



# INNOVATIONS IN HOME CARE – GENERATING NEW SOLUTIONS THROUGH PUBLIC DRIVEN INITIATIVES

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JOINT THEMATIC POLICY TRANSFER REPORT



European Union  
European Regional  
Development Fund

## 1. AIM AND TARGET GROUP OF THIS JOINT THEMATIC POLICY TRANSFER REPORT

The present Joint Thematic Policy Transfer Report - INNOVATIONS IN HOME CARE – GENERATING NEW SOLUTIONS THROUGH PUBLIC DRIVEN INITIATIVES - summarizes the Interreg Europe HoCare project experts' panel comments and work group results towards the Overall Regional Situation Analysis in Home Care R&I and quadruple-helix cooperation in R&I elaborated in each partner's area. Two more Joint Thematic Policy Transfer Reports have been developed and published (with focus on unmet needs identified by formal and informal healthcare providers and faster delivery of innovations via quadruple-helix cooperation respectively). The three Joint Thematic Policy Transfer Reports are elaborated based on the information included in the three respective Joint Thematic Studies. More information about the other two Joint Thematic Policy Transfer Reports as well as the three Joint Thematic Studies is available on the HoCare project's website ([www.interregeurope.eu/hocare/](http://www.interregeurope.eu/hocare/)).

Thus, this Report aims at further developing matches between identified Good Practices (GP) and addressed Structural Funds' (SF) Policy Instruments (PI) by all project partners. The report constitutes the source from which the Action Plans for each partner's region will be derived.

This Joint Thematic Policy Transfer Report includes the following information:

- 1) Link to the respective Joint Thematic Study - common challenges and GPs identified in project partners' areas (Cyprus, Slovenia, Bulgaria, Lithuania, Hungary, Portugal-Madeira, Czech Republic and Romania).
- 2) Key needs identified and suggestions to improve each selected Policy Instrument per partner area
- 3) Policy Transfer Matrix, production and SWOT analysis of transferring scenarios

This Report is developed primarily for organizations throughout the European Union such as stakeholders outside of the HoCare project partnership, Managing Authorities of SF Operational Programmes supporting Research & Innovation, international, national, regional and local stakeholders influencing SF Operational Programmes, or institutions involved or interested in being financed for their research and innovation projects in home care.

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## **2. LINK TO JOINT THEMATIC STUDY: INNOVATIONS IN HOME CARE – GENERATING NEW SOLUTIONS THROUGH PUBLIC DRIVEN INITIATIVES**

### **2.1 Introduction**

Interreg Europe HoCare project (PGI01388, <https://www.interregeurope.eu/hocare/>) tackles the challenge of ageing population and the related opportunity for new potential innovations in home care. It's overall objective is to boost generation of innovative Home Care solutions in regional innovation chains by strengthening of cooperation of actors in regional innovation ecosystems using Quadruple-helix approach.

The Joint Thematic Study under the title “Innovations in Home Care - Generating New Solutions through Public Driven Initiatives, summarises, identifies and analyses transferable knowledge gathered by the HoCare project partners under the above mentioned specific field. The Study includes the following key transferable information:

- 1) description of current situations in project partners' countries (Cyprus, Slovenia, Bulgaria, Lithuania, Hungary, Portugal-Madeira, the Czech Republic and Romania) regarding:
  - a) Public organizations as public procurement of innovations (PPI) or pre-commercial procurement (PCP) or other innovative projects' initiators
  - b) Support of such programmes / initiatives from Operational Programme
- 2) summary of common problems and challenges in generating new innovations from public bodies
- 3) identification and analysis of selected good practices of financed projects and of Operational programme strategic focus or management practices gathered through the HoCare project's exchange of experience process

The present Joint Thematic Policy Transfer Report under the same title/topic enables the HoCare project partners to move one step further in the process of exchange of experience. This is achieved through matching the needs of the addressed Policy Instruments<sup>1</sup> described in the Joint Thematic Study with the various Good Practices identified by the HoCare project partners

### **2.2 Current Situation in partners' areas - common challenges**

In Cyprus, public organizations initiate R&I projects mainly through the Structural Funds. In general, public institutions define their needs and draft their strategic documents for

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<sup>1</sup> Structural Funds Operational Programs in partners' countries/regions identified in the HoCare project Application Form

operations. Their activities mainly deal with short-term targets that are set for catching up with the broader indicators and targets' set. In this framework, the public sector rarely seeks innovative solutions as a purchaser. It rather works towards creating the conditions for other helixes to put forward activities aiming at the production of innovative tools or services.

In Slovenia in general, public bodies are not very innovative in terms of designing, developing and implementing new services and products as well as introducing innovative purchasing practices (PPI, PcP). Their activities mainly focus on short-term targets and compliance with the broader EU indicators. Pre-commercial procurement and public procurement of innovations are not popular among public authorities since they lack competences, methodology and tools. Some initiatives has started (not in healthcare sector), but they are at the initial stage.

In Bulgaria the innovative procurement through public driven initiatives is at a very early stage. The last amendment of the main legal instrument regulating the public procurement for spending public funds has been finalized by 15 April 2016. So PPI is the only one totally new procurement procedure and as such remains not well known and largely accepted amongst public procurers, leaving place for doubts and uneasiness about how to implement it. There is a strong will for enlarging the use of innovations in all sectors of economic and public life in Bulgaria but on the other hand the level of preparedness for applying the PPI is extremely low and dependable on the use of external experts by the public procurers which is nor affordable for some neither acceptable for others. There is an urgent necessity to encourage the competent use of PPI for the so needed deployment of innovative solutions of the current problems and issues in home care sector.

In Lithuania, one of the main challenges for its innovation system is insufficient use of available innovative measures. A way to foster innovations in a public sector and to encourage private sector is to stimulate the demand of innovative solutions through the Public Procurement.

Hungary has accelerated the deinstitutionalization process and launching/continuing various integrated care programmes in the social and health care system since 2014. The basis of this process were laid down even the Human Resources Development OP (HRDOP 2014-20), and there are actions and projects in this OP to shift care from hospitals and social houses to assisted living, home, remote/tele and integrated services. On one hand these actions and projects leave no or minimal space for private and business innovation. Therefore, procurement of innovation has not come on agenda yet. The conditions defined by the OP do not prefer PPI/PCP. On the other hand, however, the OP has opened the way to public driven innovation appearing in project ideas and initiatives that are initiated directly by public institutions (e.g. government, region, town, public hospital, etc.). Some of these ideas are predefined by the Government and carried out by public institutions. Other initiatives are involving other organizations by calls for proposals and executed by the approved projects. The management of these centrally predefined or selected and approved projects is not interested and/or encouraged to procure innovation. However, in accordance with the

preconditions and requirements of project selection, the grant agreement contains conditions to implement the innovative solutions prescribed in the feasibility study and/or establishment document of the project proposal. Unfortunately innovation in these cases is limited to new/renewed care and treatment solutions based on existing technical equipment and do not foster further innovation to explore the emerging possibilities in the technological development. In addition these cases do not or rarely build on cooperation with other stakeholders (patients and other end users, industry, HEIs and research organizations). Good practices, however, can be found among centrally initiated and implemented projects and programmes launched in the previous programming period

In Madeira, we have seen a changing path in which the health care has been step aside from the family sphere and is part of an institutionalized public care. A combination of offer and demand determines the size of the health care sector. Health care today in Madeira is mostly limited to a national market; however it is likely that this will change slightly in the future. Madeira has the possibility of attracting patients for treatments. In addition, the EU directive on services in the internal market creates a single market for services and hence eases cross border trade with services allowing e-health to foster with no barriers only ICT and innovation technology.

In the Czech Republic, there are several problems regarding the innovative procurement through public driven initiatives. At the state level the problem is in mutual cooperation of various ministries and other public bodies. Mainly they are focused at their own agenda and they are not seeking joint projects. Another problem or challenge is in the innovative public procurement itself since the process of procurement poses a great risk. Public procurers are not willing to take risks and participate in innovative procurement projects since they are not forced to.

Despite the fact that in Romania there are annually presented to the national and international Innovations forums hundreds of innovations most of them receiving awards and that it is functioning the National agency for public procurement (<http://anap.gov.ro/web/>) under the Ministry of Finance based on a Strategy for public procurement, a Law for public procurement (no.98/2016), an Electronic system for public procurement (SEAP), a functional institutional framework for public procurement and an Inter-ministerial committee for public procurement, there is no evident interest in using PCP or PPI for innovative solution in health care or home care domain. Innovative solutions in the above fields are registered at the State office for inventions and trademarks (<http://www.osim.ro/>) and made available to public directly by the owner to the potential valorisation actors or via networks in which triple helix or quadruple helix are active (inventors societies, platforms of the ministry of research). The innovative solutions are mainly results of research projects funded by Ministry of research via National R&D&I Programme 2014-2020 (managed by Executive Agency (UEFISCDI)) and Operational Programme Competitiveness 2014-2020 (Managed by Intermediate Body (OIC) deployed by actors in the public and private research field covering a more or less precise priority topic.

According to the findings of the Joint Thematic Study “Innovations in Home Care - Generating New Solutions through Public Driven Initiatives”, the common problem and challenges in this specific field are divided per innovation ecosystem and support from Policy Instruments.

In the innovation ecosystem the following common challenges are recorded:

*a) Lack of knowledge, experiences and Good Practices of PPI or PCP*

A lack of knowledge and experience in relevant procedures is identified. Good examples of PPI/PCP initiatives are missing or hard to find. There is a need of enhancing substantially the preparedness of the public procurers to attract and implement innovations through PPI. A need of knowledge and experience transfer to public institution on how to successfully use PPI and PCP is identified as well. The legal framework in some countries is insufficient. Bureaucratic procedures are unattractive and long-lasting. There is a need for successful implementation of PPI and PCP based calls. A strategic framework is absent in partner countries and coordinated or targeted activities aimed at the promotion of public led initiatives are missing too.

