Welcome

Webinar about the first THCS call: ‘Healthcare of the Future’
Agenda

- More about the THCS Partnership
  Federico Bastarolo - THCS Coordinating team

- A showcase example
  Dr. Marielle Krekels & Ken Peeters

- Explanation of the Call text
  Michael Joulie - THCS call secretariat team

- Call procedures and criteria
  Rik Wisselink - THCS call secretariat team

- Explanation on partner search tool
  Marcin Chmielewski - THCS call secretariat team
The Transforming Health and Care Systems Partnership

Federico Bastarolo
THCS Partnership Coordinating Team

16 of March 2023

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.
The THCS Partnership

THCS started in January 2023 and will last 7 years

63 partners are members of the THCS Consortium:
- 56 beneficiaries and 7 affiliated entities

THCS is coordinated by IT MOH in cooperation with other National entities

26 countries are involved: 23 Member States + 3 HE Associated Countries, together with 3 non-EU Countries, Switzerland, UK and the United States

The total budget allocated for THCS is 305.248.586,63 €
- co founded at 30 % by the EC

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.
Background
THCS Vision and Objectives

- Increase funding opportunities and strengthen the research and innovation community
- Fill the knowledge gap
- Increase the ability to implement innovation
- Intensify cooperation among countries and beyond healthcare
- Increase stakeholders’ involvement

High-quality, fairly accessible, sustainable, efficient, resilient and inclusive health and care systems for all
THCS Expected outcomes

Stronger local and regional ecosystems

Researchers engaged in collaborative research at international level

H&C authorities and policy makers use research results in decision making

Better cooperation among Countries in this R&I field

H&C authorities, policymakers plan and carry out efficient investments

H&C providers and professionals implement innovative solution

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.
THCS Approach

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

Three main workstreams

1. Fill the knowledge gaps
2. Implementation and Transfer
3. Boosting Health and care systems

Problem and priorities definition

Learn from practices

People-centred health and care systems

Implementation and Transfer

Boost health systems
Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

Thematic Priorities and Building Blocks

More efficient, sustainable, resilient, inclusive, innovative and high quality people-centred health and care systems.

- Optimisation of care and integration of services: Hospital of the future
- H&C systems financing: funding models, payment mechanisms, fiscal sustainability
- Accessibility and inequalities
- Appropriate use of technologies
- People empowerment and self-management
- Integration of prevention strategies
- Health and care systems preparation to emerging threats

Ethical and legal framework

- Workforce role
- Health and user involvement
- Digitalisation of health and care
- Measuring quality and safety, common standards
- Efficiency and sustainability of innovations

Availability of data, access to data, and responsible use of data

- Hospitals
- Community Care
- Public Health
Communication and Dissemination

Web site: https://www.thcspartnership.eu/
https://twitter.com/THCS_HEU
https://www.linkedin.com/in/thcs/

E-Newsletters
Press releases
Publication in open access
Conferences
Webinars
Thanks for your attention!

info@thcspartnership.eu
E-consultation between general practitioners and hospital specialists.

Dr. Mariëlle Krekels, MD, PhD.
*Internist-nephrologist*

Ken Peeters.
*Researcher*
*Department of Family Medicine*
E-consultation: why and when?

- Unnecessary hospital visits.
- High healthcare costs in hospital.
- Improve access to hospital care.

2016 - Zuyderland Medical Centre
Implemented for internal medicine.

South-Limburg: aging population, chronic illnesses, multi-morbidity.
GP discusses possibility of e-consult with patient and sends e-consult.

Specialist reviews e-consult and gives (referral) advice (or requests additional information).

Or patient is referred to the hospital specialist.

GP follows-up with patient.
Example: pulmonology, man, 64 y/o

General practitioner

‘See documentation cardiologist; there is a node of 4 mm in the left upper lobe. Should this be seen by you, or is further investigation needed? Smoking ++’

Would you have referred the patient if e-consultation was not available? Yes

Pulmonologist

‘Node has a very small chance to develop into a clinically active malignancy due to the size. A CT scan after 1 year is recommended and advised by the Lung-RADS.’

