi platform (to be communicated in the final version of D4.2).
  - o Creating Scenarios: the team created various scenarios to present the envisioned PiPPi Platform experience.
  - o Creating Use-Cases: a use cases document was built, to be continuously iterated and improved

with inputs of PiPPi Project partners and external stakeholders. This document is shared with the partners after the resumption of the project and the feedback are expected from partners.

- o Access control (technique to regulate who can view or use resources on the platform)
- o Validating the requirements through an online survey with 13 people from different EU countries
- o In-deep Stakeholder interview with a procurement expert
- o Creating evaluation metrics: Acceptance criteria were created as a quality measure to evaluate the performance of each requirement
- o Preparations for the Task 4.3 – Technical development of the PiPPi platform: the process of selecting developers by investigating and contacting the potential ones.
- o The requirements are prioritized for the technical implementation.

In the light of the activities carried out and the results obtained, a probable future version of the PIPPI Platform is intended to be released iterating over the current initial version. Thereafter, the next steps will be refining the requirements through elaborating the use-cases. Afterwards, Task 4.3 – Technical development of the PIPPI platform will be initiated. This will be achieved through the continuation of the communication with potential suppliers that has already begun and the selection of the most appropriate supplier, which will ultimately shape the evaluation metrics and indications of performance during the validation and evaluation process (Task 4.4).

#### **Deviations from the DoA:**

- Final validation with external stakeholders was not completed
- The second local focus group was not conducted
- The focus group results of partners were not included (they could not be added because of being behind schedule).

#### **Identification and report on concerns**

The timeline for the execution and delivery of task 4.3 and 4.4 will be delayed because of the problems created by COVID-19.

## Goals for WP4

Goals	Due date	Qualitative & quantitative Outcome / measures
Finalizing the selection of the external developer	January 2021	Selection on the basis of the best value for money principle (max after Christmas holidays)
Agree with the ext. developer the activity timing and milestones, in particular discussing: <ol style="list-style-type: none"> <li>1. simple and agile prototype enabling SH engagement and interactions</li> <li>2. Supporting PiPPi core activities, prioritized functionalities and the community's interaction</li> <li>3. PiPPi platform possible intermediate releases and timing</li> <li>4. intermediate quick and dirty evaluation</li> <li>5. consequent refining of the development</li> </ol>	Q1 2021	Agreement in place max by the end of January
Update use-cases and scenarios according to the outcomes of the partners: <ol style="list-style-type: none"> <li>1. Business Model (WP6),</li> <li>2. Process of CoP (WP3)</li> <li>3. External stakeholder interactions (WP2),</li> <li>4. As well as to the second benchmarking done after the Covid outbreak (WP4),</li> <li>5. Digital Challenges (WP5),</li> </ol>	ongoing	To agree with the other WPs on periodic meeting (e.g. bi-weekly) in which aligning our works, starting from January
Enrich the db of OSR external SHs	ongoing	A suitable outcome is being defined
Agree and frame, together with WP2/3/5, a set of templates to report data coming from SH interaction, in order to provide to WP4 the material on which fine-tuning the user-requirements elicitation works	ongoing	Toolkit of template instruments to ensure standardized data collection and ease the collaboration between WPs while ensuring the quality of the requirements

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

A short list of about 20 digital challenges have been collected and analyzed and the concerns addressed in the previous report was confirmed; in that the challenge of identifying unmet needs that do not have a good enough solution in the market, and are therefore in need of being addressed by PCP/PP,I is more unmaturred than expected. It therefore presents a higher degree of alignment with undeveloped processes and is in need of a greater span of tools, both locally and within the CoP capabilities.

Another measure is that we have developed, however not validated, a one-pager further to a template (see illustrations below) that is more clearly aligned with the process and at the same time can serve as a tool with a common terminology for identifying unmeet needs. Thus, it will be easier to compare the results between the project partners. In doing so, we are building a common terminology and methodology that will facilitate the joint work to identifying unmet needs that can be addressed by PCP/PPI. The evaluation of the new one-pager is being evaluated during Q3/4 2020 once the project has regained full speed.

### Template for digital challenge description

[Project Name]		Brief Project Description		Cross Border PPI or PCP initial assessment		Y / N / Don't know	
<b>Problem / Challenge / Need description</b> What Need is causing the problem; can be technical/non-technical software, hardware and/or process related? Potential for addressed/resolved unmet need?		<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>Please add the relevant information from the initial template and                          Please also provide your thoughts and comments.</p> <ul style="list-style-type: none"> <li>- Are we collecting the most relevant information in this template?</li> <li>- Will this information be sufficient to be able to do a first rough initial selection and prioritization?</li> </ul> </div>		No development is currently on-going to address Need? (PCP)			
<b>Problem- / Challenge- / Need- owner:</b> Clinical organization, IT, other?				Identified Need is complex and will not be solved by single actor - necessary to stimulate multiple actors to collaborate to solve Need? (PCP)			
<b>Target stakeholder / beneficiary</b> Patient, clinical organization, industry, society, etc				Developments are on-going but no solution is currently available on the market? (PPI)			
				Has market survey/interaction been carried out (RfI, other means)?			
				Is the Need applicable to multiple partners (cross-border)?			
				<b>Boundary conditions Analysis &amp; Categorization</b>		I / M / H	
		<b>Estimated Values / Outcomes</b>		Interoperability			
Estimated Values Baseline vs Future		Quality, Cost, etc		Data			
Proposed outcome measurements		See outcome list...		Patient empowerment – lack of			
				Other?			

### Root cause and boundary conditions

Boundary conditions Analysis & Categorization	description
Interoperability	
Data	
Patient empowerment – lack of	
Other?	

### Scoring and priority list

Is the Problem / Challenge / Need relevant to your organization? (high:3, medium:2, low:1)

Initial Cross Border Evaluation of Digital Challenge	Karolinska	V81	Kings	Erasmus	MUW	HUS	OSR	AQuAS	Sum
Digital Challenge X	2	3	2	1	2	2	1	1	14
Digital Challenge Y	2	3	1	1	2	2	1	1	13
Digital Challenge Z	1	2	2	1	1	2	2	1	12

One of the tools that are expected to support the prioritization of the challenges is the set of challenge-neutral results (outputs, outcomes and impact) created in D5.4. Thanks to gray literature review a first

bucket of results categories, levels and sublevels was identified.

After a first literature review, 109 challenge-neutral results have also been identified, categorized by stakeholders: Patient (PROMs, PREMs, health determinants), Healthcare professional, Healthcare provider (Utilization, process, costs), Health system (Long-term outcomes, economic sustainability) and Broader impact (Social determinants). Then the elements within this first bucket got prioritized through the CARE selection criteria application: each result (output, outcome and impact) went through a two-round iteration exercise in order to assess their applicability for PiPPi's potential use. In a first iteration with both internal and external stakeholders, Clearness and Availability was determined in order to have a validated set of well-defined and categorized outcome measures. Care stands for:

- **Clearness** - The meaning of the outcome is clear and easy to be understood.
- **Availability** - The quantifiability of the data makes the outcome available.
- **Relevance** - The outcome is relevant for the PiPPi CoP
- **Exemplarity** - The outcome is sufficiently representative of the level and/or the sublevel is intending to assess.

