INNOVATIONS IN HOME CARE – GENERATING NEW SOLUTIONS THROUGH ADDRESSING UNMET NEEDS IDENTIFIED BY FORMAL AND INFORMAL HEALTHCARE PROVIDERS

JOINT THEMATIC POLICY TRANSFER REPORT

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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 ADDRESSING UNMET NEEDS IDENTIFIED BY FORMAL AND INFORMAL HEALTHCARE PROVIDERS - 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 public driven innovation 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/).

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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2.1 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 Addressing Unmet Needs Identified by Formal and Informal Healthcare Providers" describes, 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 situation in project partners´ countries (Cyprus, Slovenia, Bulgaria, Lithuania, Hungary, Portugal-Madeira, the Czech Republic and Romania) regarding the:
   a) Level of cooperation of formal and informal healthcare providers in innovation projects and
   b) Support provided by Structural Funds' Operational Programmes in terms of participation in research and innovation projects.
2) Summary of common problems and challenges in generating new innovations in home care based on addressing unmet needs of formal and informal healthcare providers.
3) Identification and analysis of selected good practices of financed projects and of the Structural Funds Operational Programme's 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[1] described in the Joint Thematic Study with the various Good Practices identified by the HoCare project partners

[1] Structural Funds Operational Programs in partners' countries/regions identified in the HoCare project Application Form

2.2 Current Situation in partners' areas - common challenges

In Cyprus, there is a small network of actors that have not been able to network properly and have limited participation in the home care solutions development process. Public health sector supports home care with nurse and community care, yet these services are understaffed and carers spend only limited effort in networking and/or in research and development processes. Recently, private sector companies have developed home care programs, but since they are still in their infancy, they place important effort in gaining market share rather than investing in innovation. The vast population of informal carers in Cyprus are economic migrants with limited, if not at all, access to networking.

In Slovenia, the potential users of home care products/services (civil society – as informal care providers - and formal healthcare providers) seem to be increasingly aware of the possibilities and benefits of the implementation of innovative home care services. Their role is crucial since they are in direct contact with the necessary users of such innovations (older people in need of care and their family members) who are crucial various phases of the innovation development process - from needs assessment to validation and implementation of such new services.

In Bulgaria, the main drawback regarding the cooperation of formal and informal healthcare providers in innovation projects is the rigid regulation of social services that squeezes introduction of innovation.

In Lithuania, a number of associations and university researchers are constantly talking about problems in care sector: policy making (especially problems in establishing priorities and implementing the approved strategies), lack of clear funding and adequate funding schemes, lack of research based practices, big workload of care workers and not adequate qualifications in some cases. Most of the problems have not been solved for ages because of lack of cooperation between different actors of the ecosystem. Only recently some improvement can be seen.

In Hungary, Health Insurance Fund (HIF) covers home care if the service is provided by a specialist service provider contracted by the management of HIF. Informal care provided by a family member is financed by the social care system (not the HIF). Home care activities ('specialist care at home' and 'hospice care at home') are provided in the insured person's home or residence, the appointment (initiating order) of her/his physician (general practitioner), and must be performed by a qualified nurse. There are various associations (mainly representing members of one specific industry, e.g. ICT or hospice or health technology) that provide regular possibilities for networking. Generally R&D&I partnerships are not organized by associations, but universities and/or major enterprises. SMEs and non-profit organizations undertake in initiating innovation partnership if a call or a granting scheme fosters to do so.

In Madeira (Portugal), the home care network is growing during last years, but there are still many barriers to overcome for a better involvement, such as bureaucracy or financial rules, that strangle rapidity needed for innovation to happen in a quadruple-helix approach. It is

more common to see research organization developing innovation with actors from citizen/user helix, SMEs and associations in market driven projects development instead of with public organizations. Usually public actors are involved in projects and development mainly with other public actors. Currently, there are available several policy instruments with incentive schemes that could be exploited to finance home care innovations. Despite the instruments available, Madeira has not been able to promote this type of initiatives in Home Care compared to other sectors of activity, nor even to create synergies with Madeira's main development sector, which is Tourism.

In the Czech Republic, there is a rather small network of several strong innovation actors who are already networked and cooperate based on past common initiatives, especially among research actors and business supporting organizations. Several businesses have already reached international success with their home care products and services. Yet, the number of innovation initiatives financed through the Operational programme Entrepreneurship, Innovation & Competitiveness (OP PIK) each year is very small compared to other industries.