Patient referred? No
Timeline

- 2016: First implementation at internal medicine
- 2018: First study (internal medicine)
- 2020: Cardiology, neurology and pulmonology followed
- 2020: Implemented at all departments
- 2021: Full research project started
Implementation

- How did we implement the e-consultation?
- What obstacles did we encounter?
- In which way did the e-consultation contribute to substitution of health care?
Some numbers

12,000
Total number of e-consultations requested so far.

86
Average number of e-consultations requested by a general practitioner since 2016.

18
Number of departments that implemented the e-consultation.
Research

File analysis

- Observational retrospective study.
- Six departments.
- Excluded patients already under treatment by specialist.

Interviews

- Semi-structured interviews.
- 15 GPs.
- 17 specialists.
- 10 patients.
- Thematic analysis.
**Substitution of care?**

<table>
<thead>
<tr>
<th>General practitioner intended to refer?</th>
<th>Hospital visit within 6 months after e-consultation?</th>
<th>Total; n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>69 (22,0%)</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>25 (13,3%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>94</td>
</tr>
</tbody>
</table>

Substitution percentage = \( \frac{\text{referrals avoided} - \text{extra referrals}}{\text{intended referrals}} \times 100\% 

\( \frac{244 - 25}{313} \times 100\% = 70,0\% \)
Hospital referrals

E-consultation

Nationwide

Zuyderland MC
What do the physicians think?
Access to care

General practitioners

- Easier access to specialist.
- Happy to keep patient in GP care.

Hospital specialists

- Easier access to specialist.
- Avoidance of unnecessary referrals.
Educational value

General practitioners
Knowledge exchange.

Hospital specialists
Knowledge exchange.
Efficiency of care

General practitioners
Mixed opinions about effect on workload.

Hospital specialists
Better prepared for face-to-face visit.
No effect on workload.
What about the patient?

Practical benefits: cost and time saving, staying in GP care.

Not actively involved in the process and does not wish to be.

Dependent on their personal preference about a referral, their relationship with their GP, and the severity of their medical complaint.
What is next?

Surgical departments.

Cost-effectiveness analysis.

Project: digital interdisciplinary consultation in Dutch Primary care.
Thank you. Questions?

Ken Peeters  
Researcher  
Department of Family Medicine  
k.peeters@maastrichtuniversity.nl

Dr. Mariëlle Krekels, MD, PhD  
Internist-nephrologist  
Zuyderland Medical Centre  
m.krekels@zuyderland.nl

Prof. dr. Jochen Cals  
Professor effective diagnostics  
Department of Family Medicine  
j.cals@maastrichtuniversity.nl
Healthcare of the Future
THCS Transnational Call for projects 2023

Michael Joulie
THCS Call Secretariat
Agence Nationale de la Recherche, France
Horizon Europe

Better use R&I resources and solve common challenges more effectively

- The EC covers the management costs to run calls for projects
- Each partner (funding organisation) funds research carried out in their own country for selected projects
- The EC co-finances proposals
Horizon Europe

• Access to resources insufficiently available at regional/national level
e.g. cohorts, data

• Cross-border public health challenges
e.g. infectious diseases, pandemic alerts, AMR, One Health

• Boost technological and digital developments
e.g. Data use & sharing

• Healthcare systems harmonisation

• Funding leverage on a specific domain

• Encourage regional/national communities to Horizon Europe Pillars
Healthcare of the Future
THCS Transnational Call for projects 2023

Call Secretariat
Netherlands: Rik Wisselink thcs@zonmw.nl
Poland: Marcin Chmielewski Marcin.Chmielewski@ncbr.gov.pl and Mateusz Skutnik mateusz.skutnik@ncbr.gov.pl
France: Michael Joulie and Maria Tsilioni thcs@anr.fr
Participating countries

23 countries*
Austria, Belgium, Denmark, Estonia, Finland, France, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Scotland/UK, Slovenia, Spain, Sweden, Switzerland

36 funding organisations*

Funding research and innovation agencies
Ministries of Health
Ministries of Research
Regions