*b) Weak mutual cooperation of major public actors*

There are setbacks of support for regional quadruple-helix networks to initiate and support the co-creation of innovations to help increase the capacity of public bodies for PPI. The involvement of the big public hospitals, municipalities and regions in managing their own innovative initiatives is problematic. Public service providers show little interest in stimulating and absorbing innovation.

*c) Low cooperation and communication between different actors in home care*

Enhancing quadruple-helix cooperation between all stakeholders in the stage of idea generation and application preparation is at low levels. In regards to the ecosystem, there can be an improvement in the networking with companies, citizens and other helixes to support involvement and connection for projects development and submission. Intensification of communication to suppliers of innovative products and services that there is a demand for procuring innovations in home care and a legally bound mechanism for implementing it (PPI&PCP) is required.

On the level of support from Policy Instruments the following common challenges are recorded:

*a) Limited possibilities for funded cooperation of all quadruple-helix actors*

Clear funding and adequate funding schemes to support quadruple-helix cooperation are absent. Home care service providers say, that a lot of the decisions are formally taken at the level of municipalities, but they have little influence on design of operational programme and too little resources to initiate their own regional programmes. Some policy instruments aim at specific target groups without enough space for cooperation between different helixes. The quadruple-helix model is unbalanced.

*b) Lack of optimal operational programs and relevant support for public led initiatives*

Limited policy instruments to support public led initiatives exist. A lack of trust in the PPI or PCP concept is observed in general. Financial schemes for knowledge transfer to public institutions to get sufficient experience on setting PPI and PCP do not exist. Additional support and priority on launching PPI and PCP calls for innovation is needed. There is a lack of financing/pre-financing preparation of PPI/PCP projects and innovation procurement procedures. Reshaping the planned interventions in future calls is required in order to enable the wider adoption of innovation procurement as a mechanism to drive markets for home care innovation. Support provided to bidders (possible vendors) who would be interested to submit a proposal on an innovation procurement tender call, but have no experience and knowledge about such procedures and processes is very limited. Specific support provided to ICT SMEs who are ready to deliver innovative solutions which are compatible to local, regional, national and European e-health systems connecting various care providers and patients and other stakeholders needs to be enforced. Home care is not usually identified as a specific priority within Ops.

*c) Fragmented cooperation between the main responsible Ministries*

The cooperation between various Ministries responsible for the sector of home care is very fragmented.

### 2.3 Good Practices identified

The following selected good practices in generation of innovation in home care through Public Driven Initiatives are all project based and have been identified during the HoCare project. There are not many good practices on the strategic focus or management level of the Operational Programmes relevant for this specific topic available which are proved from their success in the countries/regions represented by the HoCare project partners.

The following good practices show very wide array of inspiration for transfer, starting from national level strategic projects initiated or supported from the ministries or related public authorities (1, 2, 3 and 4), through strategic focus and management practices of Operational Programme (5 and 6), to projects initiated by big public hospitals including cooperation of other stakeholders (7, 8 and 9), local hospital pilot projects transferred to regional ageing programmes (10), municipality initiatives (11) and example of international idea transfer led by local public development centre (12).

A/A	GOOD PRACTICE NAME	SHORT DESCRIPTION
1	<b>Meta</b>	Good practice of project developing personal health planning methodology and an APP (as a telecare/homecare tool for personal health planning) that was implemented and led by the national public authority responsible for health system and patient pathway planning development after having been predefined previously by the Government itself.
2	<b>Menta</b>	Good practice for complex m-health planning application and platform being developed in cooperation with various stakeholders by the national healthcare service institution based on predefinition



		by the government itself.
3	<b>Virtual health centre</b>	Good practice of government initiative leading innovation in public health management system targeting general practitioners clusters and primary care in general via development of e-health and tele-health solution.
4	<b>Growth of the quality of medical services in rural areas using a telemedicine informatics system</b>	Good practice for strategical project of telemedicine solutions to remote areas supported directly by Ministry of Health via Operational Programs.
5	<b>Bonification of projects' evaluation targeting societal challenges including Health, Demographic changes and Well-being</b>	Good practice of management of Operational Programme that gives direct support in evaluation procedure to projects targeting health related challenges.
6	<b>Evaluation bonus for addressing horizontal priority "Health for all"</b>	Good practice of strategic focus of Operational Program that supports initiatives in specific industry segments that are cross-sectorial – in this example health - by giving them direct support in evaluation procedure.
7	<b>Tele-hippocrates</b>	Good practice of project involving large cooperation of various actors being initiated by the big public hospital that is also the owner of the innovative product and service.
8	<b>Gamma M-doctor</b>	Good practice of public university hospital leading creation and financing e-health innovative solution in cooperation with IT and telecom companies.
9	<b>Check Point Cardio</b>	Good practice of a telemedicine monitoring innovation project initiated by public hospital involving other organizations.
10	<b>Multisensory gymnasium</b>	Good practice of a project initiated by a local public hospital, implemented by residential day care centre and further supported as strategical initiative through cooperation of Regional Social Security Institute via Regional Plan for active ageing.
11	<b>Beacons</b>	Good practice of project initiated by local municipality based on needs of their specific group of inhabitants, including municipality company to develop and test new solution in local transport services' accessibility.
12	<b>"SPERO" – social communication platform for seniors</b>	Good practise of social communication platform idea customization and transfer by local public development centre in cooperation with other necessary actors (SME, international mentor, local public authorities).

For more information about each GP please visit the HoCare project's website at:

[www.interregeurope.eu/hocare/](http://www.interregeurope.eu/hocare/)

### 3. POLICY INSTRUMENT'S IMPROVEMENT PER PARTNER COUNTRY

#### 3.1 Policy Instrument per partner selected for improvement

##### Cyprus

Name of Policy Instrument addressed	Operational Program "Competitiveness and Sustainable Development 2014-2020"
Main Features of Policy Instrument	<p>Objectives:</p> <ul style="list-style-type: none"> <li>- Promotion of holistic, integrated, complex and multi-parameter solutions that will enhance the competitiveness of the priority sectors.</li> <li>- Expansion of the ability of the RTDI system to produce results of high standards and utilize them for the benefit of the competitiveness of the economy and social advancement/progress.</li> <li>- Development of substantial/valid links and synergies between the elements of the guardable helix.</li> </ul> <p>In sectors: "Health: e-health..."</p> <p>In addition, the Environment and the ICT were defined as important sectors of horizontal character" and "ICT: ICT Application, Future Technologies"</p> <p>Priority or Measure Concerned:          Priority Axis 2: "Fostering the use of ICT"          Priority Investment 2c: "Enhancing ICT applications for e-government, e-learning, e-inclusion, e-culture, and e-health".</p>
Managing Authority	Directorate General For European Programmes, Coordination and Development
Geographical Coverage	National

##### Slovenia

Name of Policy Instrument addressed	Operational Programme for the Implementation of the EU Cohesion Policy in the Period 2014-2020
Main Features of Policy Instrument	<p>Objectives:</p> <ul style="list-style-type: none"> <li>- Finding ways to economic recovery &amp; breaking the trend of Slovenia's moving away from the average EU development level.</li> <li>- Ensuring prosperity for all citizens.</li> <li>- Putting a decisive stop to passive, cyclical changes by transforming them into lasting structural improvements.</li> </ul>

	<p>Priority or Measure Concerned:</p> <p>Primary:</p> <p>International competitiveness of research, innovation &amp; technological development in line with smart specialisation for enhanced competitiveness &amp; greening of the economy (R&amp;D, promoting business investment in R&amp;D), more efficient investment in research, development and innovation; Increased share of innovation active enterprises</p> <p>Possible synergy effect: Social inclusion &amp; poverty reduction. Enhancing access to affordable, sustainable, and high quality services, including health care and social services of general interest.</p>
Managing Authority	Ministry of Economic Development and Technology, Directorate for Entrepreneurship, Competitiveness and Technology
Geographical Coverage	National

## Bulgaria

Name of Policy Instrument addressed	Operational Programme "Innovation and Competitiveness 2014-2020" (OPIC)
Main Features of Policy Instrument	<p>Objective:</p> <p>Encouraging business investment in R&amp;D, development of relations and cooperation between enterprises, R&amp;D centres and the university sector, in particular the promotion of investment in the development of products and services, technology transfer.</p> <p>Characteristics:</p> <p>According to the needs identified at national level within OPIC 2014-2020, this priority axis includes support for technological development and innovation in order to increase innovation activities of enterprises.</p> <p>Priority or Measure Concerned:</p> <p>Priority axis 1 is "Technological Development and Innovation" (TO1), which is in line with the Innovation Strategy for Smart Specialisation (RIS3)</p>
Managing Authority	Ministry of Economy - General Directorate "European Funds for Competitiveness"
Geographical Coverage	National

## Lithuania

Name of Policy	Lithuanian Operational Programme for the European Union Funds
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Instrument addressed	Investments in 2014-2020
Main Features of Policy Instrument	<p><b>Objective:</b> Promotion of innovations in SME's. Instrument has been designed to encourage cooperation between business and research institutions.</p> <p><b>Characteristics:</b> Support is done through Innovation vouchers which are more in line with the philosophy of today's companies, where small, short term projects dominates and best way to support is affording "quick money". The appeal of the innovation vouchers scheme is related to its simplicity and low administrative burden both for beneficiaries and administrators.</p> <p><b>Supported activities:</b> Research, Technological development, Technical feasibility studies.</p> <p>Innovation voucher helps business and scientific cooperation, speed up research and knowledge transfer and innovative business ideas and commercialization of research results. Companies are encouraged to use the latest scientific achievements and research.</p> <p><b>Priority or Measure Concerned:</b> Priority axis 1 - "Strengthening research, technological development and innovation".</p>
Managing Authority	Innovation Department, Ministry of Economy of the Republic of Lithuania
Geographical Coverage	National