In Romania, the main actors in the sector of R&D&I for home care are spread at several public and private organizations (research institutions, laboratories of technical faculties of universities).Their activities are financed as results of their participation in project competitions organized by three sectorial ministries (Research & Education Ministry, Health Ministry, Ministry of Information Society) within their R&D&I sectorial Programmes and Operational Programmes, by international programmes (AAL, Interreg, eTEN, SEE), by religious and philanthropic organizations. There are also other organizations promoting the national and international research results aiming to commercialize them on national market so that the home care domain be assisted by the best innovative solutions. The operational programmes do not present the topic addressing innovation for home care so that innovation for this field is provided tangentially under the more generous topic– heath care (Operational Program Competitiveness, Operational Program Human Capital) for the interval 2014-2020. The whole approach to home care for the elderly is based on the general principle that elderly people should be maintained in their living environment. Consequently, home care for dependent elderly people is the first measure of support for them. The measures applied are regulated broadly by the National Health Strategy 2014-2020. The issue of home care for the elderly is directly supported by the National Strategy for Promotion of Active Aging and the Protection of the Elderly for the period 2015-2020, the Operational Action Plan for the period 2016-2020 as well as the Monitoring Mechanism and their Integrated Assessment.

According to the findings of the Joint Thematic Study “Innovations in Home Care - Generating New Solutions through Addressing Unmet Needs Identified by Formal and Informal Healthcare Providers”, the common problem and challenges in this specific filed are divided per innovation ecosystem and support from Policy Instruments.

In the innovation ecosystem the following common challenges are recorded:
a) *Low cooperation and communication between different actors in home care*

The communication between different levels of formal homecare healthcare providers is weak. There is a lack of communication with end-users and informal healthcare providers and their involvement into R&I projects. There is a weak motivation within the innovation ecosystem, as well as a lower 'voice' of this ecosystem compared to other industries. Home care is not on the list of priorities as there are more important issues to solve in short term connected with the care system. A lack of sustainable business models for all home care actors is observed as well as a lack of age-friendly design for products/services. Businesses' interest to be part of publicly funded R&I projects is very low.

b) *Lack of staff, capacities, resources and experience of informal healthcare providers to initiate R&I projects*
End-user organizations lack of specialized staff in home care. The time available to invest in R&I initiatives is very limited. The participation of informal healthcare providers in R&I remains in very low levels. Different setbacks cause difficulties for participation in projects such as financing, capacities and experience. Informal healthcare providers have no possibility to be a direct financed partner in R&I projects. Lack of capacities and resources applies also in the field of scaling up existing services. End-users in care[2] are rarely involved in innovation networking.

c) *Lack of home care R&I projects' good practices*
Research in this filed is very limited. There is no awareness raising initiatives for advanced cooperation models.

d) *Lack of research infrastructures specialized in home care*
Missing research infrastructures and projects specialized in home care cannot deliver validated R+D results enough for paving the way to define needs that could be satisfied by innovation producing outputs that could be quickly put on the market if meet HTA requirements as well.

On the level of support from Policy Instruments the following common challenges are recorded:
a) *No specific measures for home care R&I support*
Intervention programmes relevant to home care segment rarely exist. There is a lack of strategic documents and initiatives specifying priority to home care. The state's intervention in this area is usually limited to social support. There is only a horizontal focus on health in most cases.

b) *Limited possibilities for funded cooperation of all quadruple-helix actors*
The list for eligible organizations for R&I projects is narrow. Usually implementation targets only 1 or 2 specific helixes. Policy Instruments do not support, as eligible beneficiaries, stakeholders that constitute the main providers of home care (e.g. NGOs, hospitals, private hospitals). There is a lack of clear and adequate funding schemes to support quadruple-helix cooperation. Financing for formal and informal healthcare providers as direct partners is

[2] such as special ones preparing decisions based on health technology assessment (HTA) and/or deciding on reimbursement and paying conditions.

limited. A clear evaluation system considering quadruple-helix cooperation is missing. Post-paid financing for R&I projects limits the abilities for participation of informal healthcare providers.

c) *Little influence on design of Structural Funds' Operational Programs and limited resources to initiate own regional programs*
Most decisions are formally made at the level of municipalities, but they have little influence on design of SF's Operational Programs and too little resources to initiate their own regional programs. There is a lack of consultations at setting up funds at local level without taking into account the real options of the service users. Tariffs for social home services are set without consultations with service providers while in there is no sufficient purchasing power in disadvantageous regions to maintain and widely disseminate good practices after project funding.