The next step consisted of proceeding with a second iteration in Q4, in order to define and score a set of challenge-neutral outputs/outcomes/impact that will enable the consortium to measure the results of PiPPi public procurement of innovations., including: Measure of new digital service value that will be acquired through PiPPi (Outcomes and metrics on value-based health care based on key documents). And Measure of PCP/PPI success and stakeholders' perspective (PCP experiences: Awarding criteria, outputs, outcomes, deliverables, indicators, etc.).

Related work regarding a cross-border H2020 application has demonstrated, from both the supply and demand side, interest and potential to identify and drive a common cross-border needs, in this case an 'Research and Innovation action'.

A submitted report of the work leading up to a long-list of 21 digital challenges has been created from all partners. This list will be iterated and most likely updated with additional challenges, which will be further analyzed and prioritized between the partners to yield a single digital challenge with 1-3 backups. It are being fully evaluated during Q3/4 2020 once the project has regained full speed.

### **Work done in each task - summary**

Task 5.1 Identify clinical and patient needs and demand - in progress

1. Capture and compile 2-3 digital challenges from each PiPPi partner – completed
2. Development of set of indicators to evaluate the outcome of the cross-border PCP or PPI - completed
3. Test developed template for capturing - completed
4. Revalidate identified digital challenges related to identified cross-over challenge

Task 5.2 Define interest and opportunities with supply side/ HC payers - in progress Task 5.3 Feasibility study and preparation of a cross-border PCP or PPI - initiated

### **Deviations from the DoA**

The diverse experience in PCP/PPI of PiPPi partners required more time than expected to establish a common language and be able to conduct questionnaires and internal assessments that are homogeneous, representative, and capable of generating relevant indicators to the project. Consequently, it was considered desirable to be able to synchronize both deliverables and deliver them at M18. Then unfortunately COVID19 outbreak arose impeding us to interact with both internal and

external stakeholders and complete both deliverables. The pending work was carried out during the month 22-23 enabling their release in M24.

#### Identification and report on concerns

Covid 19 has dramatically changed the conditions for running the WP at full speed. At the same time, the need to be able to quickly identify unmet needs that can be addressed through procurement of innovation in an effective way has never been as important as it will be in the aftermath of the COVID-19 pandemic.

#### Goals for WP5

Goals	Due date	Qualitative & quantitative Outcome / measures
5 historic PCP/PPI reviewed with regards to industry / stakeholder interaction /consultation	January 2021 (TBC)	Relevant conclusions listed
5 meetings planned with stakeholder categories with which to discuss digital challenges	Feb 2021 (TBC)	Responses collected and summarized
3 hearings/presentation/ discussions done with external stakeholders	Feb 2021 (TBC)	Responses collected and summarized
10 stakeholders meeting within each category (industry, patient groups, academia, etc.)	March 2021 (TBC)	Responses collected and summarized
Focused “informal” selection for 1:1 meetings with 2-3 companies and other stakeholders	1/3 2021	Sense-check challenges and get feedback on process forward (to be discussed with WP7, WP2, WP3))
Wide “challenge awareness” event (web-based): what and why, process	1/3 2021	Responses collected and summarized
Prepare consultation document	8/3 2021	Describe PiPPi CoP: what and in particular why? Important: Describe challenge in broad terms in context of PiPPi. Proposed development/ procurement approach (based on best practices in PiPPi CoP, to include how information is/will be used) Questionnaire (online) request <i>written feedback</i> on A. challenge, B. solutions, C. development approach eetings (virtual) based on written responses and selection of counterparts (workshops assumed not possible due to
Execute open consultation	30/3 2021	Responses collected and summarized
Write up feasibility report for the challenge	15/4 2021	Feasibility report completed

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

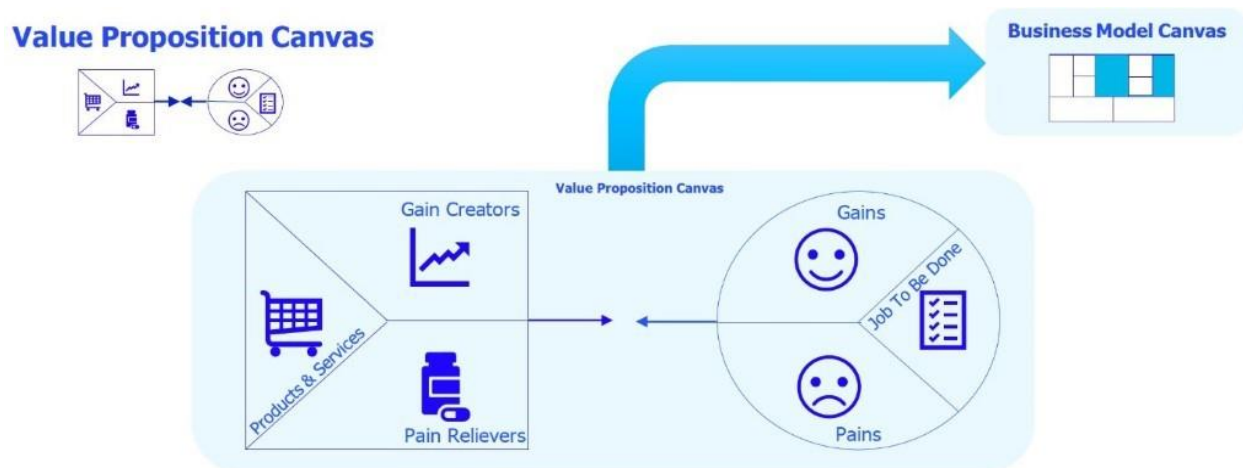
Work has begun on the business model preparation to be able to define better the subcontractor tasks. Several interviews have been done by the team. Public tender was issued at the end of Q4 2019.



Moreover, work has started together with WP2 to plan the workshops. During these workshops (pilot and more to come) the plan was to obtain the necessary information to develop the deliverables 6.1, 6.3 and 6.6 (operating model, business model and workshops reports). In these workshops the plan was to gather this information together to other information specific to WP2 & WP4.

The first workshop for validating the business model (BM) and the operating model (OM) was planned for March 23, 2020. After analysing the results and summarizing the lessons learned, Erasmus and Karolinska would have repeated the workshop within two weeks. Three different stakeholder groups had been invited to participate in the workshop: Three different stakeholder groups had been invited to participate in the workshop: Health Personnel (from Hospitals and Primary Assistance Centers) including management and procurement department and Technological providers (from Enterprises (SME and medtech) and Technological Centers) Researchers (from the Academic Community). The invitation to the workshop had been sent out and the participants had started registering. However, the workshop had to be canceled due to the Covid-19 outbreak.

The workshop set up for validating the business model (BM) and the operating model (OM) is outlined in the figure below:



<b>9.00h</b>	<b>Welcome and grouping (including leader definition)</b>
<b>9.20h</b>	<b>Pains and Gains</b>
	· Introduction (5 min)
	· Teamwork (20 min)
<b>9.45h</b>	<b>The Job to be Done</b>
	· Introduction (10 min)
	· Teamwork (50 min)
<b>10.45h</b>	<b>Sharing Results</b>
<b>11.00h</b>	<b>Coffee break</b>
<b>11.30h</b>	<b>Value Proposition Canvas</b>
	· Introduction (5 min)
	· Teamwork (30 min)
<b>12.05h</b>	<b>Sharing Results</b>
<b>12.15h</b>	<b>Definition of Value Proposition and Services portfolio</b>
<b>13.15h</b>	<b>Business Model Canvas</b>
<b>14.00h</b>	<b>Final</b>

A 6-step plan for a workshop without people interaction was then also developed. However, due to the CoVID-19 situation our hospital and our country people are not available to participate.