## Hungary

Name of Policy Instrument addressed	Economic Development and Innovation Operational Programme
Main Features of Policy Instrument	<p>GINOP is the largest national SF programme of Hungary, allocating more than 8 billion Euros for improving the country's competitiveness. It mainly targets less developed regions, but applying the relevant flexibility rules, also partly addresses Central Hungary.</p> <p>It creates synergies and complementarities among all other SF programmes of Hungary, incl. the Competitive Central Hungary regional OP.</p> <p>Priority Axis (PA) 2 is dedicated to improving research, technology and innovation via:</p> <ol style="list-style-type: none"> <li>1) Strengthening R&amp;I capacities and improving connectivity with international networks to increase participation in H2020 programme.</li> <li>2) Increasing R&amp;I activity in businesses.</li> </ol>

	3) Improving strategic R&I networks and cooperation among innovative SMEs and research institutions.
Managing Authority	Managing Authority for Economic Development Programmes, Deputy State Secretariat of Economic Development Programmes, Ministry for National Economy
Geographical Coverage	National

### Madeira (Portugal)

Name of Policy Instrument addressed	Operational Programme “Madeira 2014-2020”  Operational Programme for Madeira and their policy measures for economic, social and territorial development, integrated in the Portuguese program PORTUGAL 2020 in line with the smart, sustainable and inclusive growth of the Europe 2020 strategy for growth and employment.
Main Features of Policy Instrument	<p>Madeira 2014-2020 seeks to mitigate the problems of accessibility to social infrastructure and health care of the citizens of RAM, especially of their rural populations, through investment in the regional health system, with its strategic priorities:</p> <ul style="list-style-type: none"> <li>- Delivery of innovative Home Care solutions by regional companies ( in field of health and social care)</li> <li>- Strengthening the capacity assistance;</li> <li>- Health care delivery to users;</li> <li>- Strengthening disease prevention and health promotion through structured investments at the level of primary and hospital health care and in crosscutting areas of support.</li> </ul>
Managing Authority	IDR-IP RAM Regional Development Institute
Geographical Coverage	Regional

### Czech Republic

Name of Policy Instrument addressed	Operational Programme “Enterprise and Innovations for Competitiveness”
Main Features of Policy Instrument	The objective of the OP EIC is to achieve a competitive and sustainable economy based on knowledge and innovation. The term “competitive” includes the ability of local companies to become competitive at world markets thanks to delivery highly innovative solutions and such create new jobs. The term “sustainable” accentuates the long-term horizon of competitiveness, which also includes the environmental dimension of

	<p>economic growth.</p> <p>Characteristics: The programme is focused on the promotion of research and development for innovation, development of SMEs' entrepreneurship and competitiveness, energy savings and development of high-speed internet access networks and information and communication technologies.</p> <p>Priority or Measure Concerned: Priority axis 1 "Development of Research and Development for Innovations": this priority directly targets delivery of innovative solutions as defined in RIS3, including Home Care solutions</p>
Managing Authority	Ministry of Industry and Trade of the Czech Republic
Geographical Coverage	National

## Romania

Name of Policy Instrument addressed	Competitiveness Operational Programme (COP) 2014-2020
Main Features of Policy Instrument	<p>The COP 2014-2020 addresses the challenges stemming from the low support for RDI and the underdeveloped ICT services and infrastructure. COP aims to contribute to bolster the competitiveness of the Romanian economy.</p> <p>The main direction of investment in RDI is to build a more compact and modern R&amp;D environment that focuses on the businesses' needs and to deliver innovation and research outputs of highest quality.</p> <p>COP supports investment to economic competitiveness particularly in respect of (a) insufficient support for research, development and innovation (RDI) and (b) ICT infrastructure underdeveloped and so, by default, undeveloped services, thus positioning itself as a driver of horizontal interventions in the economy and society, capable to induce growth and sustainability.</p> <p>Priority Axes: A1 - Research, development and innovation supporting economic competitiveness and the development of businesses A2 - Information and communication technologies for a competitive digital economy</p>
Managing Authority	Ministry of European Funds, General Directorate for Competitiveness Programmes
Geographical Coverage	National

## 3.2 Identified needs per selected Policy Instrument

### Cyprus

In Cyprus, home care is provided by the Ministry of Health, as well as by the local authorities on local level (Municipalities and Community Councils). According to the Law, Municipalities have the right for provision of social services (in general, including social/health care) through the establishment of local social foundations and the establishment of local programs for supporting the target groups according to their needs. Home care is provided to people in need (mostly elders). All such programs run by the local authorities are evaluated, controlled and partially funded (after approval) by the central government.

In the last years, due to the bad financial circumstances, problems have appeared on maintaining local social care services (including home care). As a result there are a lot of local social/health foundations that have already stopped their activities, in opposition to the continuously rising need for such services. Preventive measures and new ways of managing and implementing home care services are currently very highly needed, especially if their application would result to the reduction of the budget required for covering the needs for general local social care activities and services. Therefore, the generation of innovative Home Care solutions (i.e. e-health) in regional innovation chains (that would also reduce the cost of these services) is a need and is an issue which has to be tackled by smart policy instruments, in particular by Structural Funds.

The general title of the specific Priority Investment of the Structural Funds mentioned above (Priority Investment 2c: “Enhancing ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health”), includes measures, each one of them targeting specific target groups (e.g. for some measures as “Final Beneficiaries” are named only Public Bodies, for some others only SMEs etc.). In addition the quadruple helix approach is not mentioned in any of the evaluation criteria. Past experience shows that this approach does not support the efficient generation of innovative projects, especially when the entire regional innovation chain is not engaged in the whole process. Through the participation in the HoCare and specific projects we will attempt to support the Quadruple Helix approach, proving the need for including in the Final Beneficiaries all sectors required in order to achieve the best from the activities applied in the framework of the Structural Fund. The efforts should be focused on supporting the utilization of Quadruple Helix approach, as a need for including (in the eligible Final Beneficiaries) all sectors required in order to achieve the best from the activities applied in the framework of the Structural Funds. A change in the management of the policy instrument is required in order to facilitate the extension of the “Final Beneficiaries” list as well as initiating new projects through the HoCare project’s identified GPs.

### Slovenia

The identified Policy Instrument (Priority axis 9: Social inclusion and poverty reduction) has general objective as Reducing the number of socially excluded persons and persons at the

risk of poverty while increasing the access and quality of community-based services and promoting social entrepreneurship. The specific objectives are establish an integrated model of social activation, empower target groups to bring them closer to the labour market and prevent slipping into poverty or social exclusion and reduce health inequalities. Slovenia has not defined Home Care as a pillar within Smart Specialization strategy (RIS3), however Home Care R&I support is addressed the priority area “Health” and the priority area “Smart buildings and homes” (mentions products and services that are developed on cross-section of technologies from the different domains, including home of the future).

The OP and Smart specialization strategy has been defined three year ago and has not delivered reasonable results to home care segment yet. There is a more effective and faster development needed in the home care segment. Slovenia still has not reformed its health and pension system as well as it has not accepted long-term care law (now it is in public presentation and debate). Slovenia received already two “alerts” from EU to faster act on these reforms.

As main identified needs are a well-functioning ecosystem, who should catalysed a process on the field of Homecare and brother (long-term care). There is also a lack of successful innovations delivered to end-user organizations and support to end-user organizations and informal carers to have knowledge and resources needed to implement it. By far the most important is to accept the fundamental legislation where system and financing should be ensured.

## **Bulgaria**

The identified Policy Instrument is oriented mainly towards support in innovation and cooperation between business and academia without specifying the home care sector. No specific details related to home care sector have been included in the intervention schemes realized until now. This state of play offers the opportunity to use other partners’ countries practices for additionally enlarging and enriching the specific interventions for PA1 for OPIC with taking into consideration a better alignment with the unmet needs of stakeholders and specifically the ones related to innovations in the home care sector that could be implemented through the involvement of the quadruple helix partnership.

There is no specific experience at a policy level for innovations in home care services and only piloting projects in the field are being implemented throughout the country. The experience shows that these piloting projects have been rated as very useful and answering many societal challenges but as a whole they stay only as single examples not influencing the policy level. The issue itself is that there are very few projects in Bulgaria that are high quality innovative solutions delivered in the regional innovative chains to address the regional needs and also delivers competitive solutions at European or worldwide market. And only very few are implemented through public funds.



## Lithuania

The objective of the identified Policy Instrument (Priority axis 1 Strengthening research, technological development and innovation) is the promotion of innovations in SME's. Instrument has been designed to encourage cooperation between business and research institutions. Its characteristics concern the support through Innovation vouchers which are more in line with the philosophy of today's companies, where small, short term projects dominates and best way to support is affording "quick money". The appeal of the innovation vouchers scheme is related to its simplicity and low administrative burden both for beneficiaries and administrators.

Supported activities under the specific PI are research, technological development and technical feasibility studies. The innovation voucher helps business and scientific cooperation, speed up research and knowledge transfer and innovative business ideas and commercialization of research results. Companies are encouraged to use the latest scientific achievements and research.