d) *Fragmented cooperation between the responsible Ministries*
The cooperation between various Ministries responsible for the sector of home care is very fragmented. Public investment in social research or in assistive technology for people with complex care needs is insufficient. There is a lack of capacities and national and regional resources to initiate R&I projects (most resources come from ESIF and other international funds such as H2020 or AAL, not from domestic or regional sources). Existing financing instruments oriented to home care segment are split between the Ministries of Social Affairs and Healthcare, R&I support for new solutions under the Ministry of Economy/Trade and as a result, an enhanced risk of conflict between institutions while sharing specific responsibilities and financing contributions exists.

e) *No good or successful practices for strategic focus or management of Structural Funds Operational Programs supporting initiatives in home care set up from informal healthcare providers*

2.3 Good Practices identified

The following selected good practices in generation of innovation in home care through addressing unmet needs identified by formal and informal carers 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 a quite wide array of inspiration for transfer, starting from general innovation idea transfer initiatives (1, 2) and methodology to design and develop products/services (3), through more simple innovations for end-users (4, 5), informal carers (6, 7), and innovations using telemedicine services (8, 9), to more robust technological innovations using latest technologies such as sensors and wearables, human machine interaction, robotics and augmented reality (10, 11, 12).

A/A	GOOD PRACTICE NAME	SHORT DESCRIPTION
1	**InTraMed-C2C**	Good practice of gathering and transferring innovation ideas from formal healthcare providers and their various employees to SMEs via innovation workshops, pilot projects and medical innovation database
2	**ATHealth Centre**	Good practice for setting up joint research infrastructure for applied research and networking for solution testing and new ideas generation and ideas transfer
3	**Digital inclusion and active ageing**	Good practice of iterative methodology for involvement of end-users and informal and formal carers to design, development and implementation of new consumer technologies for elderly people
4	**Elderly-friendly housing model**	Good practice of very simple measure initiated by charity service to support home care continuation for elderly people
5	**Gurulo workshops and logistics networks**	Good practice for creating innovative network of personalized service including rental of assistive technology products
6	**Webnurse**	Good practice for simple innovative information and guidance support to informal care givers via internet training portal
7	**CarerSupport**	Good practice for cooperation among academia, clinics, SMEs, large business entities and other relevant stakeholders during both development and testing stage of product/service targeting informal carers
8	**Tele-Rehabilitation**	Good practice of user/citizen helix actors being engaged to public initiated and lead project in telemedicine (as one of the main R&I field in home care) through user-centred design to help define real patient needs
9	**DITIS**	Good practice of patient association being the main initiator of the product/service solution in virtual collaborative telemedicine (as one of the main R&I field in home care), with its role in solution definition and development process in cooperation with numerous other technological and research stakeholders
10	**GRACE**	Good practise for product validation process by end-users and carers for using web platform and non-intrusive wearables for health monitoring
11	**RehabNet**	Good practice of user/citizen helix actors being engaged to research initiated and lead technological project using robotics (as one of the possible future main R&I field in home care) through user-centred design to help create specific content of the service and its automatization process
12	**AHA**	Good practice of user/citizen helix actors being engaged to research initiated and lead technological project through user-centred design to help validate the proposed solutions using augmented reality innovation as one of the possible future main R&I field in home care

For more information about each GP please visit the HoCare project's website at:
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	Objectives: - Promotion of holistic, integrated, complex and multi-parameter solutions that will enhance the competitiveness of the priority sectors. - 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. - Development of substantial/valid links and synergies between the elements of the guardable helix. In sectors: "Health: e-health… In addition, the Environment and the ICT were defined as important sectors of horizontal character" and "ICT: ICT Application, Future Technologies" 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".
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	Objectives: - Finding ways to economic recovery & breaking the trend of Slovenia's moving away from the average EU development level. - Ensuring prosperity for all citizens. - Putting a decisive stop to passive, cyclical changes by transforming them into lasting structural improvements. Priority or Measure Concerned: Primary: International competitiveness of research, innovation & technological

	development in line with smart specialisation for enhanced competitiveness & greening of the economy (R&D, promoting business investment in R&D), more efficient investment in research, development and innovation; Increased share of innovation active enterprises Possible synergy effect: Social inclusion & poverty reduction. Enhancing access to affordable, sustainable, and high quality services, including health care and social services of general interest.
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	Objective: Encouraging business investment in R&D, development of relations and cooperation between enterprises, R&D centres and the university sector, in particular the promotion of investment in the development of products and services, technology transfer. Characteristics: 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. Priority or Measure Concerned: Priority axis 1 is "Technological Development and Innovation" (TO1), which is in line with the Innovation Strategy for Smart Specialisation (RIS3)
Managing Authority	Ministry of Economy - General Directorate "European Funds for Competitiveness"
Geographical Coverage	National

Lithuania

Name of Policy Instrument addressed	Lithuanian Operational Programme for the European Union Funds´ Investments in 2014-2020
Main Features of Policy Instrument	Objective: Promotion of innovations in SME's. Instrument has been designed to encourage cooperation between business and research institutions.