<b>1</b>	Design an open survey to pick up information about users/stakeholder needs and how the Co could solve it
<b>2</b>	Send the survey to Stakeholders and do a follow-up of the answers
<b>3</b>	Create a virtual space to solve problems that could appear during survey answering (scheduling virtual meetings)
<b>4</b>	Analyse results and elaborate a first proposal of the BM and OM
<b>5</b>	Present BM and OM in an open webinar to all SH who have responded to the survey. Open chat and debate → virtual workshop
<b>6</b>	Final draft BM and OM

The work is being delivered with the support of a subcontracting party with experience in business modelling, particularly in digital health solutions. IDOM consulting group won the public tender in January 2020. Due to Covid outbreak in March 2020 when we have already planned a workshop for preparing the BM and the OM, we had to stop it. In June, we started preparing a new strategy considering the new situation. In July and September 2020, 12 interviews with selected stakeholders were done. They were particularly selected stakeholders from three groups: healthcare providers (clinicians and administrators), research community and providers. The output obtained from the interviews lead us to select several pains and gains to be discussed in two virtual workshops (16<sup>th</sup> of September and 1<sup>st</sup> of October) to continue with the generation of value. We expect to have a first draft on the BM and the OM, in October and November, respectively that will be validated in December with a workshop in different partner's sites. There was a concern regarding the creation of the optimal business model and its timing so 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. This extension was approved by P.O. on December 2019 and the new deadline was 30th April 2020.

### **Work done in each task -summary**

#### **Task 6.1 Development and adaptation of Business Model (BM)**

- First information intake for preparing the BM during presentation workshop in January 2020 (completed)
- Specific workshop prepared for BM development in March 2020 stopped by the pandemic (completed).
- Re-started in July 2020 with a new format. We have performed 12 interviews to selected stakeholders and 2 virtual workshops with approximately 30 stakeholders to prepare the BM (ongoing).
- Describing the value creation process by the identification of needs by different stakeholders, identification of gains and pains in the different Jobs to Be Done (ongoing).
- Describing the value capture process, through the study of the different potential revenue models and the conditions for translating this value into services for each stakeholder (ongoing).

#### **Task 6.2 Development of operating model (OM) for PiPPi**

- First information intake for preparing the OM during presentation workshop in January 2020 (completed)
- Specific workshop prepared for OM development in March 2020 stopped by the pandemic (completed) .
- Re-started in July 2020 with a new format. We have performed 12 interviews to selected stakeholders and 2 virtual workshops with approximately 30 stakeholders to prepare the OM (ongoing).
- An analysis of potential services to provide and a description of PiPPi services model including capabilities such as processes, people, other resources (data and technologies) and infrastructure (ongoing).

### **Deviations from the DoA**

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.

### Identification and report on concerns

Stakeholder availability is one of the key factors in the low speed project situation. There is a concern regarding the creation of the optimal business model and its timing. The project work is evaluated regularly however the COVID-19 situation will lead to an estimated delay in the development of the business models by at least 6 months.

### Goals of WP6

Goals	Due date	Qualitative & quantitative Outcome / measures
Selection of international initiatives to use as reference models	Jan 2021	Selection of to 5 initiatives on the basis of similar goals of the initiatives to PIPPI
Interview the selected initiatives in order to gather information about their operating models	Jan 2021	3 to 5 interviews carried out; knowledge about the operation model of similar initiatives obtained
Definition of a proposal for the PIPPI operating model	Jan 2021	Deliverable Operating Model Proposal carried out
Fine tuning and validation of the operating model proposal	March 2021	Validation workshop carried out
Definition of the final PIPPI operating model	April 2021	Deliverable Final Operating Model carried out
Validate Overall Business Model	Dec 2020	Questionnaire responded by all the PIPPI partners
Selection of the best scenario for PIPPI business model	Dec 2020	Answers from all the PIPPI partners
Fine tuning and validation of the business model	Jan 2021	Draft business model, validated by all PiPPi partners
Adapt business model to local particularities	March-April 2021	Local adaptations needed identified. Deliverable local adaptations & final business model
Definition of a business plan that corresponds to the business / operating model previously defined	Jan 2021	Draft of business model plan validated by all PIPPI partners
Fine tuning and validation of the business plan	February 2021	Deliverable Business plan validated by all PIPPI partners
Definition of an exploitation plan for after the project	March 2021	Deliverable draft of exploitation plan validated by all PIPPI partners
Fine tuning and validation of the Exploitation plan	April 2021	Deliverable exploitation plan validated by all PIPPI partners

**WP7 Dissemination and Communication** – MUWWP7 has completed the development of a Dissemination and Communication Plan (Deliverable 7.5). Development of a PIPPI project brand and associated materials, including an informational video has also been done, together with the creation of a project website and LinkedIn page, with updates;

WP7 has also collaborated with Work Package 2 on a series of stakeholder workshops. The project partners have all been active in communicating to their own internal and external stakeholders, with activities such as interviews, workshops, surveys, press releases, etc. These items have been documented by the partners and collected by WP7 for record-keeping.

In total, 137 documented communication activities of different types and with different targets were completed from December 2018 to December 2019 (see Dissemination Progress Reports 1 and 2, D7.1 and D7.2). Activities from December 2019 through March 2020 are still being collected; after this timepoint, communication activities largely slowed or stopped based on the local partner situations. A regular newsletter has been planned, but not been executed due to the decrease in communication activities during the pandemic. The majority of these activities have focused on building the stakeholder network, first internally at the consortium partners, and then externally in the associated countries. Internal interviews and workshops have been conducted at the consortium hospitals/universities, followed by workshops bringing together internal and external stakeholders. These activities have been conducted with specific goals related to Work Packages 2-6; the stakeholder workshops in January-February 2020 were coordinated by WP2 and WP7 together.

For Scientific Publication 1 (D7.6 - M12), the project team decided to conduct a scoping review on the topic of procurement of innovation / innovation of procurement with a specific focus on terminology usage and within the health care context. We submitted a full review protocol as the deliverable and published it on medRxiv and ResearchGate. The search was conducted in the relevant databases and returned more than 13.000 results. We are currently screening the results using innovative automation tools. The final paper will be published in a scientific journal and presented at a conference.

For Scientific Publication 2 (D7.7 - M24; adjusted to M30), we are conducting exploratory qualitative expert interviews at the consortium hospitals and the associated hospitals in EUHA (9 EUHA in total and in addition Helsinki hospital). The interviews will encompass several topics, including procurement and innovation; internal organizational cultural aspects related to innovation and technology adoption; external network considerations; documentation of how COVID-19 impacted procurement and innovation; and potential lasting impacts of the pandemic on the field. At least two remote interviews will be conducted with experts at each hospital; these are currently being planned; a study protocol has been written and a semi-structured interview schedule is currently developed. Results will be qualitatively analysed, and the final paper published in a scientific journal and presented at a conference. A full project protocol has been written but additional work within the project team is required at this point in time. A sub-goal for the research related to D7.7 is a quantitative analysis of procurement data from the TED Tenders Portal to investigate potential changes related to COVID-19.