Reasons why it should be improved: on one hand, responsible body (Ministry of Economy) feels that more impact could be generated from the funds. On other hand, evolution of businesses and their needs clearly indicates that traditional public support services should be more dynamic and versatile. Drawing from the past experience and existing data, the main future challenges for this instrument is related to increasing the efficiency and impact and introduction of alternative solutions – like Quadruple helix approach.

We envisage improvement of tackled Structural fund at both levels – at strategical as well as practical policy levels. On practical level efforts should be focused on implementation of new projects to transfer and adjust of innovative projects identified as GP in other regions connected to HoCare topics. Additionally we seek to introduce Quadruple helix approaches, possibly following all three thematic sub-objectives of HoCare to tackled SF. Furthermore, we seek to strengthen cooperation inside innovation chain using Quadruple helix approach to improve efficiency of innovation voucher scheme and generate new type of supportable projects.

On management level, a change in the management of the policy instrument should take place. It is envisioned that the PI will be improved by providing innovative governance systems while our aim is to incorporate Quadruple helix approach to the governance system to address additionally specific self-defined result.

## Hungary

Improvement of health industry is one of the sector development priorities in RIS3 in Hungary, while one of the horizontal priorities is strengthening innovation cooperation, among others international cooperation targeting innovative knowledge base of excellence.

Objectives of RIS3 have been mainly implemented through SF programmes, primarily through PA1, PA2 and PA8 of the Economic Development and Innovation Operational Programme (EDIOP, in Hungarian: GINOP).

Priority Axis (PA) 2 is directly dedicated to improving research. Innovation and technological development, if related to and/or in connection with research, are also granted through PA2 (e.g. transfer results of research to marketable product by innovation and development activities). Innovation aiming to make production or products/services more effective at SMEs is granted by PA1 to increase competitiveness and productivity of SMEs. PA8 (Financial instruments) provides business expansion scheme, seed capital scheme, innovation voucher scheme, different refundable grants which can be combined with the grants available in other priority axes. The OP itself identifies the following weaknesses: centres of excellence with international recognition are missing due to the unsatisfactory quality and availability of R&I infrastructures, low intensity of connections among actors and with international networks, inadequate technology transfer mechanisms, and low demand for R&I results. The general environment for business support and the innovation ecosystem is underdeveloped resulting in the failure of many innovative ideas, start-ups & spin-offs.

Despite GINOP grants and fosters strengthening R&I capacities and improving connectivity with international networks, assists increasing R&I activity in businesses and improves strategic R&I networks and cooperation among innovative SMEs and research institutions, GINOP can still put bigger stress on:

- strengthening cooperation and communication among different actors in home care with focused calls for the key areas defined in sector development priorities in RIS3;
- promoting research and innovation infrastructures and activities specialized in home care;
- the role of quadruple helix cooperation among selection criteria;
- promoting innovation activities which deliver uptake of results in research by identifying needs that could be satisfied (by the research outcomes) and foster innovation making production or products/services more effective;
- exploring and utilizing opportunities in synergies among operational programmes by building selection criteria in GINOP-calls on the results of sector OPs (e.g. development of human capacities, methods, protocols and infrastructure in one-day surgery or integrated care to progress in deinstitutionalization).

As a general challenge - appearing both in the innovation ecosystem and the granting mechanisms offered by the operational programmes concerned – the lack of social funding resources and/or purchasing power for long term home care services in the daily operation should be mentioned too. More funds are needed both for project (development and investment) financing and for covering operational (running) costs. While there is a strong trend towards integrated care and deinstitutionalization (move chronic patients out of mental and other health care institutions) determined by the aging society and unsustainable system of long term inpatient chronic care, and despite this trend is based on shifting the burden of paying long term hotel and care services from the social, public or

private insurance systems to the individuals receiving the service, unfortunately only a lower percentage of people and families compose real purchasing power for home care solutions.

### **Madeira (Portugal)**

The targeted PI (in short Madeira 14-20) seeks to mitigate the problems of accessibility to social infrastructure and health care of the citizens of RAM, especially of their rural populations, through investment in the regional health system, with its strategic priorities:

- Delivery of innovative Home Care solutions by regional companies (in field of health and social care)
- Strengthening the capacity assistance;
- Health care delivery to users;
- Strengthening disease prevention and health promotion through structured investments at the level of primary and hospital health care and in crosscutting areas of support.

With HoCare project the IDERAM Business Development Institute of the Autonomous Region of Madeira aims to improve the effectiveness, efficiency and impact of this specific policy instrument by realizing actions related to the provision of home care services developed through a quadruple helix strategy involving governmental organizations and its structures, universities, companies and business associations as well as movements of citizens committed to the wellbeing and social inclusion. The main issue to be target is the weakness in delivery of innovative solutions targeting local needs in the framework of tackled Structural funds.

As main identified issue there is lack of innovations delivered by the regional innovation ecosystems. There is thus strong emphasis to focus on the practical policy improvement and encourage the regional actors in innovation ecosystems to use quadruple helix approach and lessons learned through international learning process to deliver concrete innovative projects using financial support of Madeira 1420 Structural fund.

This type of improvement will have direct positive impact on the region, tackle specific regional issues and also will address other priorities of our regional development plan. There is clear objective to support new highly innovative projects which will be enabled by the capitalization of knowledge gained in HoCare project – phase 1. Talking about the thematic priorities our focus is mainly on the 1st and 3rd sub-objective of HoCare project – which means delivery innovation based on unmet needs and quicker rollout to the market using quadruple helix approach.

### **Czech Republic**

One of the main basic challenges for improvement of OP EIC, currently triple-helix oriented, lies in strengthening innovation participation and performance of domestic enterprises, increasing their abilities and capacities in innovative projects and strengthening their cooperation within home care segment, especially with formal and informal healthcare

providers and public authorities. As R&I ecosystem actors ask for home care related specific intervention programmes / calls that would also provide motivation for quadruple-helix cooperation model, and as Managing Authority cannot support such specific requests, evaluation benefits for indirect support of home care R&I / quadruple-helix cooperation seem to be the best available option by changing management practices in evaluation.

New R&I projects based on good practices from other regions including formal and informal healthcare providers can be also delivered to OP EIC to enhance cooperation within the R&I ecosystem and provide inspiration and guidance to Managing Authority in terms of typical projects, outputs, supported activities and budget lines. For high quality but unsuccessful international projects, Managing Authority can provide national funding.

To boost innovations generated from unmet needs identified by formal and informal healthcare providers, their participation rate, financing and funding possibilities through extended description of supported activities within specific calls might help also. In addition, this counts too for examples of extended beneficiaries or industry category lists supported by the intervention programme / call.

## **Romania**

The Competitiveness Operational Programme (COP) addresses the challenges stemming from the low support for research, development and innovation (RDI) and the under-developed information and communication technologies (ICT) services and infrastructure. By investing in these areas, the COP aims to contribute to bolster the competitiveness of the Romanian economy. The main direction of investment in RDI is to build a more compact and modern R&D environment that focuses on the businesses' needs. It reinforces the RDI capacity of the country (resources and infrastructure), boosts private investments in RDI, develops centres of excellence, strengthens the links between businesses and research institutions, and stimulates the creation of networks and clusters for developing new products and services.

In the area of ICT, the programme covers four main areas for development: a) e-government, interoperability, cyber-security, cloud computing and social networks, b) use of ICT in education, health, social inclusion and culture c) e-commerce, clusters and developing innovation through ICT and d) further deployment of the broadband infrastructure for the whole country.

The Programme is focused on two main priorities:

- A1. Research, development and innovation supporting economic competitiveness and the development of businesses (total budget € 952.57 million);
- A2. Information and communication technologies for a competitive digital economy (total budget € 630.2 million).

As it is expected an impact of COP by 2023 is envisaged in:

- Increased private RDI expenditure (target: 80% of private investments compared to 66% in 2012),
- Increased collaboration between innovative SMEs and research organisations (target: 6.6% of total SMEs cooperating),
- Increase in the NGA household coverage (target: 80% of households covered),
- Increase of the ICT Gross Value Added generated by the ICT sector (target: 5% of GDP),
- Increase of the use of e-governing services by citizens (target: 35% of Romanian population using public electronic services),
- Increased Internet usage especially in disadvantaged communities (target: 60% of population using internet).

Needs identified concern the lack of high quality projects, complexity of application, monitoring and implementation processes which were not sufficiently clear to innovative enterprises and lack of clarity and mainstreaming of opened calls to address priority areas and the bureaucratic system of COP implementation. Therefore, initiation of new innovative projects and improvements on the management level of the identified PI should be promoted.

### 3.3 Suggestions for improvements per Policy Instrument

#### Cyprus

According to the needs described above on how to improve the identified Policy Instrument, through cooperation with local stakeholders in Cyprus, the following suggestions for have been produced:

- a) Establishing new methods for evaluation that could foster the facilitation of the quadruple helix method of cooperation (e.g. adding a specific evaluation criterion for adding extra marks on projects that are being promoted through the quadruple helix approach for e-home-care services).
- b) Initiation of new project(s) to be funded in the framework of the specific PI aiming at introducing innovative ICT services in Home Care. New project(s) should embody elements included in the Good Practices identified in other HoCare partners' areas.
- c) New projects should be initiated through which the Quadruple-Helix approach will be utilized. Projects may be applied on any of the HoCare project's sub-sectors; that would be "addressing unmet needs", "public driven innovation" and "faster delivery of innovations processes".

#### Slovenia

Through intensive interregional policy and good practice learning process conducted in this project, we have studied overall situation in partner's countries and their good practices. We have not found a "perfect" good practice that could be immediately transferred in full

details, but we have detected several good experiences that can contribute to improvements in Slovene Home care segment.

