

Interreg

CENTRAL EUROPE



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CE0100013

Health Labs4Value

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A - Project identification

A.1 Project identification

Project ID (automatically created)	CE0100013
Name of the lead partner organisation	KDRIÜ Közép-dunántúli Regionális Innovációs Ügynökség Nonprofit Kft.
Name of the lead partner organisation (in English language)	Central Transdanubian Regional Innovation Agency Nonprofit Ltd.
Project title	Establishment of sustainable structures for the deployment of innovations, transfer of technologies, and knowledge in health care systems in CE based on OI 2.0 principles.
Project acronym	Health Labs4Value
Programme priority	Cooperating for a smarter central Europe
Programme priority specific objective	SO1.1: Strengthening innovation capacities in central Europe
Project duration (nr. of months)	36

A.2 Project summary

Please give a short overview of the project and describe:

- the common challenge of the programme area your project is tackling;
- the overall project objective and the expected change your project will make to the current situation;
- what is innovative about your project;
- the main outputs and results your project will develop and who will benefit from them;
- the implementation approach you plan to take and why transnational cooperation is needed.

The aging population with an increase of chronic diseases is causing an excessive load on health care systems in CE. The health care systems cannot be blown up endlessly to meet growing needs /demand. The ass. challenge is alarming data on inappropriate care, limited and wasted resources as described in the OECD report on "Wasteful Spending in Health" (2017) and the Expert panel organized by the EC on 26th June 2019.

6 Knowledge PPs and 5 Health care organizations supported by National Health Policy bodies from Austria, Germany, Czech Republic, Hungary, Poland, and Slovenia come together to deliver a solution. Other stakeholders along the health care value chain (suppliers of new solutions: SMEs and start-ups and patients/end-users) will be engaged and benefit from the project. To deliver the change, a common understanding of all health ecosystem actors and a joint approach is necessary.

The solution is consisting of the efficient transfer of newly co-created and value/patient-oriented technologies and innovative solutions into health care organizations as it is successfully implemented in the USA, Netherland, Northern Europe, and the UK. As a vehicle of efficient uptake, the Living Lab will be established by 5 healthcare ecosystems contributing to RIS3 goals in the territory. The baseline for change is two jointly developed materials: Living Lab Methodology and Value-based System and mostly 5 new technical solutions that will be developed thanks to the Pilot experience in every piloting territory. The advanced tools of OI 2.0 will be used within the development process. The adopted knowledge and practical experience will boost the mutual and beneficial cooperation of all the above-mentioned health ecosystem actors along the value chain. To sustain, the 5 territorial Living Labs will jointly create a Trans. Network to share the knowledge and set up a long-term coop. beyond the project. The project knowledge and principles (living labs and value/patient-based health care) will be anchored in joint Transnational Strategy and territorial Action plans.

A.3 Project partner overview

Associated partner number	Status	Name of the organisation in English	Partner role in the project	Country (NUTS 0)	Partner total eligible budget
1	Active	Central Transdanubian Regional Innovation Agency Nonprofit Ltd.	LP	Magyarország (HU)	318,150.00
2	Active	TritonLife Magánkórházak Zrt.	PP	Magyarország (HU)	137,200.00
3	Active	Chamber of Commerce and Industry of Slovenia	PP	Slovenija (SI)	226,800.00
4	Active	General Hospital Jesenice	PP	Slovenija (SI)	148,400.00
5	Active	Carus Consilium Sachsen GmbH	PP	Deutschland (DE)	238,000.00
6	Active	Dresden University Hospital	PP	Deutschland (DE)	193,200.00
7	Active	Medical University of Lodz	PP	Polska (PL)	226,800.00
8	Active	Central Teaching Hospital of the Medical University of Lodz	PP	Polska (PL)	138,600.00
9	Active	Centre for Social Innovation	PP	Österreich (AT)	189,000.00
10	Active	Regional Hospital Liberec	PP	Česko (CZ)	148,400.00
11	Active	DEX Innovation Centre	PP	Česko (CZ)	228,200.00

A.4 Project budget overview

Programme funding			Contribution					Total eligible budget
Funding source	Funding amount	Co-financing rate (%)	Automatic public contribution	Public contribution	Total public contribution	Private contribution	Total partner contribution	
ERDF	1,754,200.00	80.00 %	68,302.50	241,500.00	309,802.50	128,747.50	438,550.00	2,192,750.00
Total EU funds	1,754,200.00	80.00 %	68,302.50	241,500.00	309,802.50	128,747.50	438,550.00	2,192,750.00
Total eligible budget	1,754,200.00	80.00 %	68,302.50	241,500.00	309,802.50	128,747.50	438,550.00	2,192,750.00

A.5 Project outputs and result overview

Programme output indicator	Aggregated value per Programme output indicator	Measurement unit	Output number	Output title	Output target value	Programme result indicator	Baseline	Result indicator target value	Measurement unit
Strategies and action plans jointly developed	6.00	strategy /action plan	Output 2.2	Transnational Strategy for Network of Health Labs4Value 2035	1.00	Joint strategies and action plans taken up by organisations	0.00	6.00	joint strategy /action plan
			Output 2.3	Jointly developed Final territorial Action plans of territorial Health Labs4Value	5.00				
Organisations cooperating across borders	18.00	organisations	Output 2.1	Transnational cooperation of HCOs, KPs, and policymakers from 5 CE healthcare ecosystems when developing joint solutions upscaled by pilots and setting the sustainable structures for innovations.	18.00	Organisations cooperating across borders after project completion	0.00	18.00	organisations
Jointly developed solutions	5.00	solutions	Output 1.1	5 new technical Solutions based on Pilot experience	5.00	Solutions taken up or up-scaled by organisations	0.00	5.00	solutions

Programme output indicator	Aggregated value per Programme output indicator	Measurement unit	Output number	Output title	Output target value	Programme result indicator	Baseline	Result indicator target value	Measurement unit
Pilot actions developed jointly and implemented in projects	5.00	pilot actions	Output 3.1	Pilots implementing the value-based health care system delivery by set-up territorial Living Labs (5)	5.00				

B - Project partners

B.0 Partners overview

Associated partner number	Status	Name of the organisation in English	Country (NUTS 0)	Abbreviated name of organisation	Partner role in the project	B.2 Associated partners	Partner total eligible budget
1	Active	Central Transdanubian Regional Innovation Agency Nonprofit Ltd.	Magyarország (HU)	CTRIA	LP	Civil Centrum Közhasznú Alapítvány Országos Kórházi Főigazgatóság	318,150.00
2	Active	TritonLife Magánkórházak Zrt.	Magyarország (HU)	TritonLife	PP		137,200.00
3	Active	Chamber of Commerce and Industry of Slovenia	Slovenija (SI)	CCIS	PP	Zavod za zdravstveno zavarovanje Slovenije	226,800.00
4	Active	General Hospital Jesenice	Slovenija (SI)	SBJ	PP		148,400.00
5	Active	Carus Consilium Sachsen GmbH	Deutschland (DE)	CCS	PP		238,000.00
6	Active	Dresden University Hospital	Deutschland (DE)	UKD	PP	Sächsisches Staatsministerium für Regionalentwicklung Krankenhausgesellschaft Sachsen e.V.	193,200.00
7	Active	Medical University of Lodz	Polska (PL)	MUL	PP		226,800.00
8	Active	Central Teaching Hospital of the Medical University of Lodz	Polska (PL)	CSK UM	PP		138,600.00

Associated partner number	Status	Name of the organisation in English	Country (NUTS 0)	Abbreviated name of organisation	Partner role in the project	B.2 Associated partners	Partner total eligible budget
						Florencja - Fundacja Na Rzecz Upowszechniania Cyfryzacji i Rozwoju Standardów Opieki	
9	Active	Centre for Social Innovation	Österreich (AT)	ZSI	PP		189,000.00
10	Active	Regional Hospital Liberec	Česko (CZ)	KNL	PP		148,400.00
11	Active	DEX Innovation Centre	Česko (CZ)	DEX IC	PP	Ministerstvo zdravotnictví české republiky	228,200.00

B.1 Project partner 1

B.1.1 Partner Identity	
Partner number	1
Partner role	LP
Name of the organisation in original language	KDRIÜ Közép-dunántúli Regionális Innovációs Ügynökség Nonprofit Kft.
Name of the organisation in English	Central Transdanubian Regional Innovation Agency Nonprofit Ltd.
Abbreviated name of organisation	CTRIA
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Magyarország (HU)
Region (NUTS 2)	Közép-Dunántúl (HU21)
NUTS 3	Fejér (HU211)
Street, House number, Postal code, City	Seregélyesi út 113 8000 Székesfehérvár
Homepage	www.kdriu.hu
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Business support organisation
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	N.82.9
Co-financing rate (%)	80
VAT number (if applicable)	HU14198418

B.1.3 Legal and financial information	
Other identifier number (if VAT number is not available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	983728314
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Dr. Ákos Szépvölgyi
B.1.5 Contact person	
Contact person	Mr. István Hegedűs
Email	istvan.hegedus@kdriu.hu
Telephone	+36703426720
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>CTRIA is a regional innovation agency, member of a nationwide network established by the government with the involvement of 5 public & semi-public partners in the region. It establishes & provides services via the establishment & operation of a strong cooperation network with regional innovators, other service providers, universities, and the business sector, as well as the general community through national & international partnerships. CTRIA manages several projects in the field of e.g. innovation practices, innovation management, knowledge transfer, development & innovation services, innovative product development on e-health, and green economy to anchor national and international knowledge and innovation in the region.</p> <p>Thematic experience:</p> <ul style="list-style-type: none"> - Services for special community groups (research and knowledge institutions, start-up communities, public authorities) - International and regional network development, regional cluster management (CTRIA is really strong in international and regional networks management and development having access to many public authorities) - Project development & management skills and expertise to successfully lead an international project - Strong interest in healthcare development solutions (product and service as well as ecosystem development) - Wide range of experience in quadruple helix-based networks & development initiatives, following open innovation approach. <p>CTRIA normally does not perform economic activities on the market.</p>	

B.1.6 Partner motivation, expertise and contribution

What is the role and involvement (contribution and main activities) of your organisation in the project?

CTRIA as the lead partner will be in charge of:

1. Overall coordination of the project - management: coordination of monthly calls (Zoom platform) and 6 physical Project Meetings and Steering Committee Meetings.
2. The leadership of WP T2 - establishment of sustainable structures, transnational Network, and territorial Health Labs4Value since CTRIA has a high experience and expertise in strategic development including action planning and advanced co-creation.
3. Implementation of all thematic activities WP T1, WP T2, and WP T3 on the territorial level - as the Knowledge PP, CTRIA will facilitate the implementation on territorial level (focus groups, open innovation camp, other meetings following co-creation methodology) and support Health Care organization/Hospital strongly during establishment the territorial Living Labs and during the pilot.
4. Communication activities on territorial level connected to WP T1, WP T2, and WP T3.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

CTRIA has wide experience as LP in international project implementation. On the Interreg side, PPI2Innovate and HoCare2.0 have been/being led by CTRIA, complemented by EW4RD, GREENtrepreneur, and Re-Connect in Erasmus+. All listed projects have thematic connections to Health Lab4values.

From the capacity side, CTRIA has the necessary professional, human resource, and financial capacities to successfully lead the project. Our employees have the needed skills and capacities to implement all administrative and content-related activities dedicated to LP. In addition, sound and professional project management will be supported by external experts and experienced partners of the consortium.

From a technical perspective, the necessary processes for proper workflow and management are given, including software-supported online project management.

B.1.7 Budget

Partner budget options	Percentage
Office and administration flat rate based on direct staff costs	15%
Travel and accommodation flat rate	8%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing			
Source		Amount	Percentage
ERDF		254,520.00	80.00 %
Partner contribution		63,630.00	20.00 %
Partner total eligible budget		318,150.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
CTRIA	Public	0.00	0.00 %
HU Ministry of Finance	Automatic Public	47,722.50	15.00 %
CTRIA will cover 5% of co-financing parts from their own sources	Private	15,907.50	5.00 %
Contribution			
Sub-total public contribution		0.00	0.00 %
Sub-total automatic public contribution		47,722.50	15.00 %
Total		15,907.50	5.00 %
Total eligible budget		63,630.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?	No		
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?	No		
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it	No		

B. Does the partner and/or any third party receive a selective advantage within the project?	
would not have received in the normal course of business, i.e. in the absence of funding granted through the project?	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	No
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 2

B.1.1 Partner Identity	
Partner number	2
Partner role	PP
Name of the organisation in original language	TritonLife Clinics Plc.
Name of the organisation in English	TritonLife Magánkórházak Zrt.
Abbreviated name of organisation	TritonLife
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Magyarország (HU)
Region (NUTS 2)	Budapest (HU11)
NUTS 3	Budapest (HU110)
Street, House number, Postal code, City	Lehel u. 59. C ep. H-1135 Budapest
Homepage	https://tritonlife.hu/
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Private
Sector of activity at NACE group level	Q.86.1
Co-financing rate (%)	80
VAT number (if applicable)	HU23458363
Other identifier number (if VAT number is not	

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Mr. Gergely Lajos Fabian
B.1.5 Contact person	
Contact person	Mr. Peter Baan
Email	baan.peter@tritonlife.hu
Telephone	+36-20-922-8888
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>TritonLife Group is the fastest growing, and the leading player in the transitioning Hungarian private healthcare sector, with a very strong focus on satisfying patients, while keeping medical staff happy and motivated. Their ultimate goal is to build a fully integrated, country-wide in-, and outpatient care system of at least 12 private hospitals and OP clinics, covering Budapest and the major subregions. TritonLife team's primary objective is to achieve fast growth by combining carefully-planned and executed M&A strategy, organic growth of existing businesses, and new investments in the regions.</p> <p>TritonLife is aiming to contribute to maturing and developing the Hungarian private healthcare market, ultimately keeping our clients healthy, or restoring the health of those who trust them, and turning to them for help, while keeping professionals in the country, and/or bringing them home by offering attractive working environment and conditions.</p> <p>Beyond all the above, it is important for TritonLife to maximize the efficiency and profitability of our member companies, building on synergies provided by the scale of the group.</p> <p>TritonLife has more than 200'000+ medical interventions, and more than 1500 babies born in their system in a year, combined with the already 10 bn HUF annual revenues, give them the trust that we can achieve our goals.</p>	
What is the role and involvement (contribution and main activities) of your organisation in the project?	
<p>TritonLife, PP2, is engaged in the Health Labs4Value project in a role of "Healthcare organization", providing the health care services to end-users/patients and providing the internal resources for the Health Labs4Value project, i.e. staff – medical and non-medical, access to patients with chronic</p>	

B.1.6 Partner motivation, expertise and contribution

disease and their family members, internal processes and the real-life environment of health care provider. TrionLife will join all the monthly virtual calls and project and steering committee meetings. TrionLife will learn new approaches (living lab and value-based health care service delivery) and contribute actively with inputs (specific expertise, practical experience from day-to-day operation and from providing the health care services to the patients with chronic diseases) to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1).

TrionLife will initiate and negotiate the establishment of the territorial living lab and draft the territorial action plan. At the same time, TrionLife will contribute to the joint development process of the Transnational Network of territorial Living Labs as well as to the creation of a joint Transnational Strategy of the Network itself (WP T2).

During the whole project, TrionLife will meet the territorial Core Group members to define the challenges and meet the strategies and goals of the project. TrionLife will implement the pilot action at its own premises and with its own resources (staff: medical, non-medical, equipment, and real-life environment of health care provider). As a part of pilot Triton aims to optimize the processes of in- and outpatient care, within those the medical check-up; pre- and post-operative processes by automating case management and innovative, digital systems. During these processes the medical profession, administration, case managers and finance depends on each other, therefore the system that supports them must be complex and flexible. Aim is to simplify the preparation of the patients for surgery with the help of telemedicine and data driven healthcare service (by collecting and organizing health data from a wide variety of medical and other smart devices), bearing in mind the aspects of the patient safety. Aim is also to automate and digitalize the administration and financial processes during the pre-operative preparation, as well as the follow up of the patient's life path. First the system will be piloted in one specialty department. Based on the feedback, we would fine-tune it, and introduce to the rest of the departments. As a result, we expect simpler processes with less administration and extra time what we can devote to our patients, which results in a higher level of services. Thus, increasing the satisfaction of our patients, and the efficiency of the institution (WP T3).