	Characteristics: 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. Supported activities: Research, Technological development, Technical feasibility studies. 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. Priority or Measure Concerned: Priority axis 1 - "Strengthening research, technological development and innovation".
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	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. It creates synergies and complementarities among all other SF programmes of Hungary, incl. the Competitive Central Hungary regional OP. Priority Axis (PA) 2 is dedicated to improving research, technology and innovation via: 1) Strengthening R&I capacities and improving connectivity with international networks to increase participation in H2020 programme. 2) Increasing R&I activity in businesses. 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	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: - 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.
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 economic growth. 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. 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
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	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. The main direction of investment in RDI is to build a more compact and modern R&D environment that focuses on the businesses' needs and to deliver innovation and research outputs of highest quality. 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. 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
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 axles. 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 lach 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 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 its 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 – living lab pilot projects initiated in specific region in cooperation with formal/informal healthcare providers and members of set up cooperation network (more details in Policy Transfer report 3)

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 Addressing Unmet Needs Identified by Formal and Informal Healthcare Providers". 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	**InTraMed-C2C (CZ)**		X	X		X			X
2	**ATHealth Centre (BG)**								
3	**Digital inclusion and active ageing (SI)**					X			
4	**Elderly-friendly housing model (HU)**				X				
5	**Gurulo workshops and logistics networks (HU)**								
6	**Webnurse (HU)**						X		
7	**CarerSupport (RO)**						X		
8	**Tele-Rehabilitation (CY)**					X			X
9	**DITIS (CY)**								
10	**GRACE (PT)**	X		X					
11	**RehabNet (PT)**					X			
12	**AHA (PT)**								X

Transferring Scenarios:

Cyprus

Scenario 1 - GRACE (PT):

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.

GRACE 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 GRACE. 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 GRACE 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 ensure that its implementation will ensure the best possible results.

Slovenia

Scenario 1 - InTraMed-C2C (CZ):

Good practice InTraMedC2C is an example where complex and very diverse set of partners (QH) collaborate. It represents a GP where we can learn what is important for different players acting in the healthcare arena to successfully work together in innovation process. That is particularly interesting when we plan to set a well-functioning national ecosystem focused on homecare.

Transfer is not possible in the form of copy paste, but as results of lessons learned on partner's collaboration. Most probably study visit is required in order to analyse in detail the specific GP and then to transform its elements accordingly. It is crucial to understand what functioned great and where were draw-backs.

Bulgaria

Scenario 1 - InTraMed-C2C (CZ):

The GP represents a very detailed pathway of exploring cooperation between the participants of the quadruple-helix. Although InTraMed-C2C is focusing on general health segment, the practice could be used also to set up projects specifically in the home care segment, using also cooperation with informal care providers, their associations and

hospitals. It offers a clear and comprehensive matrix and a transferable action on how to ensure the transfer of innovation ideas from formal and informal carers to SME's (while most of the prominent experts in clinics have also academic engagements thus the academy is also involved). This practice answers the needs for a better alignment with the unmet needs of stakeholders and especially the ones related to innovations in the home care sector that could be implemented through the involvement of the quadruple helix partnership. The project could be used as an example for the programming stage of the procedure under the OPIC Priority 1, selected for improvement, oriented towards the innovation clusters. It might serve for planning additional eligible activities and costs and for expanding the planned impact of the procedure towards home care services.

The InTraMed-C2C (CZ) project also opens horizons for the expected amendments of the RIS3 as it showcases 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. The GP also gives territory for further improvements that are expected to be implemented thanks to the idea for the involvement of new eligible opportunities for partnerships between enterprises and scientific organizations. The GP suggests examples for specific rules for setting up of partnerships, rights and obligations.