Improvements in policy instruments should be two fold. First, we should enhance our Ecosystem by changing of management of OP. There should be a call or possibilities within calls that ecosystem will get sufficient support for its activities. Only strong and stable ecosystem can be a relevant support to government and can strengthen cooperation and communication among different actors in home care. Secondly, we should include quadruple-helix cooperation as new evaluation criteria or give extra points in the calls to projects where full quadruple helix cooperation is proven. Further, we should give extra points to R&I projects that include participatory design, user acceptance testing or living lab demonstrations. Such change is based on multiple good practice projects identified through HoCare project as they include formal and informal healthcare providers supporting generation of innovation in home care in such positions.

### **Bulgaria**

The strategic focus of Operational Programme Innovation and Competitiveness in Bulgaria and the relevant Priority Axis 1 and Priority Axis 2 are determined by the priorities set within the relevant strategies – Bulgarian Smart Specialization Strategy (for PA1) and National Strategy for Promotion of SMEs (for PA2). The OPIC itself, as one of the funding instruments relevant to the further improvement of home care and the more intensive penetration of innovation in home care, is closely linked with and is dependable on the RIS3 thematic areas, their pre-formulated priority directions and a list of economic sectors and activities, pre-selected in the “National Strategy for the Promotion of Small and Medium Enterprises” of Bulgaria.

The knowledge gained through interregional policy learning lead to the generation of a mix of contributions for improvement. The possible improvements of the Policy instrument stay within the same focus of PA1 of OPIC, but could be sought towards more effective support for home care sector R&I mainly through 2 paths.

The first one is the further amendment and supplementation of the priority directions in the RIS3 thematic areas. The ongoing process at the moment related to the actualisation of the RIS3 and the accent put on specific measures related to home care in the recently developed “Technological roadmaps for the RIS3 thematic areas” creates an opportunity to enlarge the programming process with the inclusion of home care-specific or related issues into the intervention schemes of OP to be open in the future.

On the other hand, the gained knowledge helped elaborating specific details to be added to the planned actions for ensuring the interventions will be aligned with some of the best practices in the field of Home Care innovations across HoCare regions. The consultations with the stakeholders cleared up issues and outputs planned in the policy instrument to add value to it according the best practices and with specific attention to the stakeholders’ needs

and requirements. The improvement will be reached through the possible inclusion of new specific evaluation criteria (incl. bonus points) as part of the technical evaluation process in grant schemes supporting both directly and indirectly home care projects – for example the ones that measure the non-economic impact that include specific definitions.

Another improvement will be sought through the inclusion of additional exemplary activities (also eligible costs) to be supported that are related to the home care topics. The activities and the costs examples are also taken from the GPs from other countries selected and analysed throughout HOCARE project.

Further improvements are expected to be implemented thanks to the involvement of new eligible opportunities for partnerships between enterprises and scientific organizations – specific rules for setting up of partnerships, rights and obligations, state aid rules, co-financing of the projects etc. extracted from GPs from the HoCare project.

Specific practices for supporting innovations in homecare will be also taken into consideration during the programming of next intervention schemes – the practice for using “innovation vouchers”, for supporting R&D partnership with enterprises, and the innovation clusters’ support practice.

### **Lithuania**

Identified Policy Instrument is highly influenced by general strategy for homecare and lack of debate between major stakeholders, therefore the highest priority for Lithuania are measures at strategic and management level, but facilitation of slight changes at project level are also possible. Therefore the following recommendations are suggested:

- a) At strategic focus level ensure that innovations in homecare sector are suggested as potential future area where Lithuanian smart specialization and it’s Health technologies and biotechnologies priority can be expanded and are considered by members of the working group during the review of Lithuanian smart specialization strategy.
- b) At strategic focus level ensure that dialogue between main stakeholders initiated by this project continues and some consensus is reached how to promote home care as horizontal priority.
- c) At policy instrument management level consider experimental pilot schemes for “socially sensitive” innovations and put the evaluation of such projects on the separate track or add additional specific criteria’s to evaluation.
- d) Disseminate good projects initiated in Lithuania and in other countries as good-practices with the aim to facilitate a better pipeline of homecare projects.

### **Hungary**

The following measures improving actions financed by GINOP can strengthen key links in health/homecare innovation value chain:

- a) Strengthening cooperation and communication among different actors in home care with focused calls for the key areas defined in sector development priorities in RIS3. As the majority of the OP resources are already allocated to open and forthcoming calls, even minor modifications in selection criteria could lead to results;
- b) Promotion research and innovation infrastructures and activities is available in general, therefore networking and project generation events specialized in home care, health and other priority sectors in RIS3 could likely bring improvement. Financial resources to organize these events shall be ensured;
- c) The importance of quadruple helix cooperation can be acknowledged by giving high score/value to this one among selection criteria. Lead applicants from business, research and HEI side should be aware of the opportunities and strength of cooperating with public bodies and end-users, especially patient, care giver and payer side; Furthermore, innovative solutions for involving and paying/reimbursing families (as care receivers and informal care providers) should get priority in order to help finding adequate answers to the challenges of partial lack in purchasing power for homecare products and services;
- d) It is important to let applicants define the legal form of their quadruple helix cooperation and partnership free. Centrally predefined legal forms, viz., may increase useless administrative or bureaucratic burdens in effective and efficient implementation of the projects.
- e) In addition improvement of monitoring procedures - by collecting information how needs identified and experiences shared by formal and informal caregivers and other end-user parties were taken in consideration and utilized during project implementation and maintenance – could be a considerable step ahead in those cases when quadruple helix cooperation was not required originally in the calls;
- f) Calls which have more budget allocated than eligible applications can absorb, but should have a considerable contribution to the performance indicators of the OP, can be modified by changing both their focus area and selection criteria. Eligibility of open innovation services and cooperation with all stakeholders in the quadruple helix can contribute to the success of GINOP-calls promoting industrial parks for instance. Smart specialization (e.g. in homecare, health industry or other RIS3 priorities) can be fostered through selection criteria. In this way important, but underperforming intervention areas may get chanced to close-up;
- g) Synergies with other OPs and funding mechanisms could be exploited if focus areas and selection criteria in GINOP calls would consider and focus on the aims and results of projects funded by other tools. Concentrating on some special markets in RIS3 priority sectors such as health - including homecare – may offer gains in effectiveness on implementing the OP after performance reserve of the PAs might be used to open new calls in the well performing intervention areas too. Markets emerging and expanding thanks to the development of human capacities, methods, protocols and infrastructure in e.g. e-health, m-health, tele-health, one-day surgery or integrated and home care need more and more innovative solutions to provide equal access and better quality to a wide range of population affected by the aging trend and the progress in deinstitutionalization. Promoting innovation activities which deliver uptake of research results by identifying specific needs (e.g. in homecare) that could be already satisfied (thanks to new research outcomes) and make production or



products/services more effective, can be combined with actions building bridges between OPs.

### **Madeira (Portugal)**

The Autonomous Region of Madeira stakeholders, as also stated in the study 'overall regional analysis', have not identified current weaknesses or gaps in the strategic focus of the OP related with the Hocare project. The same applies for the management level, in the current eligible actions as well as for identified actions or projects of interest to be included in the Madeira OP.

Regarding the improvement of the funding opportunities for home care, since most of the Priority Axes' Funding in Autonomous Region of Madeira 2014-2020 are already allocated to different projects that are already under development, the focus should be targeting the improvement of Priority Axis 8, (Private social solidarity institutions are the mainly target). Other regional agents such as SMEs, public actors and other quadruple-helix representatives should be engaged in cooperation, as a way to create synergies between the actors involved to improve innovation in Health care ecosystems. Therefore, suggestions for PI improvement are concluded as follows:

- a) Better promotion of successful projects to regional actors (national and international) for the possible transferability within Autonomous Region of Madeira (new project).
- b) More time availability among regional actors for strategic quadruple-helix users meetings regarding home care empowering networking, skills, resources, deliverables discussions for future calls of tenders (PI's management level).
- c) Training actions for the development of competencies of all the actors of the ecosystem, being fundamental the participation of the relatives, in order to make the health care more efficient (PI's strategic focus).
- d) Develop actions that contribute to keep the largest number of elderly and dependents in their homes, through the implementation of a proximity network implemented using the quadruple helix (new project).
- e) To create conditions of safety and comfort for the elderly and dependents in order to facilitate their stay at home (new project).
- f) Strengthen family integration of the elderly in order to safeguard the emotional, social and professional stability of their caregivers (new project).
- g) Patient support at home / in the community, through the use of technologies, such as the development of hospital services, remotely: tele-monitoring and patient care (new project).
- h) Establishment of a research culture in the area of home care (PI's strategic focus).

### **Czech Republic**

Based on the OP EIC needs and possibilities, DEXIC suggests the following improvements to the Policy Instrument:

- a) Change of management of OP - Inclusion of new evaluation criteria in selected intervention programmes / calls giving bonus points to R&I projects that target home care

related projects. Such change is based on combination of good practices from Lithuania and Madeira (Portugal) and is relevant mainly for HoCare Joint Thematic Policy Transfer Report 2.

b) Change of management of OP - Inclusion of quadruple-helix cooperation as new evaluation criteria for “Proof of concept” intervention programme / call enabling giving extra bonus points to R&I projects that include participatory design, user acceptance testing or living lab demonstrations. Such change is based on multiple good practice projects identified through HoCare Joint Thematic Study 1 as they include formal and informal healthcare providers supporting generation of new innovation in home care in such positions.

c) Specific project transfer – none of the GPs identified through HoCare project so far, but additional GPs are sought from HoCare partners as regards to public body supported living lab. In this way, DEXIC is in current communication with DCHS, NHSC and IDERAM to find our details and provide these to Czech ecosystem actors.