TrionLife will also contribute actively to the communication activities coordinated and facilitated by the territorial Knowledge PP.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	109,760.00	80.00 %

B.1.8 Cofinancing			
Source		Amount	Percentage
Partner contribution		27,440.00	20.00 %
Partner total eligible budget		137,200.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
TritonLife	Private	6,860.00	5.00 %
HU state	Automatic Public	20,580.00	15.00 %
Contribution			
Sub-total public contribution		0.00	0.00 %
Sub-total automatic public contribution		20,580.00	15.00 %
Total		6,860.00	5.00 %
Total eligible budget		27,440.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?		No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an		No	

B. Does the partner and/or any third party receive a selective advantage within the project?	
advantage through activities carried out by the partner within the project?	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 3

B.1.1 Partner Identity	
Partner number	3
Partner role	PP
Name of the organisation in original language	Gospodarska zbornica Slovenije
Name of the organisation in English	Chamber of Commerce and Industry of Slovenia
Abbreviated name of organisation	CCIS
Department / unit / division	MedTech – Chamber of Medical Technology and Services
B.1.2 Partner main address	
Country (NUTS 0)	Slovenija (SI)
Region (NUTS 2)	Zahodna Slovenija (SI04)
NUTS 3	Osrednjeslovenska (SI041)
Street, House number, Postal code, City	Dimičeva ulica 13 1000 Ljubljana
Homepage	www.gzs.si ; https://medtechslovenija.gzs.si/
Address of department / unit / division (if applicable)	
Country (NUTS 0)	Slovenija (SI)
Region (NUTS 2)	Zahodna Slovenija (SI04)
NUTS 3	Osrednjeslovenska (SI041)
Street, House number, Postal code, City	Dimičeva ulica 13 1000 Ljubljana
B.1.3 Legal and financial information	
Type of partner	Business support organisation
Subtype of partner	
Legal status	Private
Sector of activity at NACE group level	M.70.22
Co-financing rate (%)	80
VAT number (if applicable)	SI73354376

B.1.3 Legal and financial information	
Other identifier number (if VAT number is not available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	999780165
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Ms. Vesna Nahtigal
B.1.5 Contact person	
Contact person	Ms. Tanja Faganel
Email	tanja.faganel@gzs.si
Telephone	+386 1 5898 330
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>CCIS is a non-profit, non-governmental, independent business organization representing the interest of its members. With over 160 years of tradition, it is the most influential business organization in Slovenia. CCIS unites 26 branch associations, representing all important industry sectors of Slovenia, under its roof. CCIS has 13 regional offices in Slovenia. CCIS is composed of branch business associations, regional associations, and professional departments. Among them, there is a MedTech chamber that represents private and public enterprises in the health care sector in Slovenia (covering the entire Slovenia). MedTech chamber represents the producers of medical devices and in-vitro medical devices as well as certified distributors and providers of digital health services. The Health Labs4Value project will bring stakeholders, and customers in health care together, offer services to improve and develop innovative, secure, and more effective health products and services with added value for the patient and the healthcare institution. CCIS will combine different departments with the sectoral expertise of the MedTech chamber. CCIS is involved in a wide range of projects on national, cross-border, transnational, and EU level. In the last 3 years CCIS participated in more than 10 Interreg and cross-border projects and participated; many CIP actions, COSME, H2020, LIFE+, ERASMUS+, more than 30 projects. As a national chamber, CCIS cooperates with Ministry of Health, Agency for medicinal products and medical devices of the Republic of Slovenia, National Committee of organization representing persons with disabilities of Slovenia, National health insurance institute of the Republic of Slovenia, Association of health institutions of Slovenia, etc. MedTech chamber is a member of MedTech Europe, the European umbrella organization of the Med-tech sector. With all its knowledge and expertise, CCIS will strongly contribute to the successful implementation of projects' activities.</p>	
<p>What is the role and involvement (contribution and main activities) of your organisation in the project?</p>	

B.1.6 Partner motivation, expertise and contribution

CCIS, PP3, is engaged in the Health Labs4Value project in the role of “Knowledge PP” who is bringing the knowledge, practical experience from previous projects or learned methodologies (value/patient-based agenda, co-creation, living labs), close contact with a network of ecosystem actors in health care (SMEs and start-ups delivering the solutions for health care, academia, policy bodies on a regional and national level). CCIS will facilitate the development process and implementation of all project activities on the territorial level during the whole project duration in close cooperation with the territorial Healthcare organization. CCIS will join all the monthly virtual calls and project and steering committee meetings. CCIS will contribute actively with its knowledge and expertise to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1). CCIS will be a facilitator of the territorial Core Group. CCIS will strongly support the other territorial PP, the Healthcare organization, when establishing the territorial Living Lab and when drafting the territorial action plan by knowledge on development process and facilitation. This PP will also support the negotiations across the territorial ecosystem. CCIS will contribute actively to the development of the Transnational Strategy of the Network and the creation of the Transnational Network itself (WP T2). Last but not least, the CCIS will facilitate and strongly support the territorial Healthcare organization on a day-to-day basis during the implementation of the pilot. CCIS will facilitate the Open Innovation camps and Focus groups with the stakeholders (Core Groups and other pilot subjects) (WP T3). CCIS will coordinate and lead the communication activities on a transnational and territorial level.

If you are the project lead partner, please describe here your organisation’s capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation’s relevant communication competences and experiences.

CCIS has strong communication competencies and experience proven in participation to several projects and leading the WPC as well (e. g. Interreg CE 4STEPS). The objective of the project’s communication is to disseminate all key project outputs and results. CCIS will be in charge of project-level coordination of communication activities, however it will closely cooperate with other partners, especially WP leaders and the leaders of activities that include communication. CCIS’s communication and marketing department is staffed with 8 experts covering social media expertise, video, podcast and webinar production, production of publication and other promotional materials as well as public relations and media. This will ensure professional management of the communication activities.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	181,440.00	80.00 %
Partner contribution	45,360.00	20.00 %

B.1.8 Cofinancing			
Source		Amount	Percentage
Partner total eligible budget		226,800.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
CCIS	Private	45,360.00	20.00 %
Contribution			
Sub-total public contribution		0.00	0.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		45,360.00	20.00 %
Total eligible budget		45,360.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?		No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?		No	

C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 4

B.1.1 Partner Identity	
Partner number	4
Partner role	PP
Name of the organisation in original language	Splošna Bolnišnica Jesenice
Name of the organisation in English	General Hospital Jesenice
Abbreviated name of organisation	SBJ
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Slovenija (SI)
Region (NUTS 2)	Zahodna Slovenija (SI04)
NUTS 3	Gorenjska (SI042)
Street, House number, Postal code, City	Cesta Maršala Tita 112 4275 Jesenice
Homepage	www.sb-je.si
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.1
Co-financing rate (%)	80
VAT number (if applicable)	SI86143824
Other identifier number (if VAT number is not	

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	913560066
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Ms. Petra Rupar
B.1.5 Contact person	
Contact person	Mrs. Maja Valjavec
Email	maja.valjavec@sb-je.si
Telephone	+38651380811
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>The General Hospital Jesenice is a regional, public hospital that has been providing secondary-level healthcare services since 1948. This institution is a Secondary Care facility. It offers specialist inpatient treatment and specialist outpatient treatment with dialysis. The hospital offers a wide range of specialist medical services, which are primarily provided within four basic hospital departments: surgery, internal medicine, pediatrics, and gynecology and obstetrics. At the hospital is also available dialysis treatment. A daytime clinic, a nursing unit, and an intensive care unit are in place as part of inpatient treatment. An accident and emergency service is available 24/7.</p>	
<p>Hospital is located only 10 minutes from the Austrian border and 30 minutes from the Italian border. The hospital has 268 beds. The hospital has an AACI accreditation and has a high reputation also in the national health system. Inpatient and outpatient services are offered. Hospital has been awarded as a family-friendly company. The basic values of employees are responsibility towards the patients and a professional approach to the work they do.</p>	
<p>What is the role and involvement (contribution and main activities) of your organisation in the project?</p>	
<p>General Hospital Jesenice, PP4, is engaged in the Health Labs4Value project in a role of "Healthcare organization", providing the health care services to end-users/patients and providing the internal resources for the Health Labs4Value project, i.e. staff – medical and non-medical, patients with chronic disease and their family members, internal processes and the real-life environment of health care provider. General Hospital Jesenice will join all the monthly virtual calls and project and steering committee meetings. General Hospital Jesenice will learn new approaches (living lab and value-based</p>	

B.1.6 Partner motivation, expertise and contribution

health care service delivery) and contribute actively with inputs (specific expertise, practical experience from a day-to-day operation and from providing health care services to especially young patients suffering injuries, chronic patients, their recovery at hospital and later at home – the goal is quick rehabilitation and best quality of life possible) to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1).

General Hospital Jesenice will initiate and negotiate the establishment of the territorial living lab and draft the territorial action plan. At the same time, the General Hospital Jesenice will contribute to the joint development process of the Transnational Network of territorial Living Labs as well as to the creation of a joint Transnational Strategy of the Network itself (WP T2).

During the whole project, the General Hospital Jesenice will meet the territorial Core Group members to define the challenges and meet the strategies and goals of the project. General Hospital Jesenice will implement actively the pilot action at its own premises and with its own resources (staff: medical, non-medical, equipment, and real-life environment of health care provider). Since the hospital has been facing severe space constraints for several years, and since a hospital environment is an environment with an increased risk of infection transmission, their pilot would be related to looking for ways to reduce hospitalizations, while focusing on safe and professional discharge. The aim will be to enable patients with injuries who are treated conservatively to improve the quality of their rehabilitation in their home environment, by offering continuous physical rehabilitation and psychological support after discharge from hospital (WP3).

Last but not least, PP4 will contribute actively to the communication activities coordinated and facilitated by the territorial Knowledge PP.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	118,720.00	80.00 %
Partner contribution	29,680.00	20.00 %
Partner total eligible budget	148,400.00	100.00 %

Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
SBJ	Public	29,680.00	20.00 %
Contribution			
Sub-total public contribution		29,680.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		29,680.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?	No		
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?	No		
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?	No		
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	No		
C. State aid relevant activities (select from drop-down menu based on C.4 entries)			
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)			

B.1 Project partner 5

B.1.1 Partner Identity	
Partner number	5
Partner role	PP
Name of the organisation in original language	Carus Consilium Sachsen GmbH
Name of the organisation in English	Carus Consilium Sachsen GmbH
Abbreviated name of organisation	CCS
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Deutschland (DE)
Region (NUTS 2)	Dresden (DED2)
NUTS 3	Dresden, Kreisfreie Stadt (DED21)
Street, House number, Postal code, City	Fetscherstr. 74 01309 Dresden
Homepage	https://www.carusconsilium.de/de
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Other
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	M.70.22
Co-financing rate (%)	80
VAT number (if applicable)	DE264113628
Other identifier number (if VAT number is not	

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	906757262
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Mr Johannes Klaus
B.1.5 Contact person	
Contact person	Ms Stephanie Ehrentraut
Email	stephanie.ehrentraut@ukdd.de
Telephone	+49 (0)351 458 - 3707
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>Carus Consilium Sachsen (CCS) initiates and coordinates sustainable concepts in order to secure and further develop health and care. To foster innovative products and projects for continuous care, CCS is taking on a leading position in interconnecting more than 600 relevant quadruple helix actors and stakeholders in Saxony in order to strengthen the development and advancement of products and services in the field of health and care. To accomplish the promotion and support for innovative products, CCS establishes cooperations between hospitals, ambulant doctors, nursing services, rehabilitation facilities, and many more relevant institutions and federations.</p>	
<p>CCS provides political networking, knowledge transfer, development of sustainability concepts, co-creation, and communication as well as for analytic expertise in the field of health and care. The strong interaction with all partners of the network and the government of Saxony is the basis for the successful work of CCS.</p>	
<p>CCS has already been successful in numerous projects such as SHAPES (Horizon2020), GATEKEEPER (Horizon2020), HoCare 2.0 (Interreg Central Europe), and numerous ERDF projects. Moreover, CCS is coordinator of the European Innovation Partnership on Active and Healthy Ageing regional 3star reference site and part of the RSCN 4th call preparation group.</p>	
<p>With its in-house ERDF, Interreg Central Europe und Horizon2020 projects experts, comprehensive transnational cooperation experience, and sound management methods, CCS stands ready to contribute.</p>	
<p>What is the role and involvement (contribution and main activities) of your organisation in the project?</p>	

B.1.6 Partner motivation, expertise and contribution

Carus Consilium Sachsen (CCS), PP5, is engaged in the Health Labs4Value project in the role of “Knowledge PP” who is bringing the knowledge, practical experience from previous projects, its role as manager of the 3star EIP on AHA reference site and learned methodologies (value/patient-based agenda, co-creation, living labs), close contact with a network of ecosystem actors in health care (SMEs and start-ups delivering the solutions for health care, academia, policy bodies on a regional and national level). CCS will facilitate the development process and implementation of all project activities on the territorial level during the whole project duration in close cooperation with the territorial Healthcare organization. CCS will join all the monthly virtual calls and project and steering committee meetings. CCS will contribute actively with its knowledge and expertise to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1). CCS will be a facilitator of the territorial Core Group. CCS will strongly support the other territorial PP, the Healthcare organization, when establishing the territorial Living Lab and when drafting the territorial action plan by knowledge on development process and facilitation. This PP will also support the negotiations across the territorial ecosystem. CCS will contribute actively to the development of the Transnational Strategy of the Network and the creation of the Transnational Network itself (WP T2). Last but not least, CCS will facilitate and strongly support the territorial Healthcare organization on a day-to-day basis during the implementation of the pilot. CCS will facilitate the Open Innovation camps and Focus groups with the stakeholders (Core Groups and other pilot subjects) (WP T3). CCS will coordinate and lead the communication activities on a territorial level.

If you are the project lead partner, please describe here your organisation’s capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation’s relevant communication competences and experiences.

N/A

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	190,400.00	80.00 %
Partner contribution	47,600.00	20.00 %
Partner total eligible budget	238,000.00	100.00 %

Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
CCS	Public	47,600.00	20.00 %
Contribution			
Sub-total public contribution		47,600.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		47,600.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?		No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?		No	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)			
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)			

B.1 Project partner 6

B.1.1 Partner Identity	
Partner number	6
Partner role	PP
Name of the organisation in original language	Universitätsklinikum Carl Gustav Carus Dresden A.ö. R.
Name of the organisation in English	Dresden University Hospital
Abbreviated name of organisation	UKD
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Deutschland (DE)
Region (NUTS 2)	Dresden (DED2)
NUTS 3	Dresden, Kreisfreie Stadt (DED21)
Street, House number, Postal code, City	Fetscherstr. 74 01309 Dresden
Homepage	https://www.uniklinikum-dresden.de/de
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.1
Co-financing rate (%)	80
VAT number (if applicable)	DE140135217

B.1.3 Legal and financial information	
Other identifier number (if VAT number is not available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Prof. Dr. med. D. Michael Albrecht
B.1.5 Contact person	
Contact person	Dr. Philipp Reichmann
Email	Philipp.reichmann@ukdd.de
Telephone	+493514587659
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>UKD provides top-level medical care in the region (with ca. 2 Mio inhabitants in and around the city of Dresden including the rural eastern Saxony). Services also include outpatient care of around 250.000 patients per year and extensive aftercare programs particularly for stroke, diabetes, and cancer patients including discharge and case management. In order to improve our services in relation to home care, we are actively involved in the latest developments and research in this area, as described under the EU/international projects experience section. No economic activity is performed.</p>	
<p>UKD successfully participated as a project partner currently in four ERDF-funded telehealth projects (INAN-SOS, IBMS, TeleNePS, LKGS-3D), each with different medical departments. UKD was a former sub-partner for the major ERDF-funded telehealth project CCS Telehealth Ostsachsen. Currently, among many others, the UKD is involved in the Horizon 2020 funded project GATEKEEPER and the ERDF-projects Qpath,4MS, Panos, Telemark, NEFAH, VR. UKD already participates in HoCare2.0.</p>	
What is the role and involvement (contribution and main activities) of your organisation in the project?	
<p>Dresden University Hospital, PP6, is engaged in the Health Labs4Value project in a role of "Healthcare organization", providing as a regional leading center of excellence in health and care the health care services to end-users/patients and providing the internal resources for the Health Labs4Value project, i. e. staff – medical and non-medical, patients with chronic disease and their family members, internal processes and the real-life environment of health care provider.</p>	

B.1.6 Partner motivation, expertise and contribution

UKD will join all the monthly virtual calls and project and steering committee meetings.

UKD will learn new approaches (living lab and value-based health care service delivery) and contribute actively with inputs (specific expertise, practical experience from day-to-day operation and from providing the health care services to patients with chronic diseases) to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1).

UKD will initiate and negotiate the establishment of the territorial living lab and draft the territorial action plan. At the same time, the UKD will contribute to the joint development process of the Transnational Network of territorial Living Labs as well as to the creation of a joint Transnational Strategy of the Network itself (WP T2).