Scenario 2 - GRACE (PT):

The project is answering the growing needs for providing specific support for digital tools as innovations in home care sector in Bulgaria through OPIC. GRACE gives ideas on how to enlarge, amend and supplement the priority directions in the RIS3 thematic areas on which OPIC bases both priorities' procedures.

The project also represents an example and 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. The good practice represents a sample on how to put through in practice the cooperation within the quadruple helix. It also opens opportunities to plan how to add representatives of (other than SMEs) helixes in the scope of eligible beneficiaries – maybe under the conditions not to spend funds from the programme.

The GRACE project is a good practice that offers a ready solution on how to develop an innovative ICT product based on novel technologies together with stakeholders from the quadruple helix. As the priority axis includes support for technological development and innovation in order to increase innovation activities of enterprises, this GP might be used as an illustration on how to plan in detail the eligible activities and related costs for further calls. It will also serve as a model/pattern for initiating and developing new projects within the selected priority's procedures. The cited research papers in the HCI focus area (Human-Computer Interaction) will also attract the interest of academic circles that interact with developers from the business in line with the OPIC Priority 1 aims and goals.

Lithuania

Scenario 1 - Elderly-friendly housing model (HU):

Retirement homes for elderly people are mostly state-owned in Lithuania. From the one hand, they are not renovated and could be improved and adopted to the needs of elderly people. From the other hand, elderly people live in their own houses or apartments where infrastructure is not adapted to their need and this also causes inconveniences. As the pension is small it is rather difficult for elderly people to improve the conditions of their life by adopting their living houses to their needs. It also worth mentioning that Lithuanian society is one of the most ageing in Europe and the ratio of young and old people in Lithuania is very unfavorable. The growing number of working people keeps increasing numbers of unemployed people. The maintenance costs are rising every year, and even the slightest improvement will allow these costs to be reduced.

Selected Policy Instrument Innovation vouchers through promotion of innovation in SMEs allow easily covering OG various stages of problem solving, starting with the technical feasibility study and finishing with the improvement of each small selected item. The main challenge is that the funds financed by Innovation vouchers are limited in the narrow sense of the SR3. Therefore, one of the goals is to show the possibilities within homecare sector for SMEs in term of using Innovation vouchers.

Hungary

Scenario 1 – Transferring combined elements of "InTraMed-C2C (CZ) and "Digital inclusion and active ageing (SI)"

Gathering and transferring innovation ideas from all helixes to satisfy unmet needs via quadruple helix infrastructure for applied RDI is one of the fields that is recommended to be further developed in Hungary. Successful scouting, creating, valorising and uptake of ideas and solutions need open innovation, workshops, pilot projects and medical innovation database. Effective use of ESIF 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.

Scenario 2 – Transferring combined elements of "Tele-Rehabilitation (CY)" and "RehabNet (PT)"

Learnings, validated solutions and ready-to-replicate results of good practices for engaging user/citizen helix actors to public initiated and lead projects in telemedicine (as one of the main R&I field in home care) may help to seize the opportunities provided by the implementation of system-innovating health projects in the Human Resources Development Operational Programme 2014-2020. Research initiated and lead technological projects can be assisted by experiences in user-centred design to help define real patient and care provider's needs. Robotics and automatization (as possible main RDI fields in healthcare, incl. home care) are essential to help create specific content of the service.

The selected GPs offer replicable elements and methods for involvement of end-users and informal and formal carers to design, develop and implement new technologies for 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 - CarerSupport (RO):

The specific GP was chosen for the following reasons:

- Because it is a practice that fits the measures defined in the Regional Plan for Active Aging (PREA) 2016-2019 and with the possibility of transferability
- Promotes the acquisition of knowledge and skills to informal caregivers
- Concentration of various services, information;
- Advise and validate attitudes

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

- Dispersion of information;
- Difficulties in the protection of personal data;
- Difficulty / confusion in the use of technology;
- Misinterpretation of information;
- Contents should be translated into Portuguese;
- Informal caregivers with little computer literacy;
- Include the need for a diagnostic evaluation of the population (by segments);
- The non-existence, still, of dynamics of involvement and work in network, of sustained form.

Scenario 2 - Webnurse (HU):

The second GP was chosen for the following reasons:

- It meets a real need of caregivers and indirectly responds to various needs of people cared for, including chronic illness (self-management of the health project, basic human needs, mobilization, prevention of falls or ulcers ...);
- The caregiver feeling more supported decreases their levels of "caregiver overload", which contributes to improving their health, namely mental health. However, you can also have gains in physical health by adopting appropriate postures when providing care.