Co-funding by the European Commission

Budget approx. 35 millions euros*

Each funding organisation funds projects carried out in their own country

*To be confirmed
## Health and Care System Challenges

<table>
<thead>
<tr>
<th>Ageing population</th>
<th>Health promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease management</td>
<td>Health prevention</td>
</tr>
<tr>
<td>Health and care expenditure</td>
<td>Early diagnosis</td>
</tr>
<tr>
<td>Workforce shortage</td>
<td>Better care pathways</td>
</tr>
<tr>
<td>Pressure on health and care systems</td>
<td>Education &amp; training – Skills developments</td>
</tr>
<tr>
<td>Financial constraints</td>
<td>Digital and technological innovations</td>
</tr>
<tr>
<td>Health inequalities</td>
<td>Healthcare organisational models</td>
</tr>
<tr>
<td>Healthcare access</td>
<td>New financing models</td>
</tr>
<tr>
<td>Patients and citizen preferences</td>
<td>Continuity of care</td>
</tr>
<tr>
<td></td>
<td>Integrated care</td>
</tr>
<tr>
<td></td>
<td>Distributed health and care systems</td>
</tr>
<tr>
<td></td>
<td>Patients and citizen engagement</td>
</tr>
</tbody>
</table>

For more information: [THCS Strategic Research and Innovation Agenda](#)
Relieve the pressure on health and care facilities

The call addresses the challenge presented by the increasing number of patients admitted in hospitals or other healthcare facilities and the need to ensure they are treated in the appropriate setting according to their respective medical condition in a healthcare continuum that makes the best use of resources and deliver better patient satisfaction.

- Optimising the complementarity of inpatient and outpatient care
- Developing people-centred care
- Improving continuity of care and integrated care
- Implementing digital and technological solutions

Fill knowledge gaps  Support implementation  Economic and social impacts  Translation into policies
Healthcare of the Future: Aims

How to optimise and better organise health and care systems?

**Aim 1: Fill the knowledge gaps**

Development of solutions addressing challenges faced by health and care systems regarding one or several health and care system dimensions: Quality, Safety, Equity, Efficiency, Effectiveness, Accessibility, Sustainability, Economy, Ethics, Resilience

**Aim 2: Accelerate the pace of implementation of innovative solutions on a larger scale**

Support adoption and transferability of evidence-based and successful practices
Healthcare of the Future: Potential R&I Activities

- Develop people-centred solutions and/or models supporting structural changes and care delivery such as organisational models, management approaches and interventions
- Develop quality measures and methodologies monitoring the delivery of care in the most effective and efficient health and care setting
- Development and/or testing of implementation strategies improving the integration of services across different levels of the healthcare system (e.g., primary care, hospital care, community-based care)
- Testing and adaptation of interventions (a broad spectrum from public health to disease management) and integrated people-centred health and care models
- Digital and technological developments, adaptation, testing or integration for digital health services or digital health literacy for healthcare workforce or patients and citizen
- Redistribution or shifting of tasks and better planning for the health and care workforce
- Increasing access to knowledge and decision-support tools for regional and local healthcare management
- Strengthening the role of health promotion and prevention in care pathways
- Tools and practices improving patients and citizen engagement
Healthcare of the Future

Proposals will be rejected if they:

a) have a predominantly pre-clinical /bio-medical component.

b) are purely epidemiological studies mapping the extent of and causal factors behind illnesses, without a focus on solutions, models or implementation in the health and care systems.

c) solely concern social /welfare services and do not address issues in the health and care services.

d) they solely concern development of new technological solutions, without a focus on integration of the solutions, models or implementation in the health and care systems.
Healthcare of the Future: Expected Outcomes

- Citizens and patients are better informed and engaged and have access to more distributed, community-based health and care facilities that better support their needs. This will include new/adapted sustainable concepts of care, prevention models, personalised approaches in prevention and care on different intervention areas (e.g., NCDs and CDs, cancer) to be translated in different contexts.

- Primary care and community-based health and care services are better equipped with integrated and cost-effective intervention tools to help prevent, monitor and manage age-related diseases, conditions and disabilities, while promoting healthy lifestyles.

- Health and care providers and professionals are engaged and have access to validated customised and adopted solutions for health and care delivery supporting continuity of care and integration of the different settings.