During the whole project, UKD will meet the territorial Core Group members to define the challenges and meet the strategies and goals of the project. UKD will implement actively the pilot action at its own premises and with its own resources (staff: medical, non-medical, equipment, and real-life environment of health care provider). The pilot action of the UKD will tackle the support for elderly people to live as long as possible autonomously and (almost) independently in their home environment. A focus group with elderly people (65+) from the Carus Consilium health region (East Saxony area), living autonomously and independently in their own home environment with no or only minor age-related cognitive health limitations, living alone or in partnership will be formed. Their needs and challenges in everyday life will be identified. An open Call for proposals from regional SMEs or start-ups will be launched to search for solutions to these challenges. The best solution with a decision-making group consisting of all areas of the Quadruple Helix will be selected. Using the Living Labs method developed in work packages 1 and 2, the selected solutions will be further developed together with the focus groups using the CoCreation methodology. Various feedback rounds will be run in order to generate a marketable solution/product for the specific focus group and their needs and challenges to live almost independently in their own home (WP T3).

UKD will also contribute actively to the communication activities coordinated and facilitated by the territorial Knowledge PP.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing			
Source		Amount	Percentage
ERDF		154,560.00	80.00 %
Partner contribution		38,640.00	20.00 %
Partner total eligible budget		193,200.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
UKD	Public	38,640.00	20.00 %
Contribution			
Sub-total public contribution		38,640.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		38,640.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?		No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an		No	

B. Does the partner and/or any third party receive a selective advantage within the project?	
advantage through activities carried out by the partner within the project?	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 7

B.1.1 Partner Identity	
Partner number	7
Partner role	PP
Name of the organisation in original language	Uniwersytet Medyczny w Lodzi
Name of the organisation in English	Medical University of Lodz
Abbreviated name of organisation	MUL
Department / unit / division	Department of International Projects
B.1.2 Partner main address	
Country (NUTS 0)	Polska (PL)
Region (NUTS 2)	Łódzkie (PL71)
NUTS 3	Łódzki (PL712)
Street, House number, Postal code, City	al. Tadeusza Kościuszki 4 90-419 Łódź
Homepage	https://umed.pl/
Address of department / unit / division (if applicable)	
Country (NUTS 0)	Polska (PL)
Region (NUTS 2)	Łódzkie (PL71)
NUTS 3	Łódzki (PL712)
Street, House number, Postal code, City	al. Tadeusza Kościuszki 4 90-419 Łódź
B.1.3 Legal and financial information	
Type of partner	Higher education and research organisations
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	P.85.4
Co-financing rate (%)	80
VAT number (if applicable)	PL7251843739

B.1.3 Legal and financial information	
Other identifier number (if VAT number is not available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Prof. Radzisław Kordek
B.1.5 Contact person	
Contact person	Ms. Ewelina Łojewska
Email	ewelina.lojewska@umed.lodz.pl
Telephone	+48722397972
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>The scope of the Medical University of Lodz (MUL) is based on over 70 year-long history. MUL was in the first 20 beneficiaries of "Excellence Initiative – Research University" and was awarded the prestigious European "Human Resources Strategy for Researchers (HRS4R)" logo. MUL makes a substantial contribution to the development of the health care system by promoting modern standards of prophylaxis and treatment, and by building long-lasting cooperation with institutions realizing objectives of public health at regional, national and international levels. In response to the demographic challenge, the Healthy Ageing Research Centre was founded in 2011. MUL has reached the leading position in various research areas, particularly inpatient adherence and healthy ageing.</p> <p>The University is the only medical school in Poland belonging to the European Knowledge and Innovation Community EIT Health with the status of Lead Partner and was awarded a three-star status as a Reference Site of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). In 2012, a brand new Teaching Centre, one of the most modern clinical centres in Europe, was opened in MUL. Serving over 86.000 patients yearly, MUL is also one of the major local healthcare providers, active in each area of modern medicine. University has also been exploiting opportunities by placing Healthy Ageing, Civilisations Diseases, Biomedicine and Public Health in the focus of its research strategies, and linking them with the national and regional Research and Innovation Strategies for Smart Specialisation (cooperation with local government units) MUL is member of European University Association and an experienced partner when it comes to international cooperation a total number of EU funded projects has reached 120 (full list: https://umed.pl/nauka/projects/). Annually the University runs over 100 scientific (national and international) projects externally financed.</p>	

B.1.6 Partner motivation, expertise and contribution

What is the role and involvement (contribution and main activities) of your organisation in the project?

Medical University of Lodz, PP7, is engaged in the Health Labs4Value project in the role of “Knowledge PP” who is bringing the knowledge, practical experience from previous projects or learned methodologies (value/patient-based agenda, co-creation, living labs), close contact with a network of ecosystem actors in health care (SMEs and start-ups delivering the solutions for health care, academia, policy bodies on a regional and national level). MUL will facilitate the development process and implementation of all project activities on the territorial level during the whole project duration in close cooperation with the territorial Healthcare organization. MUL will join all the monthly virtual calls and project and steering committee meetings. MUL will contribute actively with its knowledge and expertise to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1). MUL will be a facilitator of the territorial Core Group. MUL will strongly support the other territorial PP, the Healthcare organization, when establishing the territorial Living Lab and when drafting the territorial action plan by knowledge on development process and facilitation. This PP will also support the negotiations across the territorial ecosystem. MUL will contribute actively to the development of the Transnational Strategy of the Network and the creation of the Transnational Network itself (WP T2). Last but not least, the MUL will lead and coordinate WP T3 activities on the project level and facilitate and strongly support the territorial Healthcare organization on a day-to-day basis during the implementation of the pilot (WP T3) in Poland. MUL will facilitate the Open Innovation camps and Focus groups with the stakeholders (Core Groups and other pilot subjects) (WP T3). MUL will coordinate and lead the communication activities on a territorial level.

If you are the project lead partner, please describe here your organisation’s capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation’s relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	181,440.00	80.00 %
Partner contribution	45,360.00	20.00 %
Partner total eligible budget	226,800.00	100.00 %

Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
MUL	Public	45,360.00	20.00 %
Contribution			
Sub-total public contribution		45,360.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		45,360.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?		No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?		No	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)			
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)			

B.1 Project partner 8

B.1.1 Partner Identity	
Partner number	8
Partner role	PP
Name of the organisation in original language	Centralny Szpital Kliniczny Uniwersytetu Medycznego w Łodzi
Name of the organisation in English	Central Teaching Hospital of the Medical University of Lodz
Abbreviated name of organisation	CSK UM
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Polska (PL)
Region (NUTS 2)	Łódzkie (PL71)
NUTS 3	Łódzki (PL712)
Street, House number, Postal code, City	Pomorska 251 92213 Łódź
Homepage	www.csk.umed.pl
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.1
Co-financing rate (%)	80
VAT number (if applicable)	PL7282246128

B.1.3 Legal and financial information	
Other identifier number (if VAT number is not available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	906214353
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Ms. Monika Domarecka
B.1.5 Contact person	
Contact person	Ms. Joanna Barden
Email	j.barden@csk.umed.pl
Telephone	00426757459
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>Central Teaching Hospital of the Medical University of Lodz (CSK UM) is one of the largest multi-profile medical centre and hospital in Poland with over 1200 beds, 16 clinical departments 2500 experienced specialists representing 23 medical specializations, including 100 professors and doctors of medicine. The CSK UM includes over a dozen different clinical departments, institutes, and laboratories. Specialized and multi-profile departments collaborate closely in the process of diagnosis and treatment of patients, thereby providing comprehensive care in different therapeutic areas.</p>	
<p>The CSK UM is a fully digital hospital using a system generating electronic documents during all treatment processes, research, and education. Its priorities are: professionalism and high quality of services. CSK UM physicians' constantly strive to improve their professional skills. The CSK Umed provides rapidly developing international cooperation. Each year, the CSK UM implements new research and clinical projects funded with public national, and European grants as well as private grants and clinical trials. The CSK UM has an experience in R&D and clinical project management administration and projects managers provided by the Clinical Trials Unit of the Medical University of Lodz.</p>	
<p>The CSK UM with many clinical departments, inc. 4 of Cardiology, 5 of Psychiatry, Department of Dentistry, and the Children Hospital has large clinical expertise in different therapeutic areas. Its physicians actively take a part in different EU, international, national projects and realize investigator initiated clinical trials as well as commercial trials.</p>	
<p>The CSK UM offers</p> <ul style="list-style-type: none"> - clinicians' knowledge and experience in different therapeutic areas, 	

B.1.6 Partner motivation, expertise and contribution

- hospital infrastructure,
- laboratories services
- access to patients in different therapeutic areas,
- patients recruitment facilities,
- experienced clinical trials organizations and management skills and teams.

What is the role and involvement (contribution and main activities) of your organisation in the project?

„Central Teaching Hospital of the Medical University of Lodz, PP8, is engaged in the Health Labs4Value project in a role of “Healthcare organization”, providing the health care services to end-users/patients and providing the internal resources for the Health Labs4Value project, i.e. staff – medical and non-medical, patients with chronic disease and their family members, internal processes and the real-life environment of health care provider. CSK UM will join all the monthly virtual calls and project and steering committee meetings.

CSK UM will learn new approaches (living lab and value-based health care service delivery) and contribute actively with inputs (specific expertise, practical experience from day-to-day operation and from providing the health care services to the patients with chronic diseases) to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1).

CSK UM will initiate and negotiate the establishment of the territorial living lab and draft the territorial action plan. At the same time, the CSK UM will contribute to the joint development process of the Transnational Network of territorial Living Labs as well as to the creation of a joint Transnational Strategy of the Network itself (WP T2).

During the whole project, the Central Teaching Hospital of the Medical University of Lodz will meet the territorial Core Group members to define the challenges and meet the strategies and goals of the project. CSK UM will implement actively the pilot action at its own premises and with its own resources (staff: medical, non-medical, equipment, and real-life environment of health care provider). The hospital's pilot aims to streamline the work of medical and non-medical staff in the areas of administration and patient service through digitization and implementation of new technologies such as for example biometric signatures. The implemented measures will significantly contribute to increasing convenience and reducing patient service time at the clinic's registration desk. The idea of the Central Clinical Hospital will be an environmentally friendly measure and increase economic benefits by reducing paperwork costs. The Central Teaching Hospital of the Medical University in Lodz intends to implement solutions in outpatient specialty care, which is located in the hospital. The project pilot will target patients of all specialties, as the digitization efforts will affect all patients of the hospital and improve the work of the staff (WP T3).

CSK UM will also contribute actively to the communication activities coordinated and facilitated by the territorial Knowledge PP.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget			
Partner budget options			Percentage
Other costs Flat Rate			40%
The partner budgets overview table can be separately exported as an Excel file			
B.1.8 Cofinancing			
Source	Amount		Percentage
ERDF	110,880.00		80.00 %
Partner contribution	27,720.00		20.00 %
Partner total eligible budget	138,600.00		100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
CSK UM	Public	27,720.00	20.00 %
Contribution			
Sub-total public contribution		27,720.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		27,720.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?		No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?		No	
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is		No	

B. Does the partner and/or any third party receive a selective advantage within the project?	
relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	No
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 9

B.1.1 Partner Identity	
Partner number	9
Partner role	PP
Name of the organisation in original language	Zentrum für Soziale Innovation GmbH
Name of the organisation in English	Centre for Social Innovation
Abbreviated name of organisation	ZSI
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Österreich (AT)
Region (NUTS 2)	Wien (AT13)
NUTS 3	Wien (AT130)
Street, House number, Postal code, City	Linke Wienzeile 246 1150 Vienna
Homepage	https://www.zsi.at/
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Higher education and research organisations
Subtype of partner	
Legal status	Private
Sector of activity at NACE group level	M.72.2
Co-financing rate (%)	80
VAT number (if applicable)	
Other identifier number (if VAT number is not	03398/6647

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	national tax-number
PIC (from EC Participant Register), if available	940719872
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Mag. Wolfgang Michalek
B.1.5 Contact person	
Contact person	DI Stefan Philipp
Email	philipp@zsi.at
Telephone	+43-1-4950442/79
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>The Centre for Social Innovation (ZSI) is a private non-university research centre with 30 years of experience in conceptualizing, implementing and coordinating international research projects under various funding schemes, including the Framework Programmes for Research and Technological Development (e.g., Horizon Europe) and INTERREG (incl. Central Europe). ZSI conducts research and application projects on the social embedding and impact of all types of innovations and contributes to the design and diffusion of socially accepted and sustainable innovations to meet global challenges.</p> <p>In the context of the HL4V project, the following competences, and projects, including their exploitable results, are most important. All our projects build upon a strong participative element and stakeholder engagement, co-creation and user-oriented development are the core of ZSI's projects. Examples for these include the ZSI-coordinated CO-ACT (H2020, 873048) that includes citizen groups as co-researchers and develops a frame for Citizen Social Science as participatory research design, as well as the Step Change Project (H2020, 101006386), that is exploring the potential of citizen science in the fields of health, energy and environment. As a specific approach to these processes, we increasingly used Living-Labs and Open Innovation approaches during the last years. Examples of these works can be found in LIVERUR (H2020, 773757), that supported circular business model development in rural regions, and CERUSI (INTERREG CE), that implemented a Rural Social Innovation Lab Caravan. In the context of Innovation in Healthcare the projects CHERRIES (H2020, 872873), that experimented with demand-oriented co-creation, CAREABLES (H2020, 780298) that delivered open and inclusive healthcare to citizens based on digital fabrication, as well as INNOV-CARE (EaSI, DG EMPL), that aimed at supporting patients of a rare disease in coordination between service providers, stand out.</p>	
<p>What is the role and involvement (contribution and main activities) of your organisation in the project?</p>	

B.1.6 Partner motivation, expertise and contribution

ZSI, PP9, will act in the Health Labs4Value project as Key Knowledge PP bringing deeper knowledge on Living Labs methodology and Responsible Healthcare Ecosystems (thanks to CHERRIES project funded by H2020). Therefore, ZSI will be leading the WP T1 activities, strongly consult to WP T2 activities and observe and consult during the implementation of WP T3 activities.

ZSI will join all the monthly virtual calls and project and steering committee meetings during the whole project duration. ZSI will be in charge of bringing the key knowledge, learnings, and key expertise regards LivingLabs methodology from the CHERRIES project (H2020) to the Health Labs4Value project adopting such methodologies in Central Europe and its health care ecosystems. ZSI will support all PPs across the whole partnership with any challenges related to the development of Health Living Lab Methodology and Value-Based health care service delivery System for CE in the coop. with PP11 (WP T1) and its practical implementation (WP T2 and WP T3). Within WP T1, PP11 will contribute with A.T1.2 but ZSI will support from leaders' perspective. Additionally, in WP T1 activities, ZSI will provide expertise and will actively contribute to the drafts of both methodologies (A.T1.1 and A.T1.2 # led and designed by PP11). Its expertise will be also used when upscaling the methodologies for Solutions (after pilot experience). Again, in case of VBHC ZSI will be supported by PP11. In WP T2, ZSI will be consulting and providing expertise on living labs on the transnational level. During WP T3, ZSI will support pilot partners to upscale 5 technical Solutions, from the Pilot actions. ZSI will communicate the project's achievements and results in the territory.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	151,200.00	80.00 %
Partner contribution	37,800.00	20.00 %
Partner total eligible budget	189,000.00	100.00 %

Origin of partner contribution

Source of contribution	Legal status	Amount	% of total partner budget
ZSI	Private	37,800.00	20.00 %

Contribution		
Sub-total public contribution	0.00	0.00 %
Sub-total automatic public contribution	0.00	0.00 %
Total	37,800.00	20.00 %
Total eligible budget	37,800.00	20.00 %
State Aid		
B.1.9 State Aid information (Partner self-check)		
A. Is the partner involved in economic activities within the project?		
1. Will the partner implement activities and/or offer goods/services for which a market exists?	No	
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?	No	
B. Does the partner and/or any third party receive a selective advantage within the project?		
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?	No	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	No	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)		
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)		

B.1 Project partner 10

B.1.1 Partner Identity	
Partner number	10
Partner role	PP
Name of the organisation in original language	Krajska nemocnice Liberec a.s.
Name of the organisation in English	Regional Hospital Liberec
Abbreviated name of organisation	KNL
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Česko (CZ)
Region (NUTS 2)	Severovýchod (CZ05)
NUTS 3	Liberecký kraj (CZ051)
Street, House number, Postal code, City	Husova 357/10 46001 Liberec
Homepage	www.nemlib.cz
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.1
Co-financing rate (%)	80
VAT number (if applicable)	CZ27283933
Other identifier number (if VAT number is not	

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	997438682
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Mr. M.D. Richard Lukas
B.1.5 Contact person	
Contact person	Mrs. Vendula Machackova
Email	vendula.machackova@nemlib.cz
Telephone	+420724600739
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>Regional hospital Liberec is a healthcare provider for outpatient, acute, and long-term hospital care. We have participated in several research projects within the last decade. We cooperate with a few enterprises both Czech and foreign in the development of new innovative solutions in healthcare, mainly in nursing and intensive care as well as traumatology, orthopedics.</p>	
<p>The link to a list of some of our projects is provided here: https://www.nemlib.cz/stredisko-pro-vedu-vyzkum/</p>	
<p>The main business is providing healthcare services under the coverage of the public healthcare system paid by the state healthcare insurance. We are also a research organization governed by the official system of research organizations of the Ministry of Education, Youth and Sports and we are an official vocational training hospital for medical doctors, nurses, professional rescuers, biomechanical engineers, and radiology assistants.</p>	
What is the role and involvement (contribution and main activities) of your organisation in the project?	
<p>KNL, PP10, is engaged in the Health Labs4Value project in a role of "Healthcare organization", providing the health care services to end-users/patients and providing the internal resources for the Health Labs4Value project, i.e. staff – medical and non-medical, patients with chronic disease and their family members, internal processes and the real-life environment of health care provider. KNL will join all the monthly virtual calls and project and steering committee meetings.</p>	
<p>KNL will learn new approaches (living lab and value-based health care service delivery) and contribute actively with inputs (specific expertise, practical experience from day-to-day operation and from</p>	

B.1.6 Partner motivation, expertise and contribution

providing the health care services to the patients with chronic diseases) to the development process of Health Living Lab Methodology and Value-Based health care service delivery System for CE (WP T1).