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

- If good practice does not fit our informal caregivers, it is important to validate and adapt culturally to our reality. Do not forget that our caregivers, as well as the Portuguese general population (60%) have a limited health literacy, namely e-Literacy for Health with limited access to the Internet;
- Complement with effective home service (sessions of health education practices in the context of the client);

- Complement with actions oriented to the informal caregiver (in order to reduce the caregiver's burden, promoting well-being and quality of life);
- Appropriate training package at the cognitive, literacy and self-efficacy level of the caregiver. That is, it does not offer a standard (static) training that is appropriate to the reality of each client, after assessing their needs and resources / capabilities, maintaining support over time, for example through teleconsultation.
- Contents should be translated into Portuguese;
- Informal caregivers with little computer literacy.

Romania

Scenario 1 – InTraMed-C2C (CZ)

Recommendation for possible improvements of policy instrument consists in (a) specific calls for Health and Home Care topic based on quadruple helix model and (b) indication of the quadruple helix model for the new projections of the OP in order to have useful and multi-stakeholders agreed project topics and consequently solutions. The entire R&I ecosystem is recommendable to be based on Quadruple helix when decision is made in the field of Health & HC innovative solutions and a platform with stakeholders' needs in HC, covered and uncovered by existing projects and/or topics under the the former or existing programmes supporting Health and HC.

InTraMed-C2C is an example of quadruple-helix cooperation in R&I focusing on general health segment but it could be used also to set up projects specifically in the HC using cooperation with informal care providers, their associations and hospitals. The transferring of this practice is interesting for Romania in terms of the QH functionality in providing solutions. A new project will be generated in order to transfer the methodology of QH for calls and projects in HC. To adjust the practice to Romania frames, a study visit is required in order to analyse the specificity and the plausibility of this transfer by adjusting and adapting the GP to Romania specificity.

Scenario 2 – AHA (PT)

The COP improvements will be attained by a good functioning when funding the really useful projects in which the representatives of QH work together and the results cover their needs simultaneously. AHA GP is an example of project targeting innovation and HC involving clearly actors from QH model. The topic is interesting to be supported by the OP in Romania. The transfer of this GP will bring to Romania the possibility to concentrate the interest of stakeholders for developing useful platforms for Health and HC for elderly. To understand the impact of this topic and see its results in Portugal (Madeira) in order to improve the OP in Romania, a study visit and a clear interaction with current users of the platform for augmented reality would bring the topic of this project among the topic funded by the current and next OP in Romania.

Scenario 3 – TeleRehabilitation (CY)

The COP improvements so that the funds are constructively used in projects assisting the medical rehabilitation of old patients with cardio threats could be obtained by transferring

this GP. Having already tested the platform in Cyprus the main obstacles are already known and could be avoided easier.

The transfer could take place by exchanging letters with expression of interest, a study visit, an analysis of legal and social features of Cyprus pilot and a test session of results.

4.3 SWOT Analysis per transferring scenario

Cyprus

Scenario 1 - GRACE (PT):

Strengths:

- This GP concerns a solution provided upon specific existing and identified needs highly situated in the priorities of the Ministry of Health.
- The project concerns a technology easy to transfer.

Weaknesses:

- Country's specific conditions in the legislation, user demands may result in complications in the new project's design.

Opportunities:

- The Cypriot MA of Structural Funds has shown high interest in supporting a new project under the selected PI for demonstrating how interregional exchange of experience could improve the national Policy Instruments.
- The utilization of such GPs could be easily adapted in the framework of the current reform of the Healthcare system in Cyprus,

Threats:

- The new project's impact will largely depend on the system's solutions and especially the support at government level, therefore the relevant ministry (Ministry of Health) should allocate yearly funds for its maintenance.

Slovenia

Scenario 1 - InTraMed-C2C (CZ):

Strengths:

- There was a large and diverse consortium working on a complex challenge. That corresponds quite well to the challenges of running national ecosystem in a small country. Lessons learned should match quite well to the experiences needed.

Weaknesses:

- GP is not establishing a national ecosystem but running a specific project, where vision, mission and strategy are completely different.

Opportunities:

- To set up an ecosystem on home care based on an experience of a big project can foster focus on collaboration and therefore goals can be reached faster.

Threats:

- Differences between countries, culture, habits and power of the stakeholders.