#### **Work done in each task -summary:**

Task 7.1 Develop a dissemination and communication plan including a knowledge portal/project website – completed

Task 7.2 Dissemination and communication with stakeholders – in progress

Task 7.3 Communication and promotion of the PIPPI project and its results – in progress Task 7.4 – Scaling down

#### **Deviations from the DoA**

As a result of COVID-19, communication activities have almost or fully temporarily ceased at each of the partner locations. Stakeholder availability is one of the key factors in the pause/extension of project work and is regularly assessed; however, stakeholder availability varies among the project

partners in response to changing pandemic situations. After September 1<sup>st</sup> 2020 when the project activities resume, communication activities will be adapted to the COVID-19 situation.

### Identification and report on concerns

COVID-19 has radically changed the landscape since this study development and planning began. It is an unprecedented circumstance, in which the procurement of innovation is being challenged and it is a timely opportunity to address these challenges. The COVID-19 situation has progressed rapidly, with many factors related to procurement of innovation. We are therefore assessing potential scientific research topics. The timeline of this publication is expected to be extended.

### Goals for WP7

The project has used a Dissemination Log in the form of an Excel tracking sheet as well as online surveys to collect and monitor activities (the relevant numbers that will be considered as goals for the next period are marked in bold in the table below). This will continue throughout the duration of the project. Furthermore, regular WP meetings and meetings with the project coordinator are ensuring regular planning and evaluation of activities. The use of target values to assess actions progress has allowed us to pinpoint areas that have exceeded expectations, such as presentation at events, as well as areas that need further development in the future, such as social media. A monthly plan of activities has been developed for M25-M42, the second half of the project, and efforts are underway to operationalize a content strategy and pipeline. This will ensure that the communication objectives as stated above are accomplished and also support achieving the overall project objectives.

Success indicators	Method of measurement	Period 1 M01-M12		Period 2 M13-M24		Period 3 M25-M42		Total	
		Target M01- M12	Actual M01- M12	Target M13- M24	Actual M13- M24*	Target M25- M42	Actual M25- M42	Target	Actual
<b>Website</b>									
Website page views	No. of page views assessed through page analytics	100	Unable to provide <sup>a</sup>	250	Unable to provide <sup>a</sup>	<b>500</b>		850	
Website news items	No. of news items posted to the website	4	5	8	3	<b>11</b>		23	8
<b>Social Media</b>									
Social media posts	No. of posts to project social media channels	15	6	24	4	<b>60</b>		99	10
Social media followers	No. of followers to project social media accounts	50	36	100	35	<b>250</b>		400	71
Social media shares/ comments/ likes	No. of shares/ comments/ reactions / clicks of project social media posts	50	0 <sup>b</sup>	100	40	<b>300</b>		350	40

Success indicators	Method of measurement	Period 1 M01-M12		Period 2 M13-M24		Period 3 M25-M42		Total	
		Targ et M01- M12	Actual M01- M12	Targ et M13- M24	Actual M13- M24*	Targ et M25- M42	Actu al M25- M42	Targ et	Actu al
Social media impressions	No. of post impressions	1000	0 <sup>b</sup>	1500	1368	<b>300</b> <b>0</b>		5500	1368
<b>Publications &amp; Media</b>									
Scientific publications	No. of publications published on preprint servers or in scientific journals & no. of views/downloads, if applicable	1 / 500	1 / 761 <sup>c</sup>	1 / 500	0	<b>1</b> / <b>500</b>		3 / 1500	1 / 761
Press releases	No. of briefs delivered to media	2	7	1	0	<b>1</b>		4	7
Media/external site references	No. of media and/or external site references to PiPPi, including partner websites	5	19	5	2	<b>10</b>		15	21
<b>Networking, Meetings &amp; Interviews</b>									
Meetings	No. of meetings with internal and external stakeholders, especially key actors or experts	8	17	8	1 <sup>e</sup>	<b>8</b>		24	18
Interviews	No. of interviews conducted with internal and external stakeholders & no. of interviewees	20 / 25	7 <sup>d</sup> / 10+	10 / 13	12 / 12	<b>5</b> / <b>8</b>		35 / 46	19 / 22
<b>Events</b>									
Workshops	No. of workshops organised & no. of attendees	8 / 80	6	16 / 160	10	<b>24</b> / <b>240</b>		48 / 480	16

Success indicators	Method of measurement	Period 1 M01-M12		Period 2 M13-M24		Period 3 M25-M42		Total	
		Target M01- M12	Actual M01- M12	Target M13- M24	Actual M13- M24*	Target M25- M42	Actual M25- M42	Target	Actual
Presentation of project at events	No. of events attended representing the project & no. of attendees, if applicable	2	15	2	2	2		6	17
Webinars	No. of webinars organised & no. of attendees	N/A	N/A	N/A	N/A	13 / 400		13 / 400	
Email communication									
Newsletter signups	No. of emails collected for project communications	75	0	150	186	250		475	186
Project newsletters	No. of newsletters sent via email	2	0	2	0	4		8	0
Project flash reports	No. of flash reports sent via email	N/A	N/A	N/A	N/A	11		11	
Other									
Communication means produced	No. of supportive items produced, e.g. leaflet, video, etc. & no. of distributions, if applicable	7	6	3	6	3		13	12
Surveys	No. of surveys distributed & no. of responses	2 / 40	0	2 / 60	11 / 50	2 / 100		6 / 200	11 / 67
Video views	No. of views of the project video & of recorded webinars	N/A	N/A	50	31	100		150	31
Community of Practice									



Success indicators	Method of measurement	Period 1 M01-M12		Period 2 M13-M24		Period 3 M25-M42		Total	
		Targ et M01- M12	Actual M01- M12	Targ et M13- M24	Actual M13- M24*	Targ et M25- M42	Actu al M25- M42	Targ et	Actu al
Stakeholders	No. of stakeholders identified per group who could be interested to participate in the CoP	400	227	80	503	80		560	730
CoP membership	No. of individual entities participating & no. of accounts created after launch	N/A	N/A	75	186	200		275	186
CoP visitors	No. of unique / recurring visitors to the CoP after launch	N/A	N/A	N/A	N/A	200 / 50		200 / 50	



## **Appendix 1. Management of the current COVID-19 pandemic situation.**

Since the last report all WPs were full speed until the Covid-19 pandemic situation hit all member states with full force and caused major disruptions in the project, which forced some project member stop all activities and other project members had to slow down their activities significantly. This called an extra status meeting with the project officer, to show the project status and to discuss the way forward during the current pandemic situation.

A remote status meeting with the Project Officer was held on March 31st 2020, in order to discuss the consequences of the COVID-19 pandemic situation was affecting the project. The coordinator agreed with the PO on the following:

### **Short notes from meeting with PO during March and April**

Due to the extent of the Covid-19 outbreak the Commission have worked out an optional approach to handle the project affected (unable to follow original execution plan) by the Covid-19 outbreak.

### **Explanation and clarifications from the coordinator (Karolinska)**

Our intention is to continue the project however, significantly reduce the speed of implementation and execution of the project. By informing our PO – decision when to resume full speed and activity of the project can be done when the situation so allows. At this point in time estimated to time in 6 months. This will be revisited in contact with the PO with some regularity (continuously within the project consortium)

### **Regarding force majeure:**

As we understand it, we can still invoke the force majeure for the PiPPi project with the intention to receive full flexibility (+ extension) while the project is still ongoing. The reason why force majeure is invoked is explained in paragraph 9 below.