KNL will initiate and negotiate the establishment of the territorial living lab and draft the territorial action plan. At the same time, the KNL will contribute to the joint development process of the Transnational Network of territorial Living Labs as well as to the creation of a joint Transnational Strategy of the Network itself (WP T2).

During the whole project, the KNL will meet the territorial Core Group members to define the challenges and meet the strategies and goals of the project. KNL will implement actively the pilot action at its own premises and with its own resources (staff: medical, non-medical, equipment, and real-life environment of health care provider). The pilot will focus on the new technology supporting long-term treatment communication, education and homecare of chronic patients with technologies that help to monitor patients' conditions in homecare setting with direct contact with healthcare professionals in case of need. The new technology will enable systematic physiotherapy of patients through automated systems right after their surgery in both hospital post-operation care and homecare. 20 new patient cases will be created - across more diagnoses: spinal surgery (neurosurgeries, neuro-oncosurgeries, post-traumatic spinal surgeries). KNL will pilot and finetune the communication during therapy and long-term homecare pathway of a patient: patient-clinician/surgeon - nurse - physiotherapist - secondary care specialist with relation to other conditions (urology, gastroenterology, nutrition specialist, psychologist) - social-care system - medical equipment and device providers.

The target groups would be patients who have undergone spinal cord surgery and who stay disabled. These people often stay isolated at home, with the need of continuous care. Other patient groups for pilots within living labs from other HCO in the project consortium can include: cardiology patients - e.g. HF patients or oncology patients (WP T3).

KNL will also contribute actively to the communication activities coordinated and facilitated by the territorial Knowledge PP.

If you are the project lead partner, please describe here your organisation's capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation's relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing

Source	Amount	Percentage
ERDF	118,720.00	80.00 %

B.1.8 Cofinancing			
Source		Amount	Percentage
Partner contribution		29,680.00	20.00 %
Partner total eligible budget		148,400.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
KNL	Public	14,840.00	10.00 %
Ministry of regional development of CZ (MMR CR)	Public	14,840.00	10.00 %
Contribution			
Sub-total public contribution		29,680.00	20.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		0.00	0.00 %
Total eligible budget		29,680.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?	No		
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?	No		
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course of business, i.e. in the absence of funding granted through the project?	No		
2. Does any economic operator (e.g. SMEs)	No		

B. Does the partner and/or any third party receive a selective advantage within the project?	
that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.1 Project partner 11

B.1.1 Partner Identity	
Partner number	11
Partner role	PP
Name of the organisation in original language	DEX Innovation Centre, z.s.
Name of the organisation in English	DEX Innovation Centre
Abbreviated name of organisation	DEX IC
Department / unit / division	
B.1.2 Partner main address	
Country (NUTS 0)	Česko (CZ)
Region (NUTS 2)	Severovýchod (CZ05)
NUTS 3	Liberecký kraj (CZ051)
Street, House number, Postal code, City	Rumjancevova 693/3 46001 Liberec
Homepage	https://dex-ic.com/
Address of department / unit / division (if applicable)	
Country (NUTS 0)	
Region (NUTS 2)	
NUTS 3	
Street, House number, Postal code, City	
B.1.3 Legal and financial information	
Type of partner	Business support organisation
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	M.70.22
Co-financing rate (%)	80
VAT number (if applicable)	CZ01112589
Other identifier number (if VAT number is not	

B.1.3 Legal and financial information	
available, some other organisation identifier should be used)	
Other identifier description (specification of the type of identifier)	
PIC (from EC Participant Register), if available	952689478
B.1.4 Legal Representative	
Legal representative (not applicable - not to be filled in)	Mrs. Tina Igličar Kubalik
B.1.5 Contact person	
Contact person	Mrs. Petra Jalšovec Palacz
Email	petra.jalšovec@dex-ic.com
Telephone	+420732540574
B.1.6 Partner motivation, expertise and contribution	
<p>Please describe the organisation's thematic competences and experiences relevant for the project. Please also describe what is the main business of the organisation and if the organisation is normally performing economic activities on the market.</p>	
<p>DEX Innovation Centre (DEXIC) is a private non-profit innovation centre.</p> <p>DEXIC's mission is defined through 4 complementary approaches:</p> <ul style="list-style-type: none"> - FUNDRAISE for impactful innovation research. - CO-CREATE innovations. The aim is to support the delivery of impactful innovation, which fits customer needs (solving a pain or creating a gain). DEXIC uses different approaches: from User-Centered Design, User Acceptance Testing to Piloting and Exploitation. - BUILD start-ups. DEXIC focuses on technological teams or early-stage start-ups. We scale them up to make them investable. We developed our own curricula for the acceleration program that is being used in DEXIC Accelerator, 4DigitalHealth Accelerator <p>DEXIC works in the field of Health, Energy, ICT, transportation, and innovation. DEX IC will capitalize its experience from the implementation of different projects involved, where we have co-created more than 10 innovations, which led to the delivery of 30+ innovative products.</p> <p>DEX IC is part of the EIT Health and EIT InnoEnergy hub network. From 2020, we also act as EIT Health BridgeHead CATalyser in the Czech Republic.</p> <p>DEXIC's primary role as the EIT Hub is to ensure the visibility of the EIT Community and raise awareness of activities and cooperation opportunities for local players representing education, business, and research areas. We also liaise with the relevant national, regional, and local authorities and facilitate sharing EIT Innovation Community expertise with them.</p>	

B.1.6 Partner motivation, expertise and contribution

SMART Health is one of the key sectors for them. Aside from the fact, that they have built their own ecosystem, they seek further scaling-up, acceleration and incubation options, good practices, and know-how for our talented technological teams and early-stage start-ups.

Their biggest aim is to co-create:

- i) Enabling knowledge ecosystem fostering disruptive innovations and;
- ii) Directly disruptive innovation and excellent research.

DEXIC performs also economic activities on the market.

What is the role and involvement (contribution and main activities) of your organisation in the project?

DEX IC, PP11, is engaged in the Health Labs4Value project in the role of “Knowledge PP” who is bringing the knowledge, practical experience from previous projects or learned methodologies (value /patient-based agenda, co-creation, living labs), close contact with a network of ecosystem actors in health care (SMEs and start-ups delivering the solutions for health care, academia, policy bodies on a regional and national level). DEX IC will facilitate the development process and implementation of all project activities on the territorial level during the whole project duration in close cooperation with the territorial Healthcare organization. DEX IC will join all the monthly virtual calls and project and steering committee meetings.

DEX IC as EIT Health Hub for the Czech Republic will contribute actively with its knowledge and expertise to the development process of Health Living Lab Methodology and especially to Value-Based health care service delivery System for CE (WP T1). DEXIC will lead and facilitate the development of A. 1.2, D.1.3.2, and O.1.2. DEX IC will be a facilitator of the territorial Core Group. DEX IC will strongly support the other territorial PP, the Healthcare organization, when establishing the territorial Living Lab and when drafting the territorial action plan by knowledge on development process and facilitation. This PP will also support the negotiations across the territorial ecosystem.

DEX IC will contribute actively to the development of the Transnational Strategy of the Network and the creation of the Transnational Network itself (WP T2). Last but not least, the DEX IC will facilitate and strongly support the territorial Healthcare organization on a day-to-day basis during the implementation of the pilot. DEX IC will facilitate the Open Innovation camps and Focus groups with the stakeholders (Core Groups and other pilot subjects) (WP T3). DEX IC will coordinate and lead the communication activities on a territorial level.

If you are the project lead partner, please describe here your organisation’s capacity and experience in managing and coordinating EU co-financed projects or other international projects. If you are the project partner that will coordinate communication (i.e. taking over the role of project communication manager), please describe here what are your organisation’s relevant communication competences and experiences.

B.1.7 Budget

Partner budget options	Percentage
Other costs Flat Rate	40%

The partner budgets overview table can be separately exported as an Excel file

B.1.8 Cofinancing			
Source		Amount	Percentage
ERDF		182,560.00	80.00 %
Partner contribution		45,640.00	20.00 %
Partner total eligible budget		228,200.00	100.00 %
Origin of partner contribution			
Source of contribution	Legal status	Amount	% of total partner budget
DEX IC	Public	0.00	0.00 %
DEX IC will cover co-financing parts from own sources	Private	22,820.00	10.00 %
Ministry of regional development of CZ (MMR CR)	Public	22,820.00	10.00 %
Contribution			
Sub-total public contribution		22,820.00	10.00 %
Sub-total automatic public contribution		0.00	0.00 %
Total		22,820.00	10.00 %
Total eligible budget		45,640.00	20.00 %
State Aid			
B.1.9 State Aid information (Partner self-check)			
A. Is the partner involved in economic activities within the project?			
1. Will the partner implement activities and/or offer goods/services for which a market exists?	No		
2. Are there activities/goods/services that could have been undertaken by an operator with the view of making profit (even if this is not the partner's intention)?	No		
B. Does the partner and/or any third party receive a selective advantage within the project?			
1. Does the partner gain any benefits (or is relieved of any costs) from the economic activities mentioned under section A, which it would not have received in the normal course	No		

B. Does the partner and/or any third party receive a selective advantage within the project?	
of business, i.e. in the absence of funding granted through the project?	
2. Does any economic operator (e.g. SMEs) that is outside the partnership (i.e. not listed as partner in the application form) receive an advantage through activities carried out by the partner within the project?	No
C. State aid relevant activities (select from drop-down menu based on C.4 entries)	
D. Direct State aid regime as in Subsidy Contract (to be filled in ONLY after project selection)	

B.2 Associated partners

Associated partner number	Status	Name of the organisation in original language	Associated to project partner
1	Active	Zavod za zdravstveno zavarovanje Slovenije	CCIS
2	Active	Sächsisches Staatsministerium für Regionalentwicklung	UKD
3	Active	Krankenhausgesellschaft Sachsen e.V.	UKD
4	Active	Civil Centrum Közhasznú Alapítvány	CTRIA
5	Active	Ministerstvo zdravotnictví české republiky	DEX IC
6	Active	Országos Kórházi Főigazgatóság	CTRIA
7	Active	Florencja - Fundacja Na Rzecz Upowszechniania Cyfryzacji i Rozwoju Standardów Opieki	CSK UM

Zavod za zdravstveno zavarovanje Slovenije A01	
Partner number	PP3
Name of the organisation in original language	Zavod za zdravstveno zavarovanje Slovenije
Name of the organisation in English	Health Insurance Institute of Slovenia
Country (NUTS 0)	Slovenija (SI)
Region (NUTS 2)	Zahodna Slovenija (SI04)
NUTS 3	Osrednjeslovenska (SI041)
Street, House number, Postal code, City	Miklošičeva cesta 24 1000 Ljubljana
Legal representative (not applicable - not to be filled in)	
Contact person	Ms. Martina Zorko Kodelja
Email	martina.zorko-kodelja@zzzs.si
Telephone	+38613077252
Partner role	The Health Insurance Institute of Slovenia (i.e. Zavod za zdravstveno zavarovanje Slovenije) conducts its business as a public institute, bound by statute to provide compulsory health insurance. Its

Zavod za zdravstveno zavarovanje Slovenije AO1	
	<p>principal task is to provide effective collection and distribution of public funds, in order to ensure the insured person quality rights arising from the said funds. The benefits basket arising from compulsory health insurance comprises the rights to health care services and rights to several financial benefits. Since the aging population with an increase of chronic diseases is causing an excessive load on health care is an especially big problem in Slovenia, the Health Insurance Institute of Slovenia searches for new and innovative practices to tackle this issue. The participation of the main health insurance in Slovenia in the project as an associated partner is a great asset in the planning and implementation of the activities by bringing in its knowledge on already implemented solutions for efficient transfer of newly co-created and value/patient-oriented technologies. It is a key policymaker in health care in the country that will provide a complementary view on this problem to both the knowledge partner and the hospital.</p>

Sächsisches Staatsministerium für Regionalentwicklung A02	
Partner number	PP6
Name of the organisation in original language	Sächsisches Staatsministerium für Regionalentwicklung
Name of the organisation in English	Saxon State Ministry for Regional Development
Country (NUTS 0)	Deutschland (DE)
Region (NUTS 2)	Dresden (DED2)
NUTS 3	Dresden, Kreisfreie Stadt (DED21)
Street, House number, Postal code, City	Archivstraße 1 01097 Dresden
Legal representative (not applicable - not to be filled in)	
Contact person	Ms. Dr. Marzena Schöne
Email	Marzena.Schoene@smr.sachsen.de
Telephone	+49351564-50251
Partner role	<p>The State Ministry for Regional Development, newly established in 2019, is responsible for the topics of structural change and development, regional policy, rural areas, and innovation, urban development, construction, and housing, as well as state development and surveying in Saxony. The State Ministry for Regional Development is organized into five departments and there are two subordinate authorities: the State Enterprise for Geographic Information and Surveying and the State Office for the Preservation of Monuments. As a multiplier within Health Labs4Value, the Saxon State Ministry for Regional Development is of great importance for the inclusion of rural areas and contributes to the program/ initiative "Simul+". The State Ministry for Regional Development connects regional actors and supports projects that improve future prospects and quality of life in all parts of Saxony. The goal of the initiative is to accelerate innovation-based regional change, leverage local innovation potential, and create new growth impulses. The introduction into Health Labs4Value brings a close collaboration with policymakers, especially with a focus on rural areas and the transfer of the newest knowledge,</p>

Sächsisches Staatsministerium für Regionalentwicklung A02	
	<p>approaches, technologies, and innovations into use. The associated project partners will deliver the perspective of technological and innovation policymaker on a regional level.</p>

Krankenhausgesellschaft Sachsen e.V. A03	
Partner number	PP6
Name of the organisation in original language	Krankenhausgesellschaft Sachsen e.V.
Name of the organisation in English	Hospital Association of Saxony e.V.
Country (NUTS 0)	Deutschland (DE)
Region (NUTS 2)	Leipzig (DED5)
NUTS 3	Leipzig, Kreisfreie Stadt (DED51)
Street, House number, Postal code, City	Humboldtstraße 2a 04105 Leipzig
Legal representative (not applicable - not to be filled in)	
Contact person	Mr. Dr. Stephan Helm
Email	helm@khg-sachsen.de
Telephone	+49341984100
Partner role	<p>The Hospital Association of Saxony e.V. (KGS) currently represents 65 members as a regional association in the Free State of Saxony. These members include 78 hospitals at 117 locations with approximately 26,000 hospital beds. We guarantee efficient, citizen-oriented, and comprehensive care in the Free State of Saxony. With 58,000 employees and a sales volume of approx. 4 billion euros, the hospitals fulfill an important employer function and also make a significant contribution to the health economy in the Free State of Saxony. More than 1 million inpatients are treated annually. Numerous outpatient treatment options complement the range of services offered by the hospitals. KGS can, by definition and membership structure, involve all Saxon hospitals in possible scaling-up processes of project findings within Health Labs4Value and provide valuable feedback when developing both solutions: Living Lab Methodology and Value-Based health care service delivery system. As a natural multiplier, its importance in the German health care system is very high and can provide a wide perspective of inputs and feedback.</p>

Civil Centrum Közhasznú Alapítvány A04	
Partner number	LP1
Name of the organisation in original language	Civil Centrum Közhasznú Alapítvány
Name of the organisation in English	Civil Centrum Public Benefit Foundation
Country (NUTS 0)	Magyarország (HU)
Region (NUTS 2)	Közép-Dunántúl (HU21)
NUTS 3	Fejér (HU211)
Street, House number, Postal code, City	Rákóczi u. 25 8000 Székesfehérvár
Legal representative (not applicable - not to be filled in)	
Contact person	Ms. Judit Farnady
Email	civilcentrum@gmail.com
Telephone	+36302704521
Partner role	Civil Centum Public Benefit Foundation (CICE) is a leading territorial NGO in the social and healthcare ecosystem, acting as a bridging organization among end-user community (patients, people in need), social and healthcare institutions, and territorial policy bodies. Being an integrated part of the healthcare ecosystem they can efficiently support the network development, especially to articulate patients' needs in Living Lab on turning new solutions into practice. The NGO perspective is very important also for inputs and valuable feedback mainly regarding the two developed solutions: Living Lab Methodology and Value-Based agenda.