- Health and care authorities and policy makers and other stakeholders involved in the decision-making processes have access to evidence-based and successful strategies and learn from good practices supporting the transformation towards people-centred services and the optimisation the delivery of health and care services across different settings.
THANK YOU

Contact: Call Secretariat

- **Netherlands**: Rik Wisselink [thcs@zonmw.nl](mailto:thcs@zonmw.nl)
- **Poland**: Marcin Chmielewski [Marcin.Chmielewski@ncbr.gov.pl](mailto:Marcin.Chmielewski@ncbr.gov.pl) and Mateusz Skutnik [mateusz.skutnik@ncbr.gov.pl](mailto:mateusz.skutnik@ncbr.gov.pl)
- **France**: Michael Joulie and Maria Tsilioni [thcs@anr.fr](mailto:thcs@anr.fr)
Call procedures and criteria

• One stage call
• Project duration 12 to 36 months
• Consortia must submit an Intent to Apply to be eligible
• A proposal can be rejected if one of partners appears to be non eligible
• Additional documentation might be required nationally/regionally
Call procedures and criteria

Composition of a consortium

- 3 to 9 partners
- From at least three different participating countries
- Max. 3 partners per country
- Max. 2 self funded partners in a consortium
- The same applicant may only be project coordinator of ONE project proposal submitted to this call
- Check the national or regional eligibility criteria with right funding agency
Call procedures and criteria

Evaluation criteria

• Excellence - relevance and the need for your project

• Impact – show how project output makes a difference and to whom

• Implementation – show how the execution of the project is managed
Call procedures and criteria

Timeline

23 May - Deadline Intent to Apply

13 June - Deadline submitting project proposal

29 aug – 6 sept – Rebuttal stage

October – Results expected

December 2023 – May 2024 - Expected project start
Questions
THCS Webinar
March 16th 2023

Partner Search Tool
https://partfinder.ncbr.gov.pl
Looking for: Partner
Partner name: Leztek
Partner type: Other
Status: Published

Looking for: Partner
Partner name: R&D Organisation, SME’s, Labs
Partner type: Other
Status: Published

Looking for: Project
Partner name: ASM - Market Research and Analysis Centre
Partner type: Enterprise
Status: Published

Looking for: Partner
Partner name: AD
Partner type: Other
Status: Published
**Looking for:** Partner  
**Partner name:** Leszek  
**Partner type:** Other  
**Status:** Published  
**Description:** The manufacturer of self-service machines for the exchange of coins for banknotes is looking for an international partner to whom...

**Published:** 02-28-2023

---

**Looking for:** Partner  
**Partner name:** R&D Organisation, SME's, Labs  
**Partner type:** Other  
**Status:** Published  
**Description:** Generally, we are focused on genetic and molecular diagnostics, but our experience includes also telemedicine, med-tech, and...

**Published:** 02-28-2023

---

**Looking for:** Project  
**Partner name:** ASM - Market Research and Analysis Centre  
**Partner type:** Enterprise  
**Status:** Published  
**Description:** Neuromarketing research, co-design, socio-economic analysis

**Published:** 02-21-2023

---

**Looking for:** Partner  
**Partner name:** AD  
**Partner type:** Other  
**Status:** Published  
**Description:** I'm innovator and business analyst around wide market with experience as project manager/owner, executive with...

**Published:** 02-19-2023
<table>
<thead>
<tr>
<th><strong>Project title</strong></th>
<th>Welcome to PartFinder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partner type</strong></td>
<td>Other</td>
</tr>
<tr>
<td><strong>Classification areas</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Programme / Call name</strong></td>
<td>Not specified</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>Published</td>
</tr>
<tr>
<td><strong>Number of observations</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Type of collaboration</strong></td>
<td>Partner</td>
</tr>
<tr>
<td><strong>Partner name</strong></td>
<td>Exemplary Entity</td>
</tr>
<tr>
<td><strong>Announcing country</strong></td>
<td>Poland</td>
</tr>
<tr>
<td><strong>Project/work description</strong></td>
<td>Exemplary achievements</td>
</tr>
<tr>
<td><strong>Achievements description</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Keywords</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Countries searched</strong></td>
<td>Poland</td>
</tr>
</tbody>
</table>
CONTACT DETAILS

• Marcin Chmielewski (NCBR) marcin.chmielewski@ncbr.gov.pl
• Mateusz Skutnik (NCBR) mateusz.skutnik@ncbr.gov.pl