### **Romania**

Considering the potential improvements of the Competitiveness Operational Programme and other possible improvements in regional innovation ecosystem some suggestions on possible improvements for support of R&I in Home Care (HC) via quadruple-helix cooperation could be performed at 2 levels: via the Operational Programme (management, strategic focus and operations), and via any other possible improvements in the regional innovation ecosystem.

Possible improvements in the Operational Programme regarding its support for quadruple-helix based R&I in Home Care include:

- a) Specific new call/calls on clearly indicated HC topic and/or tele-health and/or quadruple helix focus
- b) The Guide of applicants to indicate clearly the Quadruple helix model components when an eligible partnership is established.
- c) To modify the guide of applicants at the chapter evaluation and simplify the criterions and their weights
- d) The operational programmes to make available to the future applicants under POC the data bases structured on results and their applicability.
- e) The Monitoring Committee to consider all components of the QH when proposing or adjusting the COP.
- f) The simplification of documentations and the use of local evaluators for all projects supporting R&I under COP.

It is also recommendable that the entire R&I ecosystem to be based on Quadruple helix when decision is made in the field of HC innovative solution and to be created a platform with stakeholders’ needs in HC, covered and uncovered by existing projects topics under the existing programmes supporting Health and HC.

## 4. POLICY TRANSFER MATRIX

### 4.1 Introduction

In the first year of HoCare project's, partners were working in analysing the regional existing situation around the respective selected Policy Instrument and, more generally, the sector of production of innovation in home care and how the quadruple helix approach is being utilised in this whole process. During this process, several Good Practices were identified in each partner area, either on strategic focus, or on management level, or on innovative projects' level of the Policy Instruments' environment. These Good Practices were analysed and presented among the partners during the three International Thematic Workshops.

In parallel, partners were working in close cooperation with the Managing Authorities of their selected PIs as well as with local/regional stakeholders relevant to the PI, for identifying their local/regional needs towards the improvement of their Policy Instrument.

In this Joint Thematic Policy Transfer Report, common challenges and the list of GPs identified in project partners' areas are presented under the HoCare project's sub-objective "Innovations in Home Care - Generating New Solutions through Public Driven Initiatives". Furthermore, key needs identified by the project partners in regards to their respective Policy Instrument are also analysed.

The final step of the exchange of experience process of HoCare project is the formation of Action Plans, one for each partner, which will include specific suggestions on how to improve the Policy Instruments. To successfully reach at this stage, a match-making procedure between identified GPs and partners' needs should be applied. In other words, a process of matching the different elements between the offer (GPs) and the demand (needs) sides needs to take place.

This is the exact objective of the following Policy Transfer Matrix table and the analysis of the transferring scenarios for each matching case. The outcomes of this section will provide the partners a strong basis offering different choices to select the ideal scenarios according to their Policy Instruments' needs in order to draft and finally elaborate their Action Plans.

## 4.2 Analysis - Transferring Scenarios

The following table presents the match-making of the selected and promoted GPs with the needs identified in HoCare Partners' Policy Instruments in the area of "Generating New Solutions through Addressing Unmet Needs Identified by Formal and Informal Healthcare Providers" with the potential for improvements through the transferring process. Each choice is being analysed below as a specific "Transferring Scenario" where more details are provided for the reasons of selecting the specific GP.

A/A	GOOD PRACTICE NAME	HOCARE PARTNERS' POLICY INSTRUMENT (as per section 3.1 above)							
		CYPRUS	SLOVENIA	BULGARIA	LITHUANIA	HUNGARY	MADEIRA (PORTUGAL)	CZECH REPUBLIC	ROMANIA
1	Meta (HU)								
2	Menta (HU)								
3	Virtual health centre (HU)								
4	Growth of the quality of medical services in rural areas using a telemedicine informatics system (RO)								
5	Bonification of projects' evaluation targeting societal challenges including Health, Demographic changes and Well-being (PT)			X		X		X	X
6	Evaluation bonus for addressing horizontal priority "Health for all" (LT)		X	X		X		X	X
7	Tele-hippocrates (CY)					X			
8	Gamma M-doctor (BG)	X							
9	Check Point Cardio (BG)	X				X			
10	Multisensory gymnasium (PT)								X
11	Beacons (LT)								
12	"SPERO" – social communication platform for seniors (SI)				X		X		

## Transferring Scenarios:

### **Cyprus**

#### Scenario 1 - Gamma M-doctor (BG):

As already mentioned, the efforts should be focused on supporting the utilization of Quadruple Helix approach, as a need for including (in the eligible Final Beneficiaries) all sectors required in order to achieve the best from the activities applied in the framework of the Structural Funds. Furthermore, it is recommended that new project(s) is/are initiated to be funded in the framework of the specific PI aiming at introducing innovative ICT services in Home Care. Another recommendation is that new projects should be initiated through which the Quadruple-Helix approach will be utilized.

Gamma M-doctor GP offers a good opportunity for matching the above mentioned requirements. It constitutes a very attractive case of innovation for transferring in Cyprus. A new project may be initiated based on the main philosophy of Gamma M-doctor. In this way a new innovative service will be established in the sector of Home Care in Cyprus through a new project that will be funded in the framework of the selected PI. This new project will combine the use of innovative ICT services and the utilisation of the quadruple helix approach during the project's development and implementation. For adjusting Gamma M-doctor to local conditions in Cyprus, a study visit is required in order to analyse in detail the specific GP and then to transform its elements accordingly. Transformation and adjustments are required so that the new project is applied in the proper way in Cyprus (legal framework, social conditions, existing quality and level of technological services etc.) to facilitate that its implementation will ensure the best possible results.

#### Scenario 2 - Check Point Cardio (BG):

Check Point Cardio is an excellent example of promoting public driven innovation, a concept that is not yet highly adopted in the Cypriot society. The project showcases how an initiative of a public institution (a public hospital in the specific case) engages representatives from the other three helixes aiming at the development of an innovative ICT solution in the field of home-care. This solution concerns a mobile application that enables GPs for remote real-time monitoring of patients with cardiovascular diseases on a 24-hour basis.

This project offers another good opportunity for fulfilling two different needs that exist in the Cypriot local environment in the sector of home-care: a) utilization of the quadruple-helix cooperation through public driven innovation and b) production of an innovative ICT tool for enabling 24-hours remotely monitoring of patients with cardiovascular diseases, especially the patients that live in remote areas. Check Point Cardio could be further examined by the Cypriot Ministry of Health and then, the Ministry, may initiate the implementation of a new project through the engagement of local stakeholders representing the other three helixes (e.g. private hospitals, researchers, private SMEs, telecoms etc.) in order to produce a similar solution that would be compatible with the local conditions. The new initiative can be financed through the PI identified for improvement by the Cypriot HoCare partner.

## **Slovenia**

### Scenario 1 – Evaluation bonus for addressing horizontal priority “Health for all” (LT)

Evaluation bonus GP is a great example how to cleverly involve non-complex evaluation criteria in order to better select the projects who would have better chances to successfully develop innovations. They should have more focus to benefits for end-users and end user’s organizations. Non-complex evaluation criteria should be designed in a way to be applicable to wide variety of calls supporting innovativeness and new product/service delivery. Secondly, they should enhance QH collaboration and bottom up product design.

In-depth understanding of GP and its implementation experience shall be learned. The transfer could take place after study visit or online consultations with the GP owners/users. We shall study local differences and how they could influence the implementation

## **Bulgaria**

### Scenario 1 – Bonification of projects’ evaluation targeting societal challenges including Health, Demographic changes and Well-being (PT)

The selected policy instrument, as one of the funding instruments relevant to the further improvement of home care and the more intensive penetration of innovation in home care, is closely linked with and is dependable on the RIS3 thematic areas, their pre-formulated priority directions and a list of economic sectors and activities, pre-selected in the “National Strategy for the Promotion of Small and Medium Enterprises” of Bulgaria. The selected GP offers specific solutions, related to improvement of the policy instrument, that are applicable without contradicting the pre-formulated restrictions (that are not subject to change). It proposes an (already tested) approach that will lead to the generation of a mix of contributions for improvement, related to the evaluation criteria for the selected priority and for the other priority. The GP has been applied at Programme level which ensures a strong recommendation for the Bulgarian strategic partner. The GP will help the selected policy instrument managing authority to elaborate specific details to be added to the planned actions for ensuring the interventions will be aligned with some of the best practices in the field of Home Care innovations across HoCare regions.

The GP answers the need for adjustments of the planned interventions with the stakeholders’ necessities and requirements, related to the intensification of the public interest driven innovation process and the support of innovative solutions in the home care sector in Bulgaria. The Portuguese good practice fulfils the need formulated by the managing authority during consultations and workshops to support the programme improvement through the possible inclusion of new specific evaluation criteria (incl. bonus points) as part of the technical evaluation process in grant schemes supporting both directly and indirectly home care projects – for example the ones that measure the non-economic impact that include specific definitions. It explains how to plan and measure the projects’ contribution to societal challenges and to add and adapt a scoring to the existent evaluation scheme since the societal challenges are directly related to the improvement of home care services economic sector.

### Scenario 2 - Evaluation bonus for addressing Horizontal priority “Health for all” (LT)

Home Care is not specified as a priority sector or thematic area in Bulgarian Operational programmes and in OPIC – the targeted tackled instrument. There are different fragmentary measures planned in fact, but on numerous levels of implementation (national, regional), from different sources (national, structural funds), at different management level (managed by ministries or by regional/local authorities) and with varied investments volumes. This GP demonstrates how Home Care can be set as a horizontal priority, which might be reflected at all levels. The lessons learned from this of this GP will answer the defined possible ways for improvement of the OPIC. This GP shows how an agreement at national strategic level, by defining certain indicators, which reflect Home Care priority, could lead to great impact and finally influence a policy instrument, like OPIC, by a specific measure, namely adding bonus system for evaluation of project under OPIC.