Ministerstvo zdravotnictví české republiky AO5	
Partner number	PP11
Name of the organisation in original language	Ministerstvo zdravotnictví české republiky
Name of the organisation in English	Ministry of Health, Czech Republic
Country (NUTS 0)	Česko (CZ)
Region (NUTS 2)	Praha (CZ01)
NUTS 3	Hlavní město Praha (CZ010)
Street, House number, Postal code, City	Palackého náměstí 4 4 128 01 Praha 2
Legal representative (not applicable - not to be filled in)	
Contact person	Mr. Martin Zeman
Email	martin.zeman@mzcr.cz
Telephone	00420603894176
Partner role	<p>The Ministry of Health of the Czech Republic is a government ministry of the Czech Republic. It is a key decision-maker and policymaker for health care in the Czech Republic. This organization has developed the strategic document called "Health 2030" that is reflecting the impacts of the aging population in the region, the need for higher effectiveness and safety in health care. The Health Labs4Value project is in line with this strategic framework and therefore will be supported during project implementation. Mainly, the Ministry of Health of the Czech Republic will provide the inputs and perspectives of top health care decisionmaker and policymaker in Central Europe. The feedback is expected to the two developed solutions: Living Lab Methodology and Value-Based health care system delivery. Both approaches are new to the Ministry of Health of the Czech Republic. Therefore, the outcomes from the pilot and overall Health Labs4Value project will be appreciated and monitored for further expansion within the territory.</p>

Országos Kórházi Főigazgatóság AO6	
Partner number	LP1
Name of the organisation in original language	Országos Kórházi Főigazgatóság
Name of the organisation in English	National Directorate General for Hospitals
Country (NUTS 0)	Magyarország (HU)
Region (NUTS 2)	Budapest (HU11)
NUTS 3	Budapest (HU110)
Street, House number, Postal code, City	Dios Arok 3 1125 Budapest
Legal representative (not applicable - not to be filled in)	
Contact person	Mr Istvan Csizmadia
Email	csizmadia.istvan@okfo.gov.hu
Telephone	+36204690557
Partner role	<p>The National Directorate General for Hospitals is a public institution established by the Government of Hungary and controlled by the minister responsible for health to govern 100 public hospitals and other organizations owned by the Hungarian State. It carries out continuous supervision and inspection of the finance and operation of public hospitals (in-patient care centers and infrastructure for specialized treatments) that are under its governance. It acts on behalf of the controlled entities in centralized public procurement processes, and/or assists them in preparing and implementing procurement themselves. Mainly, the National Directorate General for Hospitals will provide the inputs and perspectives of top health care decisionmaker and policymaker in Central Europe. The feedback is expected to the two developed solutions: Living Lab Methodology and Value-Based health care system delivery. Both approaches are new to the National Directorate General for Hospitals. Therefore, the outcomes from the pilot and overall Health Labs4Value project will be appreciated and monitored for further expansion within the territory.</p>

Florencja - Fundacja Na Rzecz Upowszechniania Cyfryzacji i Rozwoju Standardów Opieki A07	
Partner number	PP8
Name of the organisation in original language	Florencja - Fundacja Na Rzecz Upowszechniania Cyfryzacji i Rozwoju Standardów Opieki
Name of the organisation in English	Florencja - Foundation for the Promotion of Digitization and Development of Care Standards
Country (NUTS 0)	Polska (PL)
Region (NUTS 2)	Łódzkie (PL71)
NUTS 3	Miasto Łódź (PL711)
Street, House number, Postal code, City	Telefoniczna 23F 91-728 Lodz
Legal representative (not applicable - not to be filled in)	
Contact person	Dr. Dorota Kilańska
Email	kontakt@florencja.edu.pl
Telephone	+48606118367
Partner role	The goal of the Foundation is to improve the accessibility, efficiency, and quality of healthcare through: - Promoting the use of new technologies in health care, including through publishing and educational activities. - Initiating, supporting, and coordinating projects related to the implementation of new technologies in health care, including pilot projects. - Development, dissemination, and implementation of IT solutions and standards of care. - Initiating, supporting, and coordinating scientific research and development works in the field of health sciences, especially public health and digitization. - Public health activities related to prevention and health promotion, including educational, publishing, and implementation projects. Being an integrated part of the healthcare ecosystem they can efficiently support the network development, especially to articulate patients' needs in Living Lab on turning new solutions into practice. The NGO perspective is very important also for

Florecja - Fundacja Na Rzecz Upowszechniania Cyfryzacji i Rozwoju Standardów Opieki A07	
	inputs and valuable feedback mainly regarding the two developed solutions: Living Lab Methodology and Value-Based agenda.

C - Project description

C.1 Project overall objective

Programme priority specific objective (as selected in section A.1.).

S01.1: Strengthening innovation capacities in central Europe

Project overall objective

Please define the overall objective of the project.

- Make sure that it clearly contributes to the selected programme specific objective.
- The overall objective should provide the general context for what your project aims to achieve.
- It should describe the broader goal of the project for the benefit of its target group(s) and should point to the results (change) to be achieved by the project.

The objection is the efficient transfer of new co-created technologies and innovations in health care and shift towards value/patient-based health care system. As a vehicle of such change, the Living Labs will be established in 5 territories by 5 health care ecosystems contributing to RIS3 goals supported by 6 knowledge partners. The other stakeholders along the value chain will be engaged and benefit from the project (suppliers of new solutions such as SMEs and start-ups and patients).

C.2 Project relevance and context

C.2.1 What are the territorial challenge(s) that will be tackled by your project?

Please describe which specific challenges and needs are addressed by your project and why they are relevant for the overall programme area, (please refer to chapter 1 and 2 of the Interreg CENTRAL EUROPE Programme document).

One of the key business areas that are highly relevant for CE is public health, medicine, and life science (RIS3 segment). The average age of people increases in CE, especially in rural areas. The aging population with chronic diseases is causing an excessive load on health care systems. Actually, the Covid-19 pandemic indicated limits of health care systems as well. The health care systems cannot be blown up endlessly to meet still increasing needs and demands.

The associated challenge of the health care system is alarming data on inappropriate care, limited and wasted resources (staff, material, money) as described in the OECD report on "Wasteful Spending in Health" (2017) and the Expert panel organized by the EC on 26th June 2019. According to the above-mentioned OECD report, up to 34 % of expenditures are wasted and adverse events happen in 1 out of 10 hospitalizations that add 17 % to hospital costs. Up to 70 % of them could be avoided by the involvement and empowerment of patients and their family members. The experts state that thus, patient safety will be improved. At the same time, the above-mentioned Expert panel organized by the European Commission stated that in order to deliver high value for the patient, the health care system needs to shift from a "disease-centered" to a "person-centered" approach, where patients are equal and active partners in their care. Care at all levels needs to be driven by patients' needs, goals, priorities, and preferences. At the same time, the experts pointed out that they drive research, development, and innovations.

The key challenge is that R&D activities, technology, and Innovation transfer show still substantial imbalances between eastern and western regions in CE. In health care, there is still a high potential for usage and application of the newest technologies and innovations. Hospitals as one of the key health care organizations in the health care systems and key element of the health care value chain, can improve efficiency and safety of provided health care service when the existing processes are reviewed, reconsidered, and improved. Very often the new technologies need to be integrated. Such hospitals can take over the active role and become a part of further solutions when cooperating closely with research organizations, suppliers (SMEs, start-ups), and patients/end-users.

Last but not least, cooperation along the value chain of the health care system needs to be boosted as well. To do so, the cooperation and common understanding among suppliers (SMEs, start-ups, research organizations with the knowledge, etc.), health-care organizations, and patients (end-users) need to be fostered deeply to co-create the right solutions for health care. The other elements from the health value chain (insurance companies, associations of hospitals, NGOs, and other policymakers/decision-makers in health care) are participating in the project in the role of the associated project partners to provide the important perspective and point of view. Only by integrating the whole value-chain of health care can the successful system change be delivered. The Health Labs4Value project will ensure the first key step towards it.

C.2.2 How does the project tackle identified challenges and needs and what is new about the approach of your project?

Please describe the project approach chosen to address the challenges and needs described above. Please also explain how the approach goes beyond existing practice in the sector/programme area /participating countries demonstrating the innovativeness of the approach.

The excessive load on existing capacities in health care systems in CE cannot be blown up endlessly. The health care systems need to find other solutions while keeping or even improving the level of provided health care service. The aim of the health care systems in CE is to increase efficiency and safety. Efficiency can be achieved by the adoption of the newest concepts. The latest concept which has been implemented already for instance in the USA, Sweden, Finland, Netherland, and England is a value-based health care system. This concept has been developed by Michael E. Porter from Harvard Business School and redefined by the Expert panel organized by the EC on 26th June 2019. Today's delivery approaches reflect a legacy of medical science, organizational structures, management practices, and models that are rather obsolete. Simply said, today's health care systems are not aligned with value/patient's needs. In line with Porter's methodology, the value is the only real solution to reforming health care versus cost-shifting to patients, restricting services, or reducing provider compensations. Value is measured for the care of a patient's medical condition over the full cycle of care. Thanks to the Health Labs4Value project, 5 health care organizations in 6 participating countries will increase their knowledge (WP T1: capacity building) theoretically and practically (WP T3: pilot) and adopt value/patient-oriented methodology of health care delivery.

To set up a sustainable structure for the application of health innovations, easier transfer of the newest technologies and knowledge into healthcare organizations, the Living Labs will be established. According to the latest research and praxis (mostly from Netherland and Northern Europe, the Living Labs are the best solution/vehicle for this purpose. The Living Labs are user-focused experimental environments in which users and producers co-create innovative solutions in real-life settings. The Living Labs can be used to experience and experiment with the innovation process or as open innovation platform of stakeholders collaborating for the creation, prototyping, validating, and testing of new services, products, and systems in real-life contexts (physical place). In CE, there is a strong need to boost and foster the linkages between stakeholders along the health value chain. The project partners will focus on the 3 elements and their cooperation and common understanding. These elements are health care organizations/hospitals, suppliers of solutions for health care systems (SMEs, start-ups), and patients (end-users).

The partnership is built by the health care organizations/hospitals who have a direct connection with the patients (end-users) and knowledge partners who also keep the knowledge on the concepts used within the project and can provide a direct connection to regional suppliers (providers of health care solutions: SMEs, start-ups, etc.). The policy bodies are represented join the project in the role of associated partners.

C.2.3 Why is transnational cooperation needed to achieve the project objectives and results?

Please explain why the project objectives cannot be efficiently reached acting only on a national/regional /local level and describe what is the added value for the partnership and the project area in taking a transnational cooperation approach.

Health Labs4Value project is based on advanced knowledge of principles and practical experience with tools of Open Innovation 2.0 including co-creation and concept of Living Labs provided by different Knowledge partners. On the side, there are highly motivated healthcare organizations /hospitals that want to increase the efficiency and safety of provided services. Thanks to the Health Labs4Value project, both partners supported by National policymakers come together within 5 territories to change the current approaches and shift the health care agenda towards a value/patient-based health care system and establish a sustainable platform for the transfer of knowledge, innovations, and technologies into use (Living Labs).

Despite that, there are Knowledge partners and Healthcare organizations/Hospitals who gained already more experience with the above-mentioned concept within other projects or own research and pilots. Some Knowledge partners and Healthcare organizations/Hospitals have deep knowledge of some parts of the methodologies used within the project, but they miss knowledge on another one. No one is an expert on everything. Therefore, there are gaps between knowledge and experience with the approaches and concepts used within the project on a national level. That is why it is crucial to use transnational cooperation to learn and benefit from the experience, expertise, and knowledge of other project partners.

For instance, PP9 is an expert on living lab methodology thanks to the implementation of the CHERRIES project (H2020). The LP, PP5, PP6, and PP11 are experts in advanced co-creation approaches. The PP11 is EIT Health Hub for the Czech Republic that developed the methodology for the value-based health care system (Implementing value-based health care in Europe: Handbook for Pioneers, director Gregory Katz, 2020). The LP is very experienced and has advanced expertise in strategic development and action planning. This process has been led by the LP in many other European projects, for instance in InnoSchool (Danube Transnational Programme).

The research among healthcare organizations in CE regions done during the preparation of the Health Labs4Value project showed, that for Healthcare organizations is very important and motivating to jointly cooperate and share knowledge with other Healthcare organizations within the CE region when developing some innovations as the Living Labs are as well as the implementation of the value/patient-oriented health care system. They emphasized that joint development of the project on a transnational level is a great asset for further development and facilitates the process of internal system change (change of mindset and behavior of medical and non-medical staff).

Additionally, the project partners aim to transfer their knowledge within their territories and CE region after the end of the project. The partnership believes that the joint transnational development will result in more valuable and efficient solutions with better transnational overlap/impact.

C.2.4 Who will benefit from your project outputs and results?

Please select the target groups from the drop-down list, which are relevant for your project. For each of them please provide a more detailed specification and explain how they will benefit from your project outputs and results. Please ensure consistency with the target groups defined in the work plan (section C4).

Target group	Specification
National public authority	<p>The 3 national policy authorities for health care and regional development (transfer technologies and innovations) will be engaged in the project as associated project partners. Their role is to provide national and policy-level perspectives on the newly shaped structures in the health care ecosystems. They will gain the knowledge and outcomes from the practical usage of living lab methodology and value/patient-oriented system. This will help them to meet national/policy level decisions and shape the national health care framework and easier transfer technologies and innovations into health care systems.</p> <p>Additionally, The State insurance organization in Slovenia will participate in the Health Labs4Value project in a role of an associated project partner. This associated project partner and its perspective (inputs and feedback to the development process) is crucial due to the role of the payer for health care system delivery. That is why this organization will be invited and participate in territorial and transnational events to provide its perspective and points of view.</p> <p>All the above-mentioned stakeholders play a very important role from a wider sense of value-chain of health care ecosystem that is crucial to deliver successfully the system change in the end.</p>
Higher education and research organisations	<p>They will be engaged within the Health Labs4Value project as members of Core Group supporting to adopt the Living Lab Methodology and Value-based agenda by health care organizations. They will advise and help shape the future territorial health Living Lab. They will receive a better understanding of the health care market (what different health actors: patients, hospitals and SMEs need). They will learn more about Open Innovation 2.0 tools as well.</p>
SME	<p>They will be engaged within the Health Labs4Value project as members of Core Group supporting to adopt the Living Lab Methodology and Value-based agenda by health care organizations. They will co-create the future shape of territorial Living Labs and get access to the health care organization in the territory. The common cooperation may be tested within the pilot (WP T3). SMEs and start-ups will build their capacity and increase knowledge on the value/patient-oriented health care and Open Innovation 2.0 concept as well.</p>
Business support organisation	<p>They are part of the partnership, knowledge PPs, providing their knowledge and existing network of SMEs and start-ups developing innovative solutions for health care. Thanks to the territorial and transnational cooperation, they will increase their own knowledge on living lab methodologies used in health care and value/patient-oriented health care, extend their network and portfolio. They will be engaged in all thematic work packages (activities) of the Health Labs4Value project.</p>

Target group	Specification
Hospitals and medical centres	<p>They are part of the partnership, health care organizations, providing their infrastructure/resources. They will increase their knowledge (thanks to the territorial and transnational cooperation, too) on living lab methodology and value/patient-oriented care. They will establish a sustainable structure to develop their own solutions (co-created, co-designed, and patient-oriented) and test them before putting them in full operation. Newly adopted approaches will increase efficiency (save resources) and safety.</p> <p>Additionally, the Association of hospitals covering 78 hospitals in Germany will join the Health Labs4Value project as an associated project partner. The associated project partner will be invited and participate in the territorial and transnational event during the implementation/development phase to provide valuable feedback and inputs for 2 solutions. At the same time, the outcomes from the project will be used for further expansion within the territorial health care ecosystem.</p>
Other	<p>Society, patients and their family members as end-users of health care will be engaged in the project within the development process of the value /patient-oriented health care system service delivery in participating regions (local health care organizations). Their needs and services bringing them real value will become the key element on the top of the whole system and all further innovative solutions. This target group will be engaged in the territorial Core Groups and in WP T3: pilot experience.</p>
Interest groups including NGOs	<p>They are 2 NGOs participating in the Health Labs4Value project in the role of associated project partners. They will be invited to all the territorial and transnational events during the development process of both solutions: living lab methodology and value-based health care delivery system to provide their inputs, perspectives, and feedback. They play a very important role from a wider sense of value-chain of health care ecosystem that is crucial to deliver successfully the system change in the end.</p>

C.2.5 How does the project contribute to wider strategies and policies?

Please indicate to which strategies and policies your project will contribute and briefly describe in what way.