*This would mean:*

- 1. Submit draft versions (very light drafts if needed) of deliverables due for review in May. As well as deliverables post May until the amendment that sets the extension will be done.*
- 2. The review in May, “review 1.1” will be a very light one – Light review; No formal meeting, small team of external reviewers doing a desk review. Review report level can be the presentation material we shared at the status meeting on March 31<sup>st</sup>.*
- 3. Review has to be redone, “review 1.2”, at a time determined and adjusted in the amendment*
- 4. We will have a chance to resubmit all relevant deliverables for “review 1.2” at a time defined in the amendment*

5. *Financial report has to be submitted at the end of current reporting period (End May 2020) but the normal 60 days window of financial reporting can be extended to August if need be. Financial reports can be amended if need be, preferably in conjunction with “review 1.2”.*
6. *Partial activities can be conducted but with great conciseness to keep budget available for when the work in whole consortium is resumed and length of extension is determined.*
7. *Length of extension will be decided when we “resume” full speed of the project again.*
8. *Amendment has to be done when the project is resumed in full speed again.*
9. *Force majeure clause should be invoked to;*
10. *As a clarity as to why the project is affected and in what manner*
11. *Ensure the subcontractors situation and ability of eligibility for government support*

### **Summary**

- The project will not invoke a suspension however significantly reduce the speed of implementation and execution of the project.
- The decision to resume the project on full speed will be made by the project when the situation so allows. The decision to resume full speed will be communicated to the PO
- The project parties will have meeting regularly in order update of their respective situation
  
- The projected delay of the project is 6 months with existing budget! Each project party must be able to maintain its budget with regard to 6 to 9 months of delay in the project.



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## Appendix 2 – stakeholder list

Partner SH event	Organization	2. Which is your motivation to participate in this workshop?	3. How do you think that you (or your organization) could contribute to build PiPPi CoP with the information you have until now?	4. How would you describe a Community of Practice (CoP)?	I consent to the data obtained during the workshop(s) being used, stored and processed by the PiPPi project and its consortium parties, particularly in order to further the PiPPi knowledge base.	Furthermore, I consent to the processing of my personal data and having my contact details stored in the PiPPi contacts directory. I also agree to being contacted by representatives of the PiPPi project as regards PiPPi activities, news and events.	Working country	Group of stakeholder	Type of stakeholder	Status
HUVH	Fundacio Sant Joan de Deu	Learn more about pcp/ppi process	Share learnings/best practices	I can imagine, but i've never heard before			Spain	Healthcare providers	external	Active
HUVH	CONSORCI SANITARI INTEGRAL	To improve MY knowledge	We could be a Partner	No really			Spain	Healthcare providers	external	Active
HUVH	CSI ( ( Consorci Sanitari Integral)	To aport my opini3n	I don't know. I don't have any information	A community to share objective and resources			Spain	Healthcare providers	external	Active
HUVH	Servei Catala de la Salut	Learn and share with my workshopmates about innovation in healt	We can push to inniciate and to sprade the projecta around the Catalonia	I'm not sure about, maybe it's a community to share about good practices			Spain	Healthcare providers	external	Active
HUVH	Grupo pulso	To Learn and to help improving the market adoption of PCPs and PPIs	As an SME we are focus to the market, to provide and sell products. I hope we could contribute to provide the view of a private company	I understand it is a group of partners sharing experiences, needs, challenges, best practices... of a common topic/area of interest			Spain	Enablers	external	Active
HUVH	Fundació Tic Salut Social	To share and improve my knowlege.	Improving the general knowlege about this kind of instruments to foster innovation	No, I don't			Spain	Enablers	external	Active
HUVH	La Unio Catalana d Hospitals	Contribute to improve patient and professionals experience	Sharing my experience working for several healthcare providers from Acute healthcare, to primary or mental healthcare	A group of professionals from different institutions who share knowledge for a common goal			Spain	Healthcare providers	external	Active
HUVH	Ferrer	To be engage in growth of innovation markets with collaboration of public institutions	Stakeholders, workshops...	Social groups to create, share knowledge			Spain	Industry (large)	external	Active
HUVH	EURECAT	Learn and improve the process of elaboration of good proposals and value added	I don't have an answer. Probably at the end of -the workshop	No I don't know. I am novel in this area			Spain	Research Community	external	Active
HUVH	CatSalut	Be awared about PiPPi	To identify therapeutical areas where PPI is suitable	No			Spain	Healthcare providers	external	Active
HUVH	Telef3nica	To learn how to work in a PPI project.	Our company has a specific eHealth division, so we have knowledge about the health market and working together in a PPI, is one of the best ways to success in health Projects.	No, I don't.			Spain	Industry (large)	external	Active
HUVH	Fundació TIC Salut Social.	To improve my knowledge about PPI and help the project	The match interested institutions and help in the way that the solution will be applied not only in the participant institutions but in the health ecosystem	I think so. A group of people or institutions that are interested in a matter or have similar goals and want to collaborate and share experiences			Spain	Enablers	external	Active
HUVH	ACAF / Consell Consultiu de Pacients de Catalunya	Curiosity	Not sure how.	Yes, group of different people working together for a specific purpose.			Spain	Citizen/Patient associations	external	Active
HUVH	LEITAT	Gain knowledge about PPI. Discuss health needs for future PCP/PPI. Meet relevant SH involved in PCP/PPI	Provide technical knowledge and innovative solutions relevant for the health sector.	Group of professionals that share same interests and interact regularly			Spain	Research Community	external	Active
HUVH	Hospital de Sant Pau	To learnig about innovation	Collaboration in projects	Yes, collaboration in results in projects			Spain	Healthcare providers	external	Active
HUVH	Institut Catala de la Salut	Contribute to projecte objectives	Aportant la nostra experi3ncia i estructura en innovaci3	Entenc que 3s una comunitat que contribuix amb les seves diferents experi3ncies a perfilar estratgies per l'abordatge de projectes cr3tics			Spain	Healthcare providers	external	Active
HUVH	FGS Hospital de la Santa Creu i Sant Pau	NETWORK	WE ARE ALREADY PARTICIPATING IN PCP AND PPI AS PUBLIC PROCURERS	A COMMUNITY OF PRACTICES IS A GROUP OF STAKEHOLDERS COLLABORATING IN THE PRACTICE OF INNOVATION ON A CONCRETE SUBJECT			Spain	Healthcare providers	external	Active