The GP will answer the opportunity for a further amendment and supplementation of the priority directions in the RIS3 thematic areas. The ongoing process at the moment related to the actualisation of the RIS3 and the accent put on specific measures related to home care in the recently developed “Technological roadmaps for the RIS3 thematic areas” creates an opportunity to enlarge the programming process with the inclusion of home care-specific or related issues into the intervention schemes of OP to be open in the future and support projects related to them through a bonus system. And this GP showcases how a cross-ministerial coordination might be put in place in full synchronization of national priorities and public funds available for achieving them.

### **Lithuania**

#### Scenario 1 - “SPERO” – social communication platform for seniors (SI)

Many elderly people feel lonely and miss more communication. Besides, they are in need of various types of social help and support. People, who are close to them, not always are professional and could respond to their needs. Other thing is that modern IT technologies look scary for elderly people, so simplified platform for communication is more convenient for elderly people. This GP is mostly the only one known platform between appropriate way of communication and modern IT technologies.

### **Hungary**

Scenario 1 - Transferring combined elements of “Growth of the quality of medical services in rural areas using a telemedicine informatics system (PT)” and “Codification of projects’ evaluation targeting societal challenges including Health, Demographic changes and Well-being (LT)”

Effective use of ESIF in RDI schemes under the EDIOP (GINOP) and CCHOP (VEKOP) needs focused actions that foster and assist progress in deinstitutionalization contributing to make health and social systems and insurance cover more sustainable and patient friendly in order to utilize opportunities offered by strategical projects in the development of national e-health system and improvement of quality of medical services supported directly by Ministry of Human Capacities via Human Resources Development Operational Programme 2014-2020.

Learnings, validated solutions and ready-to-replicate results of good practices in management of Operational Programme that gives direct support in evaluation procedure to projects targeting health related challenges may deliver additional value to project selection in RDI action.

### Scenario 2 - Transferring combined elements of “Tele-hippocrates (CY)” and “Check Point Cardio (BG)”

Fostering and assisting big public hospitals to initiate identifying unmet needs and lead scouting, creating, valorising and uptake of ideas and solutions require good practices of involving large cooperation of various actors in open innovation. Elements of good practices can be utilized in programmes aiming to accelerate the shift from hospital care to integrated outpatient and home care in order to foster telecare, remote care and telemedicine monitoring projects (consisting of harmonized service and technology innovation elements) initiated by a public a hospital involving other organizations.

Selected GPs, offer replicable elements and methods for utilizing public driven innovation in design, develop and implement new technologies for healthcare services, incl. home care. New projects may be initiated based on these elements and methods, however, they can be and must be applied and redesigned to fit the specific Hungarian legal, social, infrastructural, institutional and market conditions, existing quality and level of technological services etc. Further analyses and/or study visits are required in order to think through, judge and consider these GPs in detail, and then to transform their elements into new pilots optimized to the specific Hungarian conditions in order to ensure the best possible results and implementation.

### **Madeira (Portugal)**

#### Scenario 1 - “SPERO” Social communication platform for seniors (SI)

The specific GP was chosen for the following reasons:

- Integrates a comprehensive action to the sectors of health and social security;
- Easy application / use device;
- It allows end customer interaction and society in general;
- A resource to promote health literacy;
- Combats social isolation;
- Promotes successful aging;



- Enables capacity building for health decision-making, from clients, families and significant people;
- By approaching the senior population, they can become more active and vigilant / aware of their health status / limitations, becoming more proactive in their treatment. GP may bring gains in the level of health costs to the regional system since prevention level will be higher;
- This as an interesting approach to fight solitude could be interesting, brings the elderly into several programmes and activities that can be beneficial for their conditions;
- It could be an easy tool of application, allows interaction and can be an educational tool as well to teach some aspects of health;
- Could be integrated with others such as Grace;
- Could be integrated with the internal network (user portal). Could allow 4H approach with all actors in RAM.

However this GP offers a good opportunity of transferability, it has some weaknesses and requires some adjustments. Specifically:

- Absence of TV at home;
- Additional costs with energy resources;
- Protection of personal data;
- There is the need to have software and electronics organizations within the partnerships;
- From GP it is not perceptible how the transmission of data itself is made (by mobile network). This point must be well analyzed, because there are remote locations without a network, making it impossible to use the solution;
- Necessary partnership with companies with electronic and software know-how;
- Cost implementation may be high given the need for specific hardware. Maintenance problems and their cost in the medium term;
- In terms of hardware, compatibility with the various types of television sets and existing communication networks (especially in more remote areas).

## **Czech Republic**

### Scenario 1 - Codification of projects' evaluation targeting societal challenges including Health, Demographic changes and Well-being (PT)

Support of projects addressing societal challenges by giving them extra evaluation bonus points might be the first scenario. The GP from Portugal constitutes a very inspirational case of indirect support. As home care is part of healthcare related innovation projects, part of this GP could be used also for purpose of change of the Operational Programme in the Czech Republic giving extra support to health related innovations projects and initiatives, including home care. For such case, a specific wording and selection of affected intervention programmes - calls or general application across all needs to be discussed and approved. This GP represents the closest scenario to the current conditions in the OP in the Czech

Republic. The advantage of this scenario is that health impact is currently also part of the binary criterias affecting its further evaluation, i.e. if projects negatively affect health, they are not supported or evaluated. Other binary criterias excluding projects from further evaluation are already used in the evaluation process further on to give additional extra points as well when having large positive impact on health, currently excluding health.

#### Scenario 2 - Evaluation bonus for addressing horizontal priority “Health for all” (LT)

Supporting the horizontal priority “Health for all” as exploited in Lithuania is another possibility how to support indirectly innovative projects in health including home care. Specific parts of this GP could be also used in combination with Scenario 1, however such concept directly goes under management of the Ministry of Health in the Czech Republic and the Ministry of Industry and Trade, as OP Managing Authority, cannot make changes exactly as those described in the LIT GP. Therefore specific details of this GP will be combined with Scenario 1 and adjusted to the needs and opportunities of the OP in the Czech Republic.

### **Romania**

#### Scenario 1 –Bonification of project evaluation (PT)

Improvement of the COP could be obtained by considering improved managerial procedure of the OP. In this respect This GP is well addressing some managerial aspects of Portugal OP and this fact could be of use as it was successful in Portugal. The application of bonification surplus scoring system related with relevance of the proposal project in relation with societal challenges is applied in Portugal for their OP as a main reason to have the certitude that funding is used for societal challenges among which Health and HC topics are components.

It is expected that the GP transfer be presented in detail at an exchange of experience study visit in order to understand better the steps foreseen in obtaining the institutional concentration and interest in according the extra bonus for project evaluation.

#### Scenario 2 – Evaluation bonus for addressing the horizontal priority “Health for all”(LT)

The COP in Romania as in any OP of any European country could be improved in terms of content and management. Considering the fact that Lithuania has a high rate of structural funds absorption also for projects under the priority health and HC, their GP in addressing the evaluation of projects submitted for funding under COP could be of use for next OP in Romania. The number of project submitted under Health & HC topic under COP in Romania is insufficient to cover the Health&HC needs. The transfer could take place after a study visit and analysis of local context of project evaluation and after interacting with monitoring committees of OP for using the most rapid and efficient procedure for granting the projects submitted under Health and HC topic.

#### Scenario 3 – Multisensory gymnasium (PT)

The evolution of health problems of elderly could be treated considering the opportunity of health care system specially designed. The COP in connection with Regional OP and/or

Financial Organization could improve its content by supporting projects for complex assistance of elderly. In this context, the cognitive problems of elderly could be centrally treated and make their life normal.

In Portugal a GP targeting the normal social healthy life of elderly by their participation in cultural specialized laboratories could be an innovative project for any European country. The transfer of this GP is based on a study visit, interaction with the solution owner and a deep analysis of financial and health care advantages. The local specificity as well as the level of available funds for this GP should be carefully studied.

## 4.3 SWOT Analysis per transferring scenario

### Cyprus

#### Scenario 1 - Gamma M-doctor (BG):

##### Strengths:

- Gamma M-doctor concerns a technology easy to transfer, easy to develop and easy to put in practice.
- It concerns a solution provided upon specific existing needs.
- It is not expensive.

##### Weaknesses:

- Specialized human resources are required for its monitoring and therefore training should be provided.
- In order to exploit its full potentials and utilize all its features, patients should also be familiar with ICT use. In most cases, persons that require remote health monitoring are old people who are not familiar on using new technologies.

##### Opportunities:

- The low budget required for the project's development could be provided from any financing source other than the Structural Funds (national funds, private funds etc).
- The utilization of such GPs could be easily adapted in the framework of the current reform of the Healthcare system in Cyprus.

##### Threats:

- The current Programming Period has already entered the last two years of its implementation and therefore not enough resources may be left for ensuring funding for a new project to be applied through the selected PI.
- Local ICT companies may not be attracted on investing time in a new project which is already applied in another Member-State since it does not concern innovation on EU level.

#### Scenario 2 - Check Point Cardio (BG):

##### Strengths:

- The project concerns a technology easy to transfer.
- It concerns a solution provided upon specific existing needs.

##### Weaknesses:

- Its long term success is strongly dependent on the healthcare system regulations and reimbursement policies for telemedicine and remote care, therefore the institution that would be the owner of the project should ensure sufficient resources for its maintenance.