Strategy	Contribution
European Green Deal Strategy	The project supports the “Transformation of economy and societies” creating new opportunities for innovation and investment and jobs, as well as “improve health and wellbeing.” One of the goals is to provide methodologies to health care organizations that will save resources (materials), optimize processes, and provide the structures for more efficient transfer of new technologies and innovations into health care. With the support of coordination among the health value chain, the project contributes to “Leading the 3rd industrial revolution”.
Territorial Agenda 2030 Strategy	The project contributes to the priority Integration Beyond Borders since the joint Transnational Network of 5 health care systems (along the value chain) will be created within the project. Then, the project targets also a Circular Economy – strong and sustainable local economies in a globalized world since one of the key goals is to save the resources including materials wasted and optimization of processes and use the synergies for local markets when boosting the cooperation along the value chain.
EU Strategy for the Danube Region Strategy	The project supports the strategical direction of “Building prosperity” by shifting health care ecosystems towards value-based health care systems implementing the Open Innovation 2.0 approach, specifically boosting the cooperation and linkages among health care ecosystem actors along the health value chain. It supports the implementation of RIS3 strategies in 5 CE territories. Co-creation and Open Innovation 2.0 enable a direct contribution to PA7 (Knowledge Society) and also PA8 (Competitiveness).
EU Strategy for the Adriatic and Ionian Region Strategy	The project supports the establishment of the living labs as a useful tool for the development of innovative solutions that can be used also outside health care. The innovations reached by co-creations and other Open Innovation 2.0 tools can be transferred to any other sector. Therefore, the project contributes to the research and Innovation, and SMEs and capacity building as cross-cutting challenges.
EU Strategy for the Baltic Sea Region Strategy	The project addresses the PA “Health”: active and healthy aging, capacity building, and shared learning of health stakeholders. The project is reflecting the impacts of an aging population with chronic diseases and provides methodologies on how to increase the efficiency and safety of health care. 5 health care organizations are building their knowledge capacity. The PA “Innovation” is tackled since the linkages of stakeholders along the value chain are boosted towards jointly developed innovative solutions.
EU Strategy for the Alpine Region Strategy	The project supports the 1st strategic objective “Fair access to job opportunities, building on the high competitiveness of the Region”, A1 “To develop an effective research and innovation ecosystems” and A2 “To increase the economic potential of strategic sectors” where health care and innovations are one of the strategic sectors. The project addresses especially the support and boost of linkages among ecosystem actors (along health value-chain) and innovative platforms (living labs).

C.2.6 How will your project make use of synergies with EU and other projects or initiatives?

Project or initiative (including funding instrument, if applicable)	Synergies foreseen
<p>HoCare 2.0: delivery and deployment of innovative solutions for Home Care by strengthening quadruple helix cooperation and applying principles of co-creation in territorial innovation ecosystems (ICE 2014 - 2021)</p>	<p>The project Health Labs4Value draws on the ongoing project called HoCare 2.0 project (till 06.2022) that ensured the following baseline for further development: close cooperation with Quadruple Helix representatives in Hungary, Czech Republic, and Germany, the stakeholders for health care formed in the Co-creation Hubs formed as informal structures set-up in Hungary, Czech Republic, and Germany, advanced knowledge in co-creation in all above-mentioned territories (implemented trainings on individual, institutional and stakeholder level), pilot implemented (practical experience) in all above-mentioned territories verifying the process of product/solution development by SMEs and Providers of public health care, 2 Tools that can be capitalized within Health Labs4Value # co-creation and the existence of Network of HoCare 2.0 co-creation labs.</p> <p>Additionally, the LP is very experienced and has advanced expertise in strategic development and action planning. This knowledge has been gained also within HoCare 2.0 project led by the LP also in many other European projects, for instance in InnoSchool (Danube Transnational Programme).</p>
<p>CHERRIES: Constructing Healthcare Environments through Responsible Research Innovation and Entrepreneurship Strategies (H2020)</p>	<p>The aim of the CHERRIES project is to enable Responsible, Research and Innovation (RRI) policy experiments in the healthcare sector in three European territories – in Murcia (ES), Örebro (SE), and the Republic of Cyprus (CY). The CHERRIES team applies the RRI framework to mobilize territorial stakeholder ecosystems and engage them into regional pilot actions aimed at:</p> <ol style="list-style-type: none"> 1. identifying needs in the healthcare sector at the territorial level 2. encourage the proposition and co-creation of innovative solutions to the identified needs 3. stimulate institutional reflection processes on how to innovate products and services in the healthcare sector through participatory approaches 4. present evidence-based recommendations for revision of sectoral policies, strategies, and innovation support instruments. <p>ZSI, PP9, is the coordinator of the project and is responsible also for leading the work package on the Co-creation of a responsible innovation policy mix (baseline for living labs). The project is funded by H2020 and its implementation will end by 12/2022.</p>

C.2.7 How does your project build on available knowledge?

Please describe the experiences/lessons learned that your project draws on, and other available knowledge your project capitalises on. If relevant, please specify the projects to be capitalised and which project partner(s) have been involved.

Primarily, the project is built on the HoCare 2.0 project (Interreg CE) that was focused on the delivery and deployment of innovative solutions for home health and social care by strengthening Quadruple Helix cooperation applying principles of co-creation in territorial innovation ecosystems. The advanced co-creation methodologies (Open Innovation 2.0) will be the main tool used in development processes in Health Labs4Value as well as close cooperation with stakeholders/ecosystem actors in health care (Quadruple Helix) and integration of end-users/patients into the development process of further health care solutions. LP, PP5, PP6, PP11 were implementing this project.

The Health Labs4Value project will capitalize the knowledge gained and complementary with ITACA (Interreg Europe) project where the aim was to accelerate the scaling up of smart health and care innovation to support active and healthy living by supporting innovative SMEs (including the RIS3 cluster life sciences and Health) to upscale digital products and bring into life successful business cases. Additionally, the knowledge developed by project SMART4MD (H2020) will be capitalized in the area of user-centered design for the elderly (end-users). PP11 participated in this project.

Aside from the previous project experience and gained knowledge, the project draws on the European Network of Living Labs (ENoLL) methodology of sustainable living labs and the Living Lab Methodology Handbook developed by U4IoT thanks to H2020. The value-based agenda will be based on Professor Michael E. Porter, Harvard Business School, and his book "Redefining Health Care: Creating Value-Based Competition on Results". This concept has been adopted by the Expert Panel of Effective Ways of Investing in Health at the European Commission, 26th June 2019. The Health Labs4Value is built on the Recommendations. The methodology of the pilot is following the Implementing value-based health care in Europe: Handbook for Pioneers published by EIT Health (Director: Gregory Katz), 2020. PP11 and PP7 are the EIT Health members. PP11 is the EIT Health Hub for the Czech Republic and that is why PP11 will lead the development process of Solution 2: Value-based health care delivery System in CE (A.T1.2 and D.T1.3.2, O.T1.2).

C.3 Project partnership

What is the rationale of the partnership composition and how are partners complementary to each other? Please describe the structure of your partnership and why the involved partners are needed to implement the project and to achieve the project objectives.

The Health Labs4Value partnership is created by 11 project partners and 7 associated project partners from Austria, Hungary, Czech Republic, Germany, Poland, and Slovenia. In each territory, there is built a dual partnership. Therefore, one of the project partners in the territory is the "Knowledge PP" who is bringing the knowledge, practical experience from previous projects or learned methodologies (value/patient-based agenda, co-creation, living labs), close contact with a network of ecosystem actors in health care (SMEs and start-ups delivering the solutions for health care, academia, policy bodies on a regional and national level). These Knowledge PPs will facilitate the development process and implementation of all project activities on a territorial level during the whole project duration.

They will strongly support the other territorial PP, "Healthcare organization", providing the health care services to end-users/patients. In all cases, they are hospitals from "rural areas" having the Health and Life sciences in the RIS3 segment. All of them are highly motivated to establish sustainable structures for effective transfer of knowledge and innovations through living labs, and eager to learn and test new methodologies (living labs and value/patient-based agenda). The Healthcare organizations will provide the internal resources for the Health Labs4Value project, i.e. staff – medical and non-medical, direct contact and access to patients with chronic disease and their family members, internal processes of the provider of health care, and the real-life setting/environment of health care.

The 2 PPs in the territory will work together closely to jointly develop and implement the solutions on the territorial level. However, they will jointly contribute to the project-level development process and implementation of transnational project activities as well.

Only in Austria, there is one Knowledge PP participating in the project bringing however deeper knowledge on Living Labs methodology (thanks to the CHERRIES project funded by H2020) who will be leading the WP T1 (mainly A.1.1) activities and strongly consult to WP T2 activities.

Since the project results aim to have an impact on the policy level as well, the PPs bring to the Health Labs4Value project policymakers/decision-makers and other elements from a wider sense of value-chain in health care in 5 territories.

C.4 Project work plan

WP number	Work package name
WP1	Capacity Building: Living Labs and Value-Based agenda in health care systems of CE
WP2	Establishment of sustainable structures – transnational Network and territorial Health Labs4Value
WP3	Pilot: implementation of the VBHC system and living lab methodology in 5 CE regions

C.4.1 Work package 1

Workpackage number

WP1

Work package title

Capacity Building: Living Labs and Value-Based agenda in health care systems of CE

Objectives

Please define one project specific objective that will be achieved by your project through the implementation of the work package. The specific objective should be:

- realistically achievable during the project lifetime;
- specific;
- be verifiable and measurable.

Project specific objective

Adopt the concept of living labs and value-based health care delivery in 5 regions in CE to showcase and set up the milestone of its further expansion. The Living Lab concept is used as a vehicle for a change based on Open Innovation 2.0.

In addition, please define one or more communication objective(s) that will contribute to the achievement of the specific objective and include reference to the relevant target group(s). Communication objectives aim at changes in a target audience's awareness and behaviour.

Communication objective(s) and target audience

The objective is to raise awareness and knowledge about the solutions consisting of the living lab concept and value-health care delivery system. The concepts need to be introduced, well explained and practical benefits need to be emphasized.

The target audience is all relevant Quadruple Helix actors along the health care value chain (Healthcare organizations, SMEs and start-ups, Research organizations, and Health care recipients and their family members).

Activities

Please describe the activities foreseen in order to achieve the above project specific objective and related communication objective(s) considering also the involvement of the relevant target groups as identified in section C2.4.

Activity 1.1	
Title	Joint development of Health Living Labs Methodology for CE
Start period	Period 1, 1 - 6
End period	Period 1, 1 - 6
Description	<p>WP1 leader in cooperation with KPs and HCOs will elaborate a practical Guidance and roadmap of the development process with the aim to define the vision and purpose of the future territorial Living Labs. It will include the general knowledge-based part introducing the Living Lab methodology, emphasizing the benefits for ecosystem actors and good practice as well as the methods of Open Innovation 2.0 that may be used during focus groups with QH representatives.</p> <p>The representatives of QH will be engaged through 5 established territorial Core Groups. KPs will facilitate the engagement process in territories. For mapping the need(s) for territorial Living Labs, the facilitated focus group will be organized in 5 participating territories.</p> <p>The Health Living Lab Methodology (basis for Pilot) will be based on the overall living lab methodology, outcomes, and actual need(s) resulting from focus groups with the healthcare ecosystems (Core Group members).</p>

Deliverables 1.1			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.1.1.1	Guidance on development process for Health care organizations implementing living lab methodology	Practical guidance for HCOs on how to adapt existing methodology on living lab and develop solutions valid for health care systems in CE. It will include good practices, methods to define aim and purpose of future living lab. Prepared by WP T1 leader supported by all KPs with feedback from all HCOs.	Period 1 , 1 - 6
D.1.1.2	Lists of members of established	In 5 territories, Core Groups will be established engaging members as follows: 2 HCOs, 2 KPs, 2 SMEs	Period 1 , 1 - 6

Deliverables 1.1			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	Core Groups in 5 participating territories	/start-ups, 2 Research org./Universities, 2 End-users, and /or Family members. Core Groups are based on the Quadruple Helix model: public, industry, academia, and society. 5 Lists will be elaborated.	
D.1.1.3	Reports on mapped needs for a change and definition of the aim of the further Health Labs4Value	Territorial reports summarizing the outcomes from focus group mapping the needs for a change or/and potential to increase efficiency and safety within HCO. The aim, purpose, challenges for Health Labs4Value will be defined in 5 part. ter. as well as a baseline for Strategy and Action plans (WP T2).	Period 1, 1 - 6
D.1.1.4	Jointly developed Health Living Lab Methodology adapted for Health care organizations in CE	Health Living Lab Methodology will be elaborated by WP T1 leader based on own expertise, a general methodology for Living Labs and reflecting inputs /specifics from territorial mapping done in focus groups with Core Group members in 5 CE regions. All KPs will support with their expertise.	Period 1, 1 - 6

Activity 1.2	
Title	Joint development of Value-Based health care service delivery System for CE
Start period	Period 1, 1 - 6
End period	Period 1, 1 - 6
Description	<p>Health care needs to be driven by a constant focus on delivering outcomes that truly matter to patients. The health of the end-user (patient) must be at the center of the healthcare system. Therefore, the health care ecosystem needs to focus on value for patients.</p> <p>PP11 will facilitate the development process of Value-Based health care service delivery ("VBHC") methodology applicable in 5 territories in CE. PP11 will prepare the Concept of VBHC methodology. The existing methodologies will be introduced to the Core Group and adopted to the territorial specifics. The KPs will prepare the presentation and facilitate the focus group meeting with the Core Group (repr. of QH). Tools of Open Innovation 2.0 will be used.</p>

Activity 1.2	
	<p>As a result, KPs prepare the feedback report for improvement and customization of the Concept.</p> <p>PP11 considers and reflects the inputs from Core Groups and elaborates the VBHC System for CE supported by other PPs. It is a basis for Pilot (WP T3).</p>

Deliverables 1.2			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.1.2.1	Jointly developed Concept of Value-Based health care service delivery System for CE	PP11 will elaborate advanced Concept of a Value-Based health care service delivery System for CE. KPs will support by their expertise and prepare the introductory presentation for focus group meetings with Core Group members. Good practices will be listed to demonstrate practical application.	Period 1 , 1 - 6
D.1.2.2	Feedback reports on Concept of VBHC summarizing outcomes from a focus group meeting with Core Group	The KPs will organize in cooperation with HCOs the focus group meeting engaging Core Group members where the Concept of VBHC will be introduced and thoroughly discussed. The KPs will facilitate it and summarize the outcomes in Feedback Report.	Period 1 , 1 - 6
D.1.2.3	Jointly developed Value-Based health care service delivery System for CE	PP11 will consider and reflect the received inputs from territorial Core Groups in the final version of the VBHC System for CE. All KPs and HCOs will support with their expertise and feedback. The final document is a basis for Pilot (WP T3).	Period 1 , 1 - 6

Activity 1.3	
Title	Solutions for CE: upscale of Pilot experience in 5 CE regions
Start period	Period 5, 25 - 30
End period	Period 5, 25 - 30
Description	The jointly developed Health Living Labs methodology for CE and the jointly developed Value-Based health care service delivery System for CE will be piloted in 5 participating regions (WP3). As a

Activity 1.3	<p>result, from the pilot, the Improvement reports will be elaborated by KPs in close cooperation with HCOs including the feedback received from territorial meetings with Core Group members.</p> <p>Pilot partners will upscale their pilot experiences into new technical Solutions, consisting of the efficient transfer of newly co-created and value /patient-oriented technologies and innovative solutions.</p>
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Deliverables 1.3			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.1.3.1	Technical solution, upscaled thanks to the Pilot experience	WP1 leader will prepare templates for pilot partners. PP2 will elaborate on the new technical solution, developed based on the Pilot in their territory. The new solution will optimize the processes of in- and outpatient care by automating case management and innovative, digital systems.	Period 5 , 25 - 30
D.1.3.2	Technical solution, upscaled thanks to the Pilot experience	WP1 leader will prepare templates for pilot partners. PP4 will elaborate on the new technical solution, developed based on the Pilot in their territory. In SI the solution will enable patients with injuries to improve the quality of their rehabilitation in their home environment.	Period 5 , 25 - 30
D.1.3.3	Technical solution, upscaled thanks to the Pilot experience	WP1 leader will prepare templates for pilot partners. PP6 will elaborate on the new technical solution, developed based on the Pilot in their territory. In GER the solution will enable elderly people to live as long as possible autonomously and (almost) independently in home environment.	Period 5 , 25 - 30
D.1.3.4	Technical solution, upscaled thanks to the Pilot experience	WP1 leader will prepare templates for pilot partners. PP8 will elaborate on the new technical solution, developed based on the Pilot in their territory. In PL digitalization will reduce patient service time.	Period 5 , 25 - 30
D.1.3.5	Technical solution, upscaled	WP1 leader will prepare templates for pilot partners. PP10 will elaborate on the new technical solution, developed based on the Pilot in their territory. In CZ new technology will enable systematic physiotherapy of patients after surgery in hospital and homecare.	Period 5 , 25 - 30

Deliverables 1.3			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	thanks to the Pilot experience		

Activity 1.4	
Title	Communication: raising awareness and knowledge on developed Health Living Labs Methodology and Value-Based health care service delivery System
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Description	<p>In the initial phase of the project implementation, the awareness of the project features and ambition will be introduced to health ecosystem actors thanks to the presentation (attractive design), and introductory video (animated). Both communication tools will be used among others during the creation of territorial Core Groups represented by all QH representatives and a focus group with them.</p> <p>The press release will raise awareness of the project's aim via media appearance, at least in 3 media per territory. The territorial PPs will adjust the proposal elaborated by the C leader, translate it, and share it with the media. The press release will be also published on the Interreg CE sub-page and all PPs' websites.</p> <p>To increase knowledge on 5 technical Solutions based on pilots, the C leader will design a Factsheet. The Factsheet will communicate the soft facts of key parts and hard facts (results from the pilot).</p>

Deliverables 1.4			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.1.4.1	Presentation on Health Labs4Value	The presentation and introductory video will be prepared by the C leader as communication tools to introduce the project's key objectives and actions to	Period 1 , 1 - 6

Deliverables 1.4			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	project and Health Labs4Value introductory video	ecosystem actors (Quadruple helix representatives – Core Group members) and others. It will raise awareness in the initial phase of the project.	
D.1.4.2	1 press release about key features and aim of the Health Labs4Value project	The C leader will prepare the press release to raise awareness of the project's aim. The KPs will adjust it, translate it and address it to min 3 media per territory. It will be published as well on the Interreg CE project sub-page and all PPs' websites.	Period 1, 1 - 6
D.1.4.3	Factsheet about Health Living Labs Methodology and Value-Based health care service delivery System	The C leader will prepare the Factsheet about Health Living Labs Methodology and Value-Based health care service delivery System which will be widely promoted by all partners on their websites and social media.	Period 5, 25 - 30

Outputs

Please define the outputs which will be realised through the activities foreseen in this work package and link them to the related programme output indicators.