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HUVH	ACCIO - Generalitat de Catalunya	To learn news strategies	to provide necessary economic resources	NO		Spain	Enablers	external	Active
HUVH	Roca Junyent	To share knowledge and to learn	We love innovation!	To share projects, results and knowledge		Spain	Enablers	external	Active
HUVH	Novartis	Learn. Be curious	Innovation is our DNA	Not sure. Best practice sharing community		Spain	Industry (large)	external	Active
HUVH	IESE Business School	Learn on PCP and network	Provide models and experiences of PCP	Group of professionals that share knowledge and practices to help each other improve		Spain	Research Community	external	Active
HUVH	ACCIO Generalitat de Catalunya	To influence in future PPIs	Communication, contact with innovative companies and tecnológica centres.	Share useful information, ask and answer questions, learn...		Spain	Enablers	external	Active
HUVH	ACCIO	To better generate collaborations between companies and public institutions	We make connections between the public sector and the companies aiming to generate innovations	A group to share knowledge and experiences		Spain	Enablers	external	Active
HUVH	BSA	Learn about the project	I don't have more information until now	A community to share knowledge		Spain	Healthcare providers	external	Active
HUVH	Pulso	Improve the way public funding promote innovation and the way taxes return to the society	Knowledge of the current process, experience in innovation projects, knowledge of stakeholders, developed assets and platforms, design thinking and developing capabilities.	It's and environment where stakeholders and partners share their way of doing things and best practices experiences.		Spain	Enablers	external	Active
HUVH	NOVARTIS	Listen to the needs and detect new trends	Point of view from the industry	A group of people who share experiences		Spain	Industry (large)	external	Active
HUVH	ECHalliance	To understand better PCP and add value to the team involved in this project	Disseminate the results to EU countries	Yes. Sharing experiences and best practices to accelerate the transfer of knowledge		Spain	Enablers	external	Active
HUVH	Barcelona Chamber of Commerce	Understand how sme can take profit of this opportunity and how my corporation can contribute to this goal.	Disseminate the results between sme.	Its a knowledge base of practices and a network of stakeholders that share knowledle.		Spain	Enablers	external	Active
HUVH	GE Healthcare	Bring our experience, as an industry, in this kind of procurement process and learn about the healthcare provider perspective	We bring our experience, barriers, and difficulties. Also, sharing our own experience in the field in the different countries and regions	No		Spain	Industry (large)	external	Active
HUVH	Fundacio Parc Tauli	Learning more about it and sharing my knowledge	With our experience	Yes		Spain	Healthcare providers	external	Active
HUVH	everis	To be actively involved in the different innovation processes launched by different health centers.	Products and knowledge	Yes. A place where we can share knowledge and improve products and/or services		Spain	Industry (large)	external	Active



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ERASMUS DC	Erasmus MC	Learn from stakeholders	Listen to stakeholders	A community of people working in the same field, communicating with each other to bring the field further		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	&ranj serious games	Learn and connect	share business focused experience	noNO		Netherlands	Industry (SME)	external	Active
ERASMUS DC	Erasmus University Rotterdam	Learn multiple perspectives from different stakeholders	Contribute knowledge about purchasing processes	A virtual table where practitioners meet around a certain practice		Netherlands	Research Community	external	Active
ERASMUS DC	Erasmusmc	Give my input in my expertise	Support the initiative	A network of expertise that together embraces the whole problem .		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	To tell about my experience in innovative procurement	My knowledge as a manager of a department in Erasmus MC and my experience with procurement and innovation.	People who share knowledge, ask questions, work together, improve the product, share knowledge, etc.		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	learn more on how to do innovative procurement	I could collaborate on the relation with companies. So what kind of rules should set in place once companies would like to join the platform to prevent issues.	yes, it is a community where you share experiences, lessons learned about a specific topic or focus area.		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus mc	Get new insight and ideas	European reference networks for rare diseases. Ehealth solutions in erasmus from thema Dijkzigt	People and/or companies that share a common interest of specific practices		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	Get more information	Organize innovation	Group of people who want to collaborate		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	Tot be inspired/informed	Original ideas	Group of inspiring people		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	Interested in this topic	Give topics to think about	No		Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Erasmus MC	Help influence future procurement policies and technology innovation at EU level.	Experience with new technology SMEs and their developmental/ implementation problems (with emphasis on microbiology).	Sound like a group of policies (and hence policy makers).		Netherlands	Research Community	internal	Active
ERASMUS DC	Municipality of Rotterdam	Exchange knowledge and stimulate economic development / entrepreneurial growth	Give input on our knowledge of procurement and how to involve the commons (patients / citizens); knowledge on design thinking	Yes. It is a group of organisations that share knowledge experience and questions on the same field of interest /topic		Netherlands	Policy makers	external	Active
ERASMUS DC	Municipality of Rotterdam	To contribute to the development of the LS&H sector in general by sharing knowledge and experience	Opening my network, sharing knowledge, connect parties	No		Netherlands	Policy makers	external	Active
ERASMUS DC	Erasmus MC Rotterdam	TO Leren more about this i situatie and perhaps wrok together	The H2020 project instan-NGS4P and Pippi project can learn form teach other	no		Netherlands	Research Community	internal	Active



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ERASMUS DC	Erasmus MC Client Council	To be able to represent the rights of the patient	To call the needs, to show the market and the interested parties to provide solutions	Parties with different expertise focus in the solution of the same problem			Netherlands	Healthcare providers	internal	Active
ERASMUS DC	Eur, ESHPM	Nothing in particular. I hope I can be of value	With our expertise on cocreation in the healthcare domain	A group of people/Organisations that exchange knowledge on how they solve problems or handle issues			Netherlands	Research Community	external	Active
Karolinska Hospital	Elsa Science	Curiosity	I work for a company within digital health	-	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	LIF	Represent Pharma in Sweden	A link to member companies. Spread information.	Don't know	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	SIS	The use of international standards	Advice on standards and standardisation	Reach best practice	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Karolinska university hospital	Need for common infrastructure in health data	Knowledge, proposed solutions	?	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Impatient/Elsa	Patient first	Knowledge of Patient co creation and experience as disease expert	Spred good initiatives and start with the people that health care is for, the persons in need of care.	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Robotdalen	Improve care efficiency	15 years of development of technology for this sector	I would not	I accept	I accept	Sweden	Research Community	external	Active
Karolinska Hospital	SIS Svenska Institutet för Standarder	Potential relation to standards	Supportive standards for innovation and digitalisation, health	Common ways	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Södersjukhuset	Learn more	Don't know yet	Don't know	I accept	I accept	Sweden	Healthcare providers	external	Active
Karolinska Hospital	Uppgandlingsmyndigheten	To learn more about the project	Knowledge in public procurement	Network	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Karolinska Universitetssjukhuset	Being head of the center for innovation	Drive the collection and analysis of known and unknown needs from patients and professionals	A loosley knit collection of organizations striving towards a common goal.	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	tietoEvry	Believe in Ecco system of innovation	Knowledge, it platforms and resources with healthcare experience	An innovative enviroiment of knowledge sharing	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	KI Innovations AB	Gain insight and knowledge	Perspective of start-ups	-	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Förbundet Blödarsjuka i Sverige	Commission from Förbundet Blödarsjuka	Experience and knowledge from the health sector	Do not know	I accept	I accept	Sweden	Citizen/Patient associations	external	Active