Bulgaria

Scenario 1 - InTraMed-C2C (CZ)

Strengths:

- A ready scenario and work plan that answer unmet needs in Bulgaria.
- A proven example on how to gather the knowledge for innovation available at clinics.
- Direct access of SMEs to research fields – the clinics, and to academic staff in clinics
- A model for Innovation transfer from users to SMEs.
- An original idea for how to use regional innovation workshops for co-creation of innovative solutions.
- A tested idea for how to pilot generation of new solutions.
- Cross-fertilization effect for quadruple-helix participants.

Weaknesses:

- Unsecured sustainability of developed database and innovation platform.
- Dependence on the active inclusion of clinical staff.
- The continuation of the activities will depend on a financial support of local or regional institutions or authorities.

Opportunities:

- Development of tools for access of SMEs to the innovation capability in clinics.
- Pilot generation of new products, processes and services for home care services.
- Development of medical innovation database.

Threats:

- Risk from a low motivation to start the ideas/ technology transfer process.
- Unwillingness from clinical staff to support a culture for finding innovative ideas.
- Insufficient motivation / integration of companies in the innovation transfer process resulting in low engagement to transferring identified needs to innovations.

Scenario 2 - GRACE (PT):

Strengths:

- A ready scenario and work plan that answer unmet needs in Bulgaria related to the use of IoT in home care services.
- A developed concept from scratch that has been tested in conditions similar to those in Bulgaria.
- A tested model for quadruple-helix cooperation for the development and implementation of an innovative IoT solution in home care services.

Weaknesses:

- Unclear timeframe for time-to-market realization.
- Very dynamic and unpredictable market for IoT solutions.
- As the project is privately funded the available information might not suit the requirements for private funding.

Opportunities:

- The project might serve as a model for other similar services related to home care.
- The project business plan may be used to plan eligible activities/costs for a specific procedure after the selected policy instrument in Bulgaria.

Threats:

- The GP realization might become too expensive and/or too time-consuming
- The transfer of the GRACE GP in Bulgaria might be embarrassed or complicated by the fact that the project has been funded by private entity not by public funds and thus some of the activities/costs might not been eligible within the selected policy instrument.

Lithuania

Scenario 1 - Elderly-friendly housing model (HU):

Strengths:

- This GP is rather easy transferable. As in Lithuania are functioning strong communities of elderly people, they have their media (newspapers), such improvement could be easily shared among their communities and get a lot of attention.

Weaknesses:

- As any improvement needs money, many elderly people could not thing as a priority to improve their life conditions. Besides most of them are used to traditional way of living (despite of its' inconvenience) and prefer to use traditional and sometimes not so safe or comfortable items in their daily lives as it is more psychologically secure.
- Innovation vouchers are created for SMEs in order encourage cooperation between business and research institutions and there is a risk not to get interested SMEs to solve problems of elderly people.

Opportunities:

- This GP creates opportunities to broaden possibilities for elderly people in many ways, to improve their daily life conditions and even commercialize.

Threats:

- Sometimes it is not clear how to improve something and the concept is not clear from the engineering point of view. If implemented improperly, there will be a lack of confidence in the continuity of the process. Therefore, another threat is that there will not be any SME that want to find suitable solutions through an innovation voucher for elderly people.

- Besides, money allocated for the innovations voucher sometimes could be too small to implement visible improvements, and to split the implementation of the decision into few parts not always could be allowed.

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 unmet needs and lack of quadruple helix cooperation;
- Limited experience in the field of commercialisation of RD results / products;
- Lack of research infrastructure, practices and special staff in home care;
- 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 unmet needs 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)
- PP6 (together with partners from CZ, SI and HU and other regions) joined a new consortium submitting a project proposal in the 3rd Call of Interreg Central Programme to prepare and partly implement transfer scenario 1;
- 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;
- Recently submitted project proposals have not been approved yet.

Madeira (Portugal)

Scenario 1 - CarerSupport (RO):

Strengths:

- It answers the real need of RAM;
- Cost of implementation is not important to be very high, especially if partnerships are established for content
- Going to the caregivers, which is a lack felt on the ground, in a context of increasing target population (population-nasa and other-needy).

Weaknesses:

- The impact may be relative;
- Typically informal caregivers do not have the time and the will with new technologies.
- The solution may also involve some investment in terms of training in this field
- The non-existence, still, of dynamics of involvement and work in network at a sustained manner.

Opportunities:

- Possibility of data base creation of informal caregivers that can disseminate their services allowing the access to the general population
- Possibility of certification in terms of caregivers training enhancing the efficiency and quality of developed services
- Bring together the informal caregivers enhancing their action context, their learning and their competences and skills

Threats:

- Contents may become obsolete quickly in terms of the emergence of new practices.
- Need to constant updating and creation of new content.
- Lack of sufficient financial resources.