Output number 1.1	
Output title	5 new technical Solutions based on Pilot experience
Programme output indicator	RCO116_1.1: Jointly developed solutions
Measurement unit	solutions
Output target value	5.00
Delivery period	Period 5, 25 - 30
Output description	Pilots in 5 participating territories: CZE, GER, HUN, POL and SLO will verify the Health Living Lab Methodology and Value-Based health care service delivery System. New solutions will reflect the experience gathered during the pilot and will be upscaled to new technical solutions applicable for CE. The full shift towards the VBHC takes more system changes and time than it was possible to cover by the Health Labs4Value project. Nevertheless, is the first but most important milestone on the path.

Investments

C.4.1 Work package 2

Workpackage number

WP2

Work package title

Establishment of sustainable structures – transnational Network and territorial Health Labs4Value

Objectives

Please define one project specific objective that will be achieved by your project through the implementation of the work package. The specific objective should be:

- realistically achievable during the project lifetime;
- specific;
- be verifiable and measurable.

Project specific objective

Set- up sustainable structures in 5 CE regions by establishing territorial Living Labs for delivery of health care innovation, transfer of technologies, and knowledge based on Open Innovation 2.0 principles and value-based agenda.

In addition, please define one or more communication objective(s) that will contribute to the achievement of the specific objective and include reference to the relevant target group(s). Communication objectives aim at changes in a target audience's awareness and behaviour.

Communication objective(s) and target audience

The objective is to raise awareness and influence the attitude of health ecosystem actors from QH, mostly of the Healthcare organizations and representatives of health care service delivery systems on a regional and national level. To change the mindset is very crucial for every system change. Therefore, mainly the hard facts from the pilot experience will be promoted and communicated. The existence of the newly established structures on the territorial and transnational level will be promoted.

Activities

Please describe the activities foreseen in order to achieve the above project specific objective and related communication objective(s) considering also the involvement of the relevant target groups as identified in section C2.4.

Activity 2.1	
Title	Establishment of territorial Health Labs4Value in 5

Activity 2.1	
	CE regions
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Description	<p>The territorial Core Group members (set in A 1.1) will define the aim, purpose, and challenges for Health Labs4Value in 5 participating territories during the focus group meeting (D.1.1.3). As a basis for the further development process, the KPs elaborate in close cooperation with HCOs the advanced definition of territorial Health Labs4Value. It will include also the expected (legal) form and financial sustainability. During the monthly calls of the whole consortium, the PPs will discuss the approaches chosen by regions and monitor the progress on a trans. level. The development process on the trans. level will be facilitated by the WP T2 leader, strong engagement of ter. KPs is expected in facilitation on the territorial level. The pilot experience (WP T3) will also provide feedback to the proposed territorial structure (Health Labs4Value) and transnational structure as well (Network of Health Labs4Value). In the end, the territorial structures 5 Health Labs4Value will be established.</p>

Deliverables 2.1			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.1.1	Advanced definition of future Health Labs4Value in 5 CE regions & roadmap towards full establishment	Based on the inputs from a focus group meeting with territorial Core Group members (D.1.1.3), the KPs in cooperation with HCOs define the advanced definition of future territorial Health Labs4Value. It will include the (legal) form, aim, purpose, financial sustainability, and roadmap of next steps.	Period 1 , 1 - 6
D.2.1.2	Reports with Recommendations for adaption of territorial Health Labs4Value based on pilot experience	After the pilot, the territorial Core Group members provide recommendations that will be gathered by territorial KPs (D.3.4.1). Therefore, the territorial KPs also elaborate the Report with Recommendations. The template will be provided by the WP T2 leader.	Period 5 , 25 - 30
D.2.1.3	Established territorial Health Labs4Value in 5	The initial advanced definition of Health Labs4Value will be upscaled and the territorial Health Labs4Value in 5 CE regions will be established. The form and	Period 5 , 25 - 30

Deliverables 2.1			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	CE regions	structure will reflect the needs and feedback gathered in previous steps involving the ecosystem actors.	

Activity 2.2	
Title	Establishment on Transnational Network of Health Labs4Value in CE
Start period	Period 5, 25 - 30
End period	Period 6, 31 - 36
Description	<p>First, the WP T2 leader will initiate the draft of the contractual documentation including the scope of cooperation and knowledge transfer among territorial Health Labs4Value. The KPs will facilitate the negotiation process with HCOs and potentially also other ecosystem actors in the territory. The monthly calls of the whole consortium will be used as a transnational platform to discuss challenges and potential for transnational cooperation beyond the project. The financial sustainability will be also touched and may be reflected in the contractual document. The aim is to boost the transnational linkages of Open Innovation 2.0 ecosystems in health care also after the project end.</p> <p>At the end of the negotiation process, the agreed contractual document will be signed by all representatives of territorial Health Labs4Value established within the project.</p>

Deliverables 2.2			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.2.1	Draft of contractual doc. incl. scope of cooperation and knowledge transfer among Health Labs4Value	WP T2 leader will initiate the draft of contractual document including scope of cooperation and knowledge transfer among territorial Health Labs4Value. The KPs with HCOs and potentially also other ecosystem actors in territory provide feedback. The monthly calls will be used to discuss challenges.	Period 6 , 31 - 36

Deliverables 2.2			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.2.2	Signed contractual document by all representatives of territorial Health Labs4Value creating Network	Sustainable Transnational Health Labs4Value Network will be created based on the contractual agreement signed by all representatives of territorial Health Labs4Value.	Period 6 , 31 - 36

Activity 2.3	
Title	Joint Transnational Strategic framework for Network of Health Labs4Value
Start period	Period 1, 1 - 6
End period	Period 6, 31 - 36
Description	First, WP T2 leader elaborates draft of Strategic framework for Transnational Network of territorial Health Labs4Value. It will define strategic objectives until 2035 and measurable impacts at the territorial level. The needs and challenges of territorial health care ecosystems will be addressed as well as the outcomes from the pilot experience. The KPs will facilitate the negotiation process with HCOs and potentially also other ecosystem actors in the territory. The monthly calls of the whole consortium will be used as a transnational platform to discuss challenges and potential for transnational cooperation beyond the project. At the end of the negotiation process, the Joint Transnational Strategic framework will be recognized by all Network members, i.e. representatives/owners of territorial Health Labs4Value in 5 CE regions.

Deliverables 2.3			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.3.1	Draft of Transnational Strategy for Network of	WP T2 leader will initiate the draft Strategy for Network of Health Labs4Value 2035 supported by territorial KPs	Period 4 , 19 - 24

Deliverables 2.3			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	Health Labs4Value 2035	facilitating the negotiation process on the territorial level. HCOs will contribute actively to the strategic objectives and definition of measurable impacts.	
D.2.3.2	Final Transnational Strategy for Network of Health Labs4Value 2035	WP T2 leader will facilitate the negotiation and development process on a transnational level. The monthly meetings of the whole consortium will be used. The final Strategy for Network of Health Labs4Value 2035 will be finalized after consideration and reflection of territorial inputs.	Period 6 , 31 - 36

Activity 2.4	
Title	Action plans for territorial Health Labs4Value aiming the goal and impact defined in the Joint Transnational Strategic framework of Network for Health Labs4Value
Start period	Period 1, 1 - 6
End period	Period 5, 25 - 30
Description	<p>WP T2 leader provides brief guidance on action planning and template for the territorial action plans. Each territory will elaborate the draft of a territorial action plan targeting the jointly developed Strategic framework of Transnational Network 2035 and territorial challenges of Health Labs4Value. The process will be facilitated by KPs and HCOs on the territorial level. The other ecosystem actors may be engaged as well. The experience from the pilot (WP T3) will be also reflected.</p> <p>The development process on the transnational level will be facilitated by the WP T2 leader. All drafts of territorial Action plans will be discussed during monthly calls of the whole consortium. The peer-review method will be used to provide valuable feedback to other members of the Transnational Network of Health Labs4Value. The territorial Action plans will be recognized by representatives/owners of territorial Health Labs4Value.</p>

Deliverables 2.4			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.4.1	Drafts of territorial Action plans of territorial Health Labs4Value	WP T2 leader provides brief guidance on action planning and template for the territorial action plans. Each territory will elaborate the draft of a territorial action plan targeting the Strategic framework of Transnational Network 2035 and territorial challenges of Health Labs4Value.	Period 4 , 19 - 24
D.2.4.2	Jointly developed Final territorial Action plans of territorial Health Labs4Value	The drafts of territorial Action plans will be discussed during monthly calls of the whole consortium as a transnational platform. The peer-review method will be used to provide valuable feedback to other members of the Transnational Network of Health Labs4Value. They will be aligned with Strategy.	Period 5 , 25 - 30

Activity 2.5	
Title	Communication: raising awareness of territorial Health Labs4Value and transnational Network and influencing attitude of health ecosystem actors
Start period	Period 1, 1 - 6
End period	Period 6, 31 - 36
Description	<p>During the development process, the C leader will prepare 3 press releases to raise awareness of future Health Labs4Value among health ecosystem actors. The territorial PPs will adjust, translate, and address it to min 3 media/territory. They will be published on the Interreg CE project sub-page and all PPs' websites.</p> <p>To influence the attitude of health ecosystem actors, the Leaflets about territorial Health Labs4Value and trans. Network will be created. The hard facts (from pilot/WP T3) and benefits will be emphasized. The vision of transnational strategic framework or/and territorial action plans may be also communicated. Therefore, all territorial PPs will make it relevant for their territory/health ecosystem actors.</p>

Activity 2.5	
	Additionally, the public transnational event will be organized to promote the pilot experience, territorial Health Labs4Value, and the transnational Network. The aim is to raise awareness and influence the attitude of health ecosystem actors also from other regions.

Deliverables 2.5			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.2.5.1	3 Press releases about the development process of establishment of territorial Health Labs4Value	The C leader will prepare 3 press releases to raise awareness of the development process during establishment of territorial Health Labs4Value. The KPs will adjust, translate, and address it to min 3 media /territory. It will be published as well on Interreg CE project sub-page and all PPs´ websites.	Period 6 , 31 - 36
D.2.5.2	Leaflets (5) for territorial Health Labs4Value and Leaflet (1) promoting the transnational Network	The C leader prepares design/template for territorial and transnational level leaflets. PPs will adjust, translate, and finalize the Leaflet for each territorial Labs4Value. The aim is to influence attitude - benefits health living labs will be addressed. Leaflets can be printed/territory of each.	Period 6 , 31 - 36
D.2.5.3	Trans. Conference promoting results from the pilot (WP T3) and ter. Health Labs4Value and Network	At the end of the project, the public event will be organized on a transnational level promoting the hard facts based on pilot experience and existence of territorial Health Labs4Value and the transnational Network. The aim is to raise awareness and influence the attitude of health ecosystem actors.	Period 6 , 31 - 36

Outputs

Please define the outputs which will be realised through the activities foreseen in this work package and link them to the related programme output indicators.

Output number 2.1	
Output title	Transnational cooperation of HCOs, KPs, and policymakers from 5 CE healthcare ecosystems when developing joint solutions upscaled by pilots and setting the sustainable structures for innovations.
Programme output indicator	RC087_1.1: Organisations cooperating across

Output number 2.1	
	borders
Measurement unit	organisations
Output target value	18.00
Delivery period	Period 6, 31 - 36
Output description	11 PPs and 7 APs cooperate to develop 2 solutions for health care ecosystems in CE upscaled by pilot experience in 5 CE regions. The cooperation is developed mainly on a trans. level, where healthcare institutions, knowledge organizations, and policymakers share their expertise and knowledge, create jointly new approaches adopted for CE health ecosystems and implement jointly the developed solutions. The sustainable transnational Network will be established in 5 participating CE regions (R3).
Output number 2.2	
Output title	Transnational Strategy for Network of Health Labs4Value 2035
Programme output indicator	RCO83_1.1: Strategies and action plans jointly developed
Measurement unit	strategy/action plan
Output target value	1.00
Delivery period	Period 6, 31 - 36
Output description	The PPs will develop jointly the Strategic framework till 2035 for the Transnational Network (O 2.1) of territorial Health Labs4Value. The joint challenges will be defined. The territorial challenges of territorial Health Labs4Value will be reflected as well, though. The PPs will define jointly strategic objectives and measurable impacts. For the development and negotiation process, monthly calls will be used. The process will be facilitated by WP T2 leader, strongly supported by all other PPs.
Output number 2.3	
Output title	Jointly developed Final territorial Action plans of territorial Health Labs4Value
Programme output indicator	RCO83_1.1: Strategies and action plans jointly developed

Output number 2.3	
Measurement unit	strategy/action plan
Output target value	5.00
Delivery period	Period 5, 25 - 30
Output description	<p>Not all regions in participating territories face the same challenges. Therefore, the development of territorial action plans for each Health Labs4Value is necessary. The development process on the trans. level will be facilitated by WP T2 leader and on territorial level by KPs. For joint development on the transnational level, the monthly calls will be used to discuss the challenges, peer-review the drafts of the action plans, and monitor the alignment with Strategy (O T2.2) and the progress.</p>

Investments

C.4.1 Work package 3

Workpackage number

WP3

Work package title

Pilot: implementation of the VBHC system and living lab methodology in 5 CE regions

Objectives

Please define one project specific objective that will be achieved by your project through the implementation of the work package. The specific objective should be:

- realistically achievable during the project lifetime;
- specific;
- be verifiable and measurable.

Project specific objective

Boost adaption of the value-based health care service delivery system and living lab methodology in 5 participating CE regions to showcase and set initial but a key milestone for their further expansion in CE.

In addition, please define one or more communication objective(s) that will contribute to the achievement of the specific objective and include reference to the relevant target group(s). Communication objectives aim at changes in a target audience's awareness and behaviour.

Communication objective(s) and target audience

The objective is to influence the attitude and behavior of stakeholders along the health value-chain (health-care organizations – SMEs and start-ups/suppliers of solutions – patients/end-users). The aim is to empower them to implement patient-centered care increasing value and co-create/co-design the solutions for health care.

The hard facts from pilot will be communicated thanks to the eFactsheets, video capturing the work in living labs, and social media campaign on ter. and trans. level.

Activities

Please describe the activities foreseen in order to achieve the above project specific objective and related communication objective(s) considering also the involvement of the relevant target groups as identified in section C2.4.