**Opportunities:**

- The utilization of such GPs could be easily adapted in the framework of the current reform of the Healthcare system in Cyprus.
- The new project could be promoted in order to be included in the framework of the structural funds of the next Programming Period.

**Threats:**

- The current Programming Period has already entered the last two years of its implementation and therefore not enough resources may be left unallocated for ensuring funding for a new project to be applied through the selected PI.

**Slovenia**

Scenario 1 – Evaluation bonus for addressing horizontal priority “Health for all” (LT)

**Strengths:**

- Simple and clear evaluation criteria
- Bottom up approach based on unmet needs

**Weaknesses:**

- Could not be robust to country specific situation

**Opportunities:**

- The GP offers the possibility to change evaluation criteria in calls in a way to support projects where bottom up approach and QH collaboration is preferred.

**Threats:**

- In calls for R&D support, which target many industries, there are already many evaluation criteria and adding even more could cause problems

**Bulgaria**

Scenario 1 - Bonification of projects' evaluation targeting societal challenges including Health, Demographic changes and Well-being (PT)

**Strengths:**

- An already implemented and tested improvement of a policy instrument at strategic level
- Similar orientation of the policy instrument of the country of origin
- Involvement of different stakeholders outside the managing authority for ensuring representativeness
- Direct support

**Weaknesses:**

- Different economic situation in both countries

**Opportunities:**

- The GP will enhance the process of boosting the public interest driven innovations towards innovative solutions in home care sector as project initiators will seek for adding value to their projects related to societal challenges (directly linked with home care)
- The scheme for adding/measuring specific bonuses related to societal challenges may be applied throughout the whole policy instrument not only for the selected priority

**Threats:**

- The bonus system might be not approved as too complicated for objective and independent measuring

**Scenario 2 - Evaluation bonus for addressing Horizontal priority “Health for all” (LT)**

**Strengths:**

- The GP answers a need to cover areas characterized by complex problems which cannot be solved by means of one or more sectoral measures
- The GP is concerning a similar priority axe as the one tackled for Bulgaria
- It formulates and justifies specific selection criteria set in evaluation criteria that will improve the impact of the tackled policy instrument on home care sector services

**Weaknesses:**

- There is a need for involving other ministries at the stage of predefining the priorities
- The GP transfer requires time that might be not available before the mid-term evaluation of the tackled policy instrument

**Opportunities:**

- The GP may be transferred with the support of other ministries that are managing other European funds and that are responsible for health to be applied faster

**Threats:**

- The GP may be evaluated as too much time-consuming by stake-holders

**Lithuania**

**Scenario 1 - “SPERO” – social communication platform for seniors (SI)**

**Strengths:**

- This GP is a possibility to involve elderly people into communication using modern communication technologies. Besides, this allows to get help and support immediately then needed.

- Also, this platform allows to meet people nearby. As Lithuania has a widely developed fibre-optic internet and its available almost everywhere at home or at every library. So, this platform could be used by everyone.

#### Weaknesses:

- This system is rather expensive and it is difficult to get financed as it repeats other systems software already existing in the market. In order to have it successfully operating, public bodies should be involved in the system and additional budget is needed for that.

#### Opportunities:

- This system creates an opportunity to encourage communities and to cut costs for elderly people as well as for state financed care institutions as the consultation and social support received using this platform could be done in the most effective way.

#### Threats:

- Training how to use this platform could be costly in terms of finances and times and in order to use this platform in the most effective way it becomes time and finances consuming.

## Hungary

Following SWOT is relevant for both the transferring scenarios:

#### Strengths:

- Available RIS3 and sector specific strategies/policies at national level (e.g. RDI, Industry-4.0, Health);
- There is a tradition of medical technology lasting for several decades;
- Availability of strong competence and innovation skills (health sector, health care industry, academies, research institutions, universities, Hungarian Academy of Science);
- PP6 is responsible for national data management and analysis and (November 2017) launched the Electronic Health Cooperation Service Space (EESZT) the national e-health system that meets all the latest demands and requirements related to data security, information technologies and healthcare.

#### Weaknesses:

- Limited focus on quadruple helix cooperation and public driven open innovation;
- Minor space in social OP for innovation carried out by the business sector and lack of granting public driven innovation in RDI OP;
- Lack of knowledge and experiences in PCP/PPI procedures (public bodies can't prepare and implement while SMEs can't take part in such procedures);
- More than one institution is responsible for the innovation strategy (National Research and Innovation Office, Ministry for National Economy), while Ministry of Human Capacities is responsible for social, health and education (incl. HEIs) systems.

#### Opportunities:

- In accordance with the findings of the recent midterm analysis, ESIF and national resources can be refocused by modified RDI strategy;
- Concentration on public driven innovation and quadruple helix cooperation in scouting, creating, valorising and uptake of innovation can gain priority;
- Implementation of system-innovating health projects in the Human Resources Development Operational Programme 2014-2020 open new markets and needs e.g. in:
  - One-day surgery (deinstitutionalization, accessibility)
  - Psychiatric and addictological care network (accessibility, deinstitutionalization)
  - Complex Development of Electronic Health Services “aiming capacity development and further improvement (new functions) of Electronic Health Cooperation Service Space (EESZT) (accessibility, eHealth, PHR)
- Open and forthcoming CSA calls in Horizon 2020 (MWP 2018-20), such as planned calls offer opportunities to prepare projects, actions and programmes to be launched after 2020.

#### Threats:

- Despite the importance of specific actions (that foster and assist progress in deinstitutionalization contributing to make health and social systems and insurance cover more sustainable and patient friendly) have been recognized, national/regional calls for proposals might not be focused on home care or at least on health/social economy;
- MAs of OPs are urged to reach 100% commitment to manage the risk of realizing low abortion;

### **Madeira (Portugal)**

#### Scenario 1 - “SPERO” Social communication platform for seniors (SI)

##### Strengths:

- Simplicity of the technological resource.
- Technology developed in the Region (GRACE).
- Quadruple-Helix and European structure;
- Research
- Promotion of synergies between partners;
- Answer to the RAM current needs and for society in general.

##### Weaknesses:

- Cost implementation may be high given the need for specific hardware. Maintenance problems and their cost in the medium term.

##### Opportunities:

- Possibility of linkage between the internal network (user portal) with the external network SPERO
  - Public and private cooperation;



- Cooperation between health and social sectors (involving the different formal caregivers), with the same resource - TV, for the final client (patient, family member and / or significant person);
- Operationalization of this platform with the user portal.
- Develop existing technological resources (TV) in virtual channels.
- By approaching the senior population, they can become more active and vigilant / aware of their health status / limitations, becoming more proactive in their treatment. GP can bring gains in the level of health costs for the regional system since level prevention will be higher.

Threats:

- Absence of TV at home;
- Additional costs with energy resources;
- Protection of personal data;
- In terms of hardware compatibility with the various types of television sets and existing communications networks (especially in more remote areas)
- It means using an equipment and the resistance to its use may be great.

## **Czech Republic**

### Scenario 1 - Codification of projects' evaluation targeting societal challenges including Health, Demographic changes and Well-being (PT)

Strengths:

- Closest fit to current conditions of Czech OP for indirect support of health/home care
- Based on health already included in binary exclusion criteria and its no involvement in bonus evaluation points
- Already pre-discussed with OP Managing Authority and specific wording prepared and approved

Weaknesses:

- Full GP too much diversified, could be used as inspiration for health and will need to be customized in terms of wording and also selection of intervention programmes / calls or its usage in general across all

Opportunities:

- Impact possible at all / majority of intervention programmes / calls
- Expected no negative feedback from Monitoring Committee

Threats:

- Timing – to get approval before changes in evaluation are done

### Scenario 2 - Evaluation bonus for addressing horizontal priority "Health for all" (LT)

Strengths:

- Based on health already included in binary exclusion criteria and its no involvement in bonus evaluation points

Weaknesses:

- Full GP to transfer as such is in direct operation of another Ministry – Ministry of Health, only partial inspiration can be used in combination with Scenario 1

Opportunities:

- Could be used in combination of Scenario 1 in way of indirect support to and extra evaluation points in only relevant OP intervention programmes / call

Threats:

- Not relevant as to be transferred in combination with Scenario 1

## **Romania**

### Scenario 1 – Bonification of project evaluation (PT)

Strengths:

- The concentration of main national R&D&I institutions in the field of national and European programmes in establishing the guide for evaluation scheme of projects targeting the social challenges.

Weaknesses:

- Lack of legal details of a procedure on how to adapt current bonification scheme to a new scheme with a scoring on societal challenges and not only RIS3.

Opportunities:

- The governmental programme stating a more efficient approach of societal challenges in Romania based on successful project based developed under R&D&I strategy well as the smart specialisations.

Threats:

- A limited access to information on timelines of implementation of the new evaluation scheme for projects within OP.

### Scenario 2 – Evaluation bonus for addressing the horizontal priority “Health for all” (LT)

Strengths:

- The increase of funds allotted to projects for Health & HC following the higher rating of the projects at evaluation phase submitted under COP calls for both priorities – research and ITC.

Weaknesses:

- The lack of tools to avoid double funding at ministerial programmes and OP of the same project

Opportunities:

- The preparation of the new calls under COP, the next COP challenges.

Threats:

- The lack of interest for the topic Health&HC.

Scenario 3 – Multisensory gymnasium (PT)

Strengths:

- The treatment of the main threats of the elderly health

Weaknesses:

- The cognitive laboratories could be confronted with an extra need of monitoring tools

Opportunities:

- The preparation of the new calls under COP, the next COP as well as other OP or institutional programmes under which this GP could be deployed.

Threats:

- Lack of investors and entrepreneurs, low support from public social security organizations for continuously function of the cognitive laboratories.

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