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Karolinska Hospital	Funktionsrätt Sverige	Patient advocacy	Don't know	New digital health care platform	I accept	I accept	Sweden	Citizen/Patient associations	external	Active
Karolinska Hospital	Swedish Medical Association	Curiosity	By promoting physicians to participate	Collaboration and transparency	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Telia Healthcare	Development Digital Healthcare	Long digitalization experience	Not sure	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	MyIndicators	To active involve in the transition of European modern health care and digital health. Be part of the frontline for the future health care.	Through exchanging knowledge, creating network, collaboration and generating new research- innovation project.	Professional and resourceful	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	KTH	Contribute and hear news	Data integrity, dependability, innovation, procurement best practices	Best practices in industry have to be promoted	I accept	I accept	Sweden	Research Community	external	Active
Karolinska Hospital	Strikersoft	Interest in digital innovations within eHealth as a supplier	Experience from digitizing care processes within 30+ care units and 1000+ users	A community of practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. :)	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Roche Diagnostics AB	To better understand how the industri and Health Care can move faster working to implement and tender new innovations.	Innovation and transformation are a key priority's in our organisation	?	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Roche Diagnostics	Understanding and impact	Knowledge within digital diagnostics	?	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Microsoft	Understand how we could support the need to transform as well scale learnings cross Europe	Support in several ways for example how SME easily can scale through the Alliance or how to share AI/ML/DATA in a trusted way	Open network where knowledge sharing can easily be shared as well knowledge on how to implement and create values for patients, health systems and society	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	National Agency for Public Procurement	To observe	Not to a great extent	Exchange of ideas and experiences	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	MyIndicators	Leran about the possibilities of innovation projects funded by the EU	As an innovative Sme	A sharing community	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Karolinska Universitetssjukhuset	Learn about CoP and pippi	Experience from working with innovation in Healthcare	A group of stakeholders working together in a network	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Origoprogrammet	Collaboration around and financing of generic information platform	Provide a platform information sharing	Collaboration platform	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Karolinska Universitetssjukhuset	Ongoing Masterstudies in ehealth and I am responsible for journalsystem and ehealth at my departement .	As a university hospital I consider is a key player in innovation in healthcare.	Ett forum där olika aktörer inom samma område möts och samarbetar.	I accept	I accept	Sweden	Healthcare providers	internal	Active



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Karolinska Hospital	Karolinska universitetssjukhuset	Interested in developing digital solutions for healthcare	Knowledge about healthcare organisations and pedagogik	Working together for development of userfriendly products	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Headlong Development	To get informed about the project	Possibly	Sharing experience and information	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Vinnova	Better impact of innovation procurement and its contribution to a sustainable Wellfare	Vinnova projects structures and knowledge about the innovation system	No	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Stockholm Science City Foundation	Works with questions related to implementation of digital products in healthcare	Network to different stakeholders and knowledge.	A community testing work procedures and sharing knowledge	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Zinstra	We have AI-solution that might be interesting for whole HealthCare sector.	GDPR, Cebersecurity Act, Cloud Services, AI-solutions and out Innovation platform Zinstra	Good collaborations between different parts.	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	E-hälsomyndigheten	Representative of relevant government authority	Proposals to government? EU collaboration within eHealth Network. Disseminate information.	A number of stakeholders (preferably all) that cooperate, share knowledge, learn and improve together.	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Reumatikerförbundet	Patient perspective view	We will be able to provide experience regarding the view of patients	A Community who develop common practice	I accept	I accept	Sweden	Citizen/Patient associations	external	Active
Karolinska Hospital	Socialstyrelsen	Learn about purchasing role in innovation	No idea	Practitioners Sharing a common purpose, tools and tasks	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Södersjukhuset AB	Inspiration	Dont know yet	Dont know	I accept	I accept	Sweden	Healthcare providers	external	Active
Karolinska Hospital	STV Svenska Tele & Video Konsult AB	Collaboration with other countrys regarding telemedicine standards.	Knowledge and design	Possibility to talk to people with earlier experience	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Philips	To learn more about PiPPi and understand how we can leverage it for future innovation project	Provide industry experience and perspective on innovation	Network to share knowledge and align on best practices	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Region Sthlm Socialdemokraterna	To see more of what others say that are limitations and possibilities in innovation and research projects on a system level and to see if there is call for action on a political/regional basis to make things work smoother.	A	To share	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Omniq AB	Patient engagement/ patient empowering	Stor (20 år) erfarenhet av patientjournalssystem. Ansvarig för utveckling av Region Stockholms patientkommunikations plattform Alltid öppet / www.care4us.se	Förstår ej frågan	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Karolinska University Hospital	It is part of EUHA	We can share our experience and needs	Common rules and helpful platform	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Bestor	New development and oppurtunites for Bestor. Better tools for the health care	Bestor can contribute with leadership and with data analys and decichen support.	A coulure of how a group perform tasks.	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Karolinska	Interested in the process and patient participation	As I know for Now, i think we can contribute well	A community of peoples who are dedicated for the area in interest and the person who Will use the information	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Swedish Medtech	Innovative public procurement is a matter of big importance to our members with regard to Market access	We use dialogue as a tool and work together with the procuring authorities. A main objective is to achieve a better understanding of how the industry can help solve challenges within the health care	?	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Afasiförbundet	Stress our members perspective on accessible health care	With our members experiences and needs when it c to a health care system also accessible for persons with aphasia / språkstörning and there needs in contact with h care system	Listen , learn and DO it together	I accept	I accept	Sweden	Citizen/Patient associations	external	Active





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Karolinska Hospital	TietoEVERY	Cureus and maby our company can help in tjis projekt	We have many opportunities and inovatjonprojekt and have strenght to built something together	A plays there	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Region Stockholm	Learning and contributing	To contribute wih previous experience	Sharing	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Medtech4Health	Building network and contributing with partners from within our organization such as medtech companies, healthcare and academia.	Enabling stronger or established contact between stakeholders and medtech arena.	I want to learn more about this.	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Becton Dickinson	Learn and see how the industry can contribute	As a global supplier I think we can share knowledge and contribute to success	-	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	KTH	To get an overview	Research & collaboration	share a concern	I accept	I accept	Sweden	Research Community	external	Active
Karolinska Hospital	Selfcare Academy	Curiosity	A patients point of view	Working together	I accept	I accept	Sweden	Research Community	external	Active
Karolinska Hospital	Johnson & Johnson Medical Devices	Represent J&J in this forum and make sure we participate and promote what we think is important in regards to procuring innovation.	J&j are on the forefront in innovation for HCP and we can help promote the view of our customers	A forum for discussing key topics related to the HC industry.	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Region Stockholm politics	Work with innovation on political level	Ny understanding various perspectives and contribute to better decision making documents	No comments	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Karolinska Universitetssjukhuset	Inspiration	No idea yet	To learn from each other	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Regionalt cancercentrum Stockholm Gotland	I work with a digital platform to implement a individual care plan and information for cancer patients.	To contribute with my experience from my work.	I dont know	I accept	I accept	Sweden	Enablers	external	Active
Karolinska Hospital	Roche Diagnostics Scandinavia AB	Important to find new ways to collaborate between academia, clinics and industry while bridging from successful pilots to full implementation. I believe industry can play a far more important role and provide much more value to society and patients	Share good examples. Clarify what we need to be able to help?	A network of people sharing a common interest and expertise	I accept	I accept	Sweden	Industry (large)	external	Active
Karolinska Hospital	Acceptus	I want to participate in innovation in healthcare and have done so the past 10 years	Previous experience from projects in digitalisation within e-health. Support and maintenance of current EHR system within Region Stockholm and programme management developing e-services.	A bundle of people with experience of developing e-services within healthcare.	I accept	I accept	Sweden	Industry (SME)	external	Active
Karolinska Hospital	Karolinska universitetssjukhuset	Om interested in digital design that helps the staff in the clinical ward at the ICU.	I'm at the Karolinska hospital , we have a lot of experience and I think we can have a good answer of what we need in the future	I couldn't	I accept	I accept	Sweden	Healthcare providers	internal	Active
Karolinska Hospital	Region Stockholm	Share experience	Through experience and network	Network and development of methods	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Bröstcancerföreningen Amazona	Driva utvecklingen framåt	Har både patenterfarehet och varit chef för digital mammografiutrustning	Alla grupper som på något sätt berörs bör vara med	I accept	I accept	Sweden	Citizen/Patient associations	external	Active
Karolinska Hospital	TietoEVERY	Fine solutions together with patients and profession in healthcare	We have a combination of technical knowledge, design skills and experienced consultants with own experience from clinical work in healthcare.	A collaboration where patients and needs and opportunities can be identified and solved	I accept	I accept	Sweden	Industry (large)	external	Active