Scenario 2 - Webnurse (HU):

Strengths:

- Responds to a real need of our caregivers;
- There is a favourable context for development with openness, commitment and interest from representatives of different sectors of society;
- Highly differentiated health professionals in RAM (e.g., community health nurses, child health, maternal and obstetric health, mental and psychiatric health, rehabilitation and surgical doctor) and with a high level of experience in home-based care. Of the 120,395 home visits made by health professionals from the different health centres of the RAM in 2015, 115,419 were nursing consultations (DREM, 2017).

- Responds to the real need of RAM;
- Reduced Cost of implementation

Weaknesses:

- Implies to have computer skills;
- Users need to have digital skills;
- It needs to have internet access;
- There may be a large part, or even most of the end users conditioned on access to the service.
- It involves the involvement of several partners and professionals, which could translate into a project of difficult and long implementation;
- High indirect costs.

Opportunities:

- To develop research in the validation and cultural adaptation of good practice to RAM reality;
- Develop research / produce knowledge on indicators such as quality of life, well-being, caregiver overload, self-care and self-efficacy (before and after implementation of good practice), validating the impact of good practice on caregiver / caregiver health gains;
- Promote equity in access to health care, particularly in rural populations;
- Contribute to the National Program of Education for Health, Literacy and Self-Care (MS, 2016)
- Placing on the political agenda the discussion on the valuation of positive health indicators (EC, 2014) to the detriment of the classic indicators of morbidity, mortality and healthcare activity (number of hospitals, number of health centres, number of pharmacies, number of surgeries ... [DREM, 2017]), which although important, do not reflect the effectiveness, safety and satisfaction of clients, and ultimately the quality of services provided (EC, 2014);
- To place in the political agenda the discussion about the valuation of the different professionals of the health system and its contribution to the health gains to the detriment of the classic and obsolete biomedical model (EC, 2014);
- Placing on the political agenda the discussion on the necessary paradigm shift of the national health system (sistema regional de saúde) and consequent change in financial flows (acts by other non-medical practitioners, as well as highly differentiated professionals, should have the same opportunity for funding, namely subsidies and / or public private partnerships).

Threats:

- Low levels of literacy for the health of caregivers;
- Level of computer skills and internet access (e-literacy) of large adults / elderly caregivers;
- Financial flows of the NHS and SRS highly addicted to the biomedical paradigm (in 2015, 58.4% of the health expenditure was carried out by the hospitals [CNS, 2017]);

- Limited political views on the importance of preventive care, such as home care (underfunding of preventive care, ie 1.1% of current NHS and SRS expenditure in 2015; underfunding of home care, or 0.3% of current expenditure of the NHS and SRS in 2015 [CNS, 2017]);
- Non-adherence by the main target groups that would benefit from this type of content and training;
- Possible points of conflict between professionals for disagreeing with suggested practices.

Romania

Scenario 1 – InTraMed - C2C (CZ)

Strengths:

- The successful cross-fertilization framework of the InTraMed project in Czech Republic based on workshops with QH representatives could be applied to Romania when establishing innovative projects or topics in the field of Health and HC

Weaknesses:

- The sustainability of the innovation platform and data bases is not sufficiently financially independent so that the continuity be ensured by a continuous access of the QH representatives

Opportunities:

- The R&D&I strategy in Romania as well as the smart specialisations

Threats:

- A lack of motivation of QH representatives if formalities and bureaucracy in adopting the GP are extremely extensive.
- A limited access to test the functionality of the project results

Scenario 2 – AHA (PT)

Strengths:

- The innovative solution proposed by the project and its successful deployment at the level of 2018

Weaknesses:

- The long duration of the formalities in order to have access to results and make tests with the platform.

Opportunities:

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

Threats:

- The lack of a clear legal framework for GP transfer or a very costly access to results

Scenario 3 – TeleRehabilitation (CY)

Strengths:

- The QH model implemented for an innovative solution for rehabilitation

Weaknesses:

- The long duration of the local formalities in order to have access to results and make tests with the platform.

Opportunities:

- The preparation of the new calls under COP, the next COP.
- The existence of similar platform but with a narrow range of functionalities

Threats:

- The lack of interest of authorities in adapting and updating the legal frames in Health & HC due to a very costly access to the existent infrastructure.

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