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Karolinska Hospital	Upphandlingsmyndigheten	Som myndighetsutövning kring upphandling nationellt	Mycket eftersom vi har ett uppdrag att öka kunskap och sprida goda exempel	En samlingskompetenser som jobbar gränsöverskridande	I accept	I accept	Sweden	Policy makers	external	Active
Karolinska Hospital	Reumatikerförbundet	Patient perspective view	We will be able to provide experience regarding the view of patients	A Community who develop common practice	I accept	I accept	Sweden	Citizen/Patient associations	external	Active
Karolinska Hospital	Södersjukhuset	Learn more	Don't know yet	Don't know	I accept	I accept	Sweden	Healthcare providers	external	Active
OSR	Gruppo San Donato - Sistemi e Servizi	To understand innovative procurement practice	As GSDss we have acquired a lot of experience in buying goods and services in IT Healthcare	A community of practice (CoP) is a group of people who share a common concern, a set of problems, or an interest in a topic	I accept	I accept	Italy	Healthcare providers	external	Active
OSR	FONDAZIONE IRCCS ISTITUTO NEUROLOGICO CARLO BESTA	interest in the innovation process toward better health care	Besta is a leading IRCCS related to research and cure of brain diseases. Networking with our institute could contribute to PIPPI goals	I would describe it as a Focus group where different stakeholders with different point of view discuss how to better face a common topic and how to share best practice for a common goal	I accept	I accept	Italy	Healthcare providers	external	Active
Karolinska Hospital	Reumatikerförbundet	Patient perspective view	We will be able to provide experience regarding the view of patients	A Community who develop common practice	I accept	I accept	Sweden	Patient/Patient associations	external	Active
OSR	Mixel scarl	Understand recent technologies and trend in 'procurement of innovation'	we develop software platforms for web based applications	A CoP it's a group of people who have a common interest in a specific activity or craft	I accept	I accept	Italy	Industry (SME)	external	Active
OSR	San Raffaele University Hospital	interested in the PIPPI project	sharing experience and needs	network of stakeholders with different backgrounds and from different areas, operating in a specific field and potentially interested in working together	I accept	I accept	Italy	Healthcare providers	internal	Active
Wien	<a href="http://mindcoa.ch">mindcoa.ch</a>	Identify opportunities for us as a startup to provide solutions.	Leverage our Software platform	Exchange best practices	I accept	I accept	Austria	Industry (SME)	external	Active
Wien	Medizinische Universität Wien	Interest in digital health	My experience in research and technology transfer	No idea	I accept	I accept	Austria	Research Community	internal	Active
Wien	AIT Austrian Institute of Technology GmbH	To support project consortium; to exchange ideas about innovation procurement; input about digital health.	Information about the innovation process; innovation in digital health	N/A	I accept	I accept	Austria	Enablers	external	Active
Wien	AKH Wien	Interest	I have too less Information at the moment	I dont know	I accept	I accept	Austria	Healthcare providers	external	Active
Wien	<a href="http://Mincoa.Ch">Mincoa.Ch</a>	Contribute ideas and help with innovation	Various applications of mindcoa.Ch, facilitation of innovation workshops	A group of practitioners teaming up to share best practices	I accept	I accept	Austria	Industry (SME)	external	Active
Wien	Medizinische Universität Wien	I believe clinical translation of research requires better forms of patient interaction and feedback.	Perspective of preclinical research and translational needs	A community to discuss and standardize best practices and to share needs/solutions	I accept	I accept	Austria	Research Community	internal	Active



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Wien	Gesundheit Österreich GmbH	thematic interest in innovation procurement and digital applications in particular	facilitating dialogue and sharing info within Austrian health policy	community of stakeholders sharing experiences with a specific practice, scoping opportunities for coordination or cooperation	I accept	I accept	Austria	Policy makers	external
Wien	<a href="http://mindcoa.ch">mindcoa.ch</a>	to participate in innovative digital health projects	To Provider a level gender platform	An interactive community exchanging their knowledge to be used in practice	I accept	I accept	Austria	Industry (SME)	external
Wien	SYNO GmbH	iProcureSecurity.eu (CSA project we are coordinating)	Running the SME Network innovationprocurement.net	Experts, Practices, Training, Exchange	I accept	I accept	Austria	Enablers	external
Wien	Medical university of Vienna, Comprehensive Cancer Center	Integrate or EU project Esmart pLatform (ce Certified medical device, evidennten based - randomized control trial, Data protection Act conform, Developed together with Patients, Patient advocats, Nutzes, doctors and IT experts, ePROM - patient Reportes outcome neasurements and ASYMS into this procurement strategy	Provide CE Certified and established medical devices for Health related outcome measurements and patient Reported outcome measurements	Universities, researcherd, Patient advocats working together with industry Partners and investors	I accept	I accept	Austria	Healthcare providers	internal
Wien	Austrian Rheumaliga	To get new knowledge for patients	little information	in development	I accept	I accept	Austria	Patient/Patient associations	external
King's	King's	Curiosity	Patient perspective/constructive challenge	A group of people working together to improve services	I accept	I accept	United Kingdom	Healthcare providers	internal
King's	Kings College Hospital	I was asked and it seems interesting and an opportunity to make improvements within the trust	Using data available to me to see where improvements can be made for patient flow and care	People sharing a vision and desire to improve something	I accept	I accept	United Kingdom	Healthcare providers	internal
King's	Healthwatch Southwark	To contribute to the discussion around unmet need, using what Healthwatch hears from local people	Unsure - would like to understand more about PiPPi first	A group of people with a shared interest/passion coming together regularly to share knowledge, which they then take into their practice.	I accept	I accept	United Kingdom	Healthcare providers	external
King's	King's College Hospital	Support KCH	I need to understand more about the aims and stakeholders of the project	Multidisciplinary group that comes together to review its processes, outcomes, implement changes and review benefits	I accept	I accept	United Kingdom	Healthcare providers	internal
HUVH	AQUAS						Spain	Enablers	internal
HUVH	PetriLab						Spain	Enablers	external
HUVH	Ticbiomed						Spain	Industry (SME)	external
HUVH	Mediktor						Spain	Industry (SME)	external
HUVH	Hospital Vall d'Hebron						Spain	Healthcare providers	internal
HUVH	Eurecat						Spain	Research Community	external
HUVH	Leitat						Spain	Research Community	external
HUVH	Medtronic						Spain	Industry (large)	external
HUVH	Medtronic						Spain	Industry (large)	external
HUVH	Novartis						Spain	Industry (large)	external
HUVH	IDOM consulting group						Spain	Enablers	external
Wien	AKH Wien						Austria	Healthcare providers	external