Activity 3.1	
Title	Pilot of Jointly developed Health Living Lab Methodology and Value-Based health care service delivery System adapted for Health care organizations in CE: Exploration
Start period	Period 2, 7 - 12
End period	Period 2, 7 - 12
Description	<p>Each piloting HCO (PP2, PP4, PP6, PP8 and PP10) already defined its scope of pilot in section B.1.6:</p> <ul style="list-style-type: none"> - PP2 aims to optimize the processes of in- and outpatient care, within those the medical check-up; pre- and post-operative processes by automating case management and innovative, digital systems. - PP4 aims to enable patients with injuries who are treated conservatively to improve the quality of their rehabilitation in their home environment. - PP6 will tackle the support for elderly people to live as long as possible autonomously and (almost) independently in home environment. - PP8 aims to streamline the work of medical and non-medical staff in the areas of administration and patient service through digitization and implementation of new technologies such as for example biometric signatures. - PP10 will focus on the new technology supporting long-term treatment communication, education and homecare of chronic patients with technologies that help to monitor patients' conditions in homecare setting with direct contact with healthcare professionals in case of need. <p>In Act. 3.1, 20 relevant patients or/and family members per pilot with the selected condition will be recruited as well as the internal team involving clinical and non-clinical staff working to provide the full cycle for patients. The QH – Core group members will be engaged, too.</p> <p>Open Innovation Camp 1 as a co-creation sprint type event (OI 2.0) will be organized in each territory to create a common understanding of (a complex societal) challenge and develop in a co-creative manner a user-centered solution in a set timeframe. Additionally, PREMs and PROMs indicators will be measured with patients' group in each territory. As a</p>

Activity 3.1	
	result, the State of Art will summarize all challenges and needs. Furthermore, the solution will be drafted which will be elaborated further/addressed within Living Labs. WP T3 leader will facilitate the trans. and KPs on ter. level. The development process will be coordinated via monthly calls.

Deliverables 3.1			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.3.1.1	Descriptions of episodic, chronic disease or condition and recruited Patients' group for the pilot	Based on the defined pilot scope (in section B.1.6.), 20 relevant patients (per pilot) with the selected condition will be recruited - patients and/or family members. WP T3 leader will provide a template for the description document incl. general description of the patients' group.	Period 2 , 7 - 12
D.3.1.2	Teams set-up: recruitment of Internal forces and engagement of Quadruple helix - Core Group	In line with the selected condition, the internal team involving clinical and non-clinical personnel who work together to provide the full cycle for a patients' group will be recruited as well as the Core Group members. KPs will support HCOs in the facilitation process on a territorial level.	Period 2 , 7 - 12
D.3.1.3	Reports from Open Innovation Camp 1 and summarizing the results from PROMs and PREMs	In piloting regions, Open Innovation Camp 1 will be organized to create a common understanding of (a complex societal) challenge in a set timeframe. The Patients' group and Team will participate. Additionally, PREMs (experience of care) and PROMs (efficiency and safety) indicators will be measured.	Period 2 , 7 - 12
D.3.1.4	State of Art: the result of an Exploration phase	In piloting regions, the State of Art will be elaborated to provide an understanding of the context, challenges, and requirements identified by users (patients' group and Team). Among challenges, the need and possible solution will be drafted/described. KPs will support HCOs in elaboration.	Period 2 , 7 - 12

Activity 3.2	
Title	Pilot of Jointly developed Health Living Lab Methodology and Value-Based health care service delivery System adapted for Health care

Activity 3.2	
	organizations in CE: Co-design & co-creation of innovative solution
Start period	Period 3, 13 - 18
End period	Period 3, 13 - 18
Description	<p>Based on the defined needs and drafted solution in the State of Art, the development process of the Concept of the prototype will start. As a prototype, we understand MVP, application, health service, visualization, storyboard. In case an external solution or sub-solution is needed, the call for SMEs and start-ups will be opened and they will be engaged in the development of the prototype /solution.</p> <p>The feedback evaluating the prototype from territorial Core Groups (QH) will be needed as well as feedback/peer review from other piloting regions. Therefore, the focus group meeting will be organized on a ter. level with Core Groups members and Network Workshop on a transnational level.</p> <p>The feedback received will be considered and integrated into the prototype. Such a co-designed prototype will be prepared for a testing phase in territorial Health Living Labs.</p> <p>The progress will be peer-reviewed and monitored during the monthly calls on trans. level. WP T3 leader will facilitate it.</p>

Deliverables 3.2			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.3.2.1	Open call for solutions and Concept of the prototype based on the State of Art	In line with defined needs and drafted solution, the development process of Concept of the prototype /application/service upgrade will be initiated. For delivery of external solutions or sub-solutions, the call for SMEs and start-ups will be opened. HCOs have a key role, KPs support and facilitate.	Period 3 , 13 - 18
D.3.2.2	Feedback report to the Concept of a prototype from QH – territorial	The focus group will be organized in each piloting region as well as Transregional Network Workshop (Health Labs4Value PPs) on trans. level to introduce the prototype (product, application, service, or upgraded	Period 3 , 13 - 18

Deliverables 3.2			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
	Core Groups and Network members	process). The feedback from QH – territorial Core Groups and Network will be gathered.	
D.3.2.3	Co-designed prototype prepared for a testing phase in territorial Health Living Labs	The feedback received from territorial (QH: Core Groups) and transregional level (Health Labs4Value Network) will be considered and reflected in the final prototype prepared for testing in territorial Living Labs.	Period 3, 13 - 18

Activity 3.3	
Title	Pilot of Jointly developed Health Living Lab Methodology and Value-Based health care service delivery System adapted for Health care organizations in CE: Implementation of testing phase
Start period	Period 4, 19 - 24
End period	Period 5, 25 - 30
Description	<p>The ideas and solutions materialized into co-designed and co-created prototypes will be put to the test by further developing and experimenting with them in real-world settings (Health Living Labs) in all 5 pilot regions.</p> <p>At the end of the testing phase, the Open Innovation Camp 2 will be organized to evaluate the solution and get results from testing. The PROMs and PREMs indicators will be measured again to compare the “pre-measurement” (D 3.1.3) and “post-measurement” benchmark, illustrating the potential impact and added-value created by the implemented solution. Qualitative and quantitative feedback from users (OIC 2) will be collected and used for the next iteration. Upscale opportunities and knowledge transfer will be exploited as a part of impact evaluation. The final co-designed/co-created product /service will be developed.</p> <p>The progress will be peer-reviewed and monitored during monthly calls on trans. level. WP T3 leader facilitates it. KPs support HCOs in implementation.</p>

Deliverables 3.3			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.3.3.1	Reports from implementation of testing phase in territorial Health Living Labs (real-world setting)	The co-designed and co-created prototype will be tested in a real-world setting. HCOs with Teams play a key role. KPs support with their expertise. The challenges and progress will be discussed with other piloting regions during the monthly calls facilitated by WP T3 leader on a transnational level.	Period 4 , 19 - 24
D.3.3.2	Evaluation Report on the results from the testing phase and feedback from Open Innovation Camp 2	In each piloting region, the Open Innovation Camp 2 will be organized to evaluate the solution and results from the testing phase. The PROMs and PREMs indicators will be measured again to get the impact and added value created by the solution. KPs will facilitate. WP T3 supports from trans. level.	Period 4 , 19 - 24
D.3.3.3	Final solution developed within Health Living Labs and detailed Implementation plan	The final solution will be developed based on the feedback and inputs from the testing and evaluation phase done in Health Living Labs. The further steps, post-launch activities will be captured in the Implementation plans. HCOs play a key role but WP T3 leader and KPs support with their expertise.	Period 5 , 25 - 30

Activity 3.4	
Title	Pilot of Jointly developed Health Living Lab Methodology and Value-Based health care service delivery System adapted for Health care organizations in CE: Final solution and inputs for Upscale
Start period	Period 5, 25 - 30
End period	Period 5, 25 - 30
Description	To upscale the Jointly developed Health Living Lab Methodology adapted for Health care organizations in CE (D 1.1.4) and Jointly developed Value-Based health care service delivery System for CE (D 1.2.3), the territorial evaluation Workshops with representatives of Quadruple Helix: territorial Core Groups will be organized to receive the overall feedback to the proposed process and recommendations for improvements. The

Activity 3.4	
	<p>Improvement reports will be elaborated on a territorial level. KPs will facilitate the meeting and then elaborate the Improvement reports with the support of HCOs.</p> <p>Then, for the same purpose, the Transnational Evaluation Workshop with all piloting regions and their PPs will be organized to gain feedback and recommendations for improvements. The WP T3 leader will facilitate the discussion, supported by the WP T1 leader and PP11. As the result, the WP T3 leader will elaborate on the Improvement Report from Transnational Evaluation Workshop.</p>

Deliverables 3.4			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.3.4.1	Improvement Reports from ter. Evaluation Workshops on Health Living Lab Methodology and VBHC System	In all piloting regions, the KPs and HCOs will organize territorial Evaluation Workshops with QH: ter. Core Groups to gain feedback and recommendations for improvements to Jointly developed Health Living Lab Methodology (D 1.1.4) and VBHC System (D 1.2.3) adapted for CE.	Period 5 , 25 - 30
D.3.4.2	Improvement Report from Trans. Evaluation Workshop: results from pilot experience in 5 CE regions	The WP T3 leader will facilitate and co-organize in coop. with WP T1 leader the Transnational Evaluation Workshop with all piloting regions to gain feedback and recommendations for improvements to Jointly developed Health Living Lab Methodology (D 1.1.4) and VBHC System (D 1.2.3) adapted for CE.	Period 5 , 25 - 30

Activity 3.5	
Title	Communication: influencing attitude and behaviour of stakeholders along health value-chain to co-create, co-design and orient on value for patients
Start period	Period 1, 1 - 6
End period	Period 6, 31 - 36
Description	The stakeholders along the health value-chain: (healthcare organizations – SMEs and start-ups

Activity 3.5	<p>/suppliers of solutions – patients/end-users) need to be empowered to cooperate together. The aim is to communicate the benefits and pilot experience when co-designing and co-creating solutions for healthcare. The increase of value for all stakeholders will be emphasized.</p> <p>Therefore, the territorial eFactsheets communicating the hard facts from the pilot solutions will be created. C leader prepares design /template and territorial PPs will adjust it and translate it. The digital campaign on a territorial and transnational level will support and communicate progress/learnings from the whole pilot implementation. During the pilot, the footage for video will be collected to demonstrate work in a living lab, its benefits, a co-creative attitude of different stakeholders, and results. C leader will draft the storyline, facilitate, and produce it. KPs and HCOs will gather the footage and contribute.</p>
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Deliverables 3.5			
Deliverable Number	Deliverable title	Deliverable description	Delivery period
D.3.5.1	Reports from Digital campaign to support pilot in 5 piloting regions	The digital campaign at the territorial and transnational level will disseminate the possibility to join the pilot (D 3.2.1) and support the implementation of the pilot. The progress and results from the territorial pilots will be communicated as well.	Period 5 , 25 - 30
D.3.5.2	Video capturing the pilot experience in 5 piloting regions with subtitles in local languages	There will be one video created jointly to show the co-creation and co-design within living labs in praxis. The footage will be collected during pilot implementation and the script of video will follow the storytelling principle. C leader will facilitate the creation. KPs and HCOs will contribute.	Period 5 , 25 - 30
D.3.5.3	eFactsheets communicating the new solutions co-designed and co-created during the pilot	eFactsheets will communicate the hard facts of the co-designed and co-created prototypes/solutions. It will support the change of attitude and behavior of stakeholders towards using co-creation, value-based, and living lab methodology. C leader prepares design, KPs adjust and translate it.	Period 6 , 31 - 36

Outputs

Please define the outputs which will be realised through the activities foreseen in this work package and link them to the related programme output indicators.

Output number 3.1	
Output title	Pilots implementing the value-based health care system delivery by set-up territorial Living Labs (5)
Programme output indicator	RC084_1.1: Pilot actions developed jointly and implemented in projects
Measurement unit	pilot actions
Output target value	5.00
Delivery period	Period 5, 25 - 30
Output description	<p>The aim is to boost and showcase how living labs work efficiently as open innovation platforms of stakeholders (along value-chain) collaborating for co-creation, prototyping, validating, and testing of new services, products, systems in real-life contexts.</p> <p>5 pilot actions will be jointly developed by 10 PPs facilitated by WP T3 leader supported by WP T1 leader and PP11 (monthly calls and Transnational Evaluation Workshop). In territories, the pilots will be facilitated by KPs and HCOs.</p>

Investments

C.5 Project results

Please select and quantify the relevant programme result indicators to which your project will contribute. For each selected result indicator, please briefly describe the contribution of the project and the relevant project results (change) you expect to achieve through the implementation of the foreseen activities and outputs as defined in the work plan. Please also specify the output(s) which are directly related to this result.

Result 1	
Programme result indicator	RCR79_1.1: Joint strategies and action plans taken up by organisations
Measurement unit	joint strategy/action plan
Baseline	0.00
Target value	1.00
Result description	<p>To this result indicator, the Output called Jointly developed Transnational Strategy of Health Labs4Value Network.</p> <p>Jointly developed Transnational Strategy of Health Labs4Value Network will be developed to define the overall goal, specific objectives, and measurable indicators till 2035. The Transnational Network will be consisting of 5 newly established Health Labs4Value (territorial living labs). The change delivered is expected in the common approach across health ecosystems in CE towards a more value-based (patient-oriented) health care service delivery system and transfer of new technologies, knowledge, and innovations into the health care organizations. The inputs from Quadruple helix representatives (territorial Core Groups) and pilot experience will be considered and reflected in the Strategy.</p>

Result 2	
Programme result indicator	RCR79_1.1: Joint strategies and action plans taken up by organisations
Measurement unit	joint strategy/action plan
Baseline	0.00
Target value	5.00
Result description	To this result indicator, the Output called Jointly

Result 2	
	<p>developed Final territorial Action plans of territorial Health Labs4Value.</p> <p>The participating territories do not phase the same challenges and do not need to address the same needs. Therefore, to deliver the change described in Result 1 defined by the Jointly developed Transnational Strategy of Health Labs4Value Network, the actions need to be taken on a territorial level as well. The 5 participating territories will deliver the specific actions implemented on the territorial level. The financial sustainability of the established structures within the Health Labs4Value project will be addressed as well.</p> <p>The inputs from Quadruple helix representatives (territorial Core Groups) and pilot experience will be considered and reflected in the territorial action plans as well. Thanks to the monthly calls, the whole development process will be coordinated, facilitated, peer-reviewed on a transnational level as well.</p>
Result 3	
Programme result indicator	RCR84_1.1: Organisations cooperating across borders after project completion
Measurement unit	organisations
Baseline	0.00
Target value	18.00
Result description	<p>6 Knowledge organizations, 5 Health care organizations, and 7 associated organizations representing the policy bodies and other key elements from the health care value-chain in participating territories (NGOs, Insurance organization, Association of Hospitals) relevant for health care in a complex perspective are participating in the Health Labs4Value project.</p> <p>At the beginning of the project implementation, the Partnership Agreement will be signed by all 6 Knowledge and 5 Health care organizations. During the project, the cooperation scope will evolve and be reflected in the contractual agreement signed by all territorial Health Labs4Value which will establish a sustainable Transnational Network. The former PPs</p>

Result 3	
	<p>will be integrated into the developed structures (territorial Health Labs4Value). It is expected that the Transnational Network and Health Labs4Value will evolve also after the project. Therefore, the form and structure should be flexible enough to enable such a process.</p>
Result 4	
Programme result indicator	RCR104_1.1: Solutions taken up or up-scaled by organisations
Measurement unit	solutions
Baseline	0.00
Target value	5.00
Result description	<p>Result indicator is linked to O1.1 which will deliver 5 new Solutions based on Pilot experience. In HU new solution will optimize the processes of in- and outpatient care by automating case management and innovative, digital systems. In SI the solution will enable patients with injuries to improve the quality of their rehabilitation in their home environment. In DE solution will support elderly people to live autonomously in home environment. In PL digitalization will reduce patient service time. In CZ new technology will enable systematic physiotherapy of patients after surgery in hospital and homecare.</p> <p>Expected Change is an upscale of methodologies on living labs and value-based health care systems (patient-oriented) into praxis to showcase their usage and benefits. The aim is to set the initial but key milestone of their further expansion in CE.</p> <p>Upscaled Solutions will create a basis for Transnational Network of territorial HL4Value (via Trans. Strategy and Terr. Action plans).</p>

C.6 Time plan

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	After End
WP1 Capacity Building: Living Labs and Value...							
<i>A1.1 Joint development of Health Living ...</i>	D1.1.4 D1.1.1 D1.1.3 D1.1.2						
<i>A1.2 Joint development of Value-Based he...</i>	D1.2.1 D1.2.2 D1.2.3						
<i>A1.3 Solutions for CE: upscale of Pilot ...</i>					D1.3.1 D1.3.3 D1.3.4 D1.3.2 D1.3.5		
<i>A1.4 Communication: raising awareness an...</i>	D1.4.2 D1.4.1				D1.4.3		
<i>RCO116_1.1</i>					O1.1		
WP2 Establishment of sustainable structures ...							
<i>A2.1 Establishment of territorial Health..</i>	D2.1.1				D2.1.3 D2.1.2		
<i>A2.2 Establishment on Transnational New...</i>							D2.2.1 D2.2.2
<i>A2.3 Joint Transnational Strategic frame..</i>				D2.3.1			D2.3.2

A2.4 Action plans for territorial Health...				D2.4.1	D2.4.2		
A2.5 Communication: raising awareness of...						D2.5.2	
						D2.5.3	
						D2.5.1	
RCO83_1.1					O2.3	O2.2	
RCO87_1.1						O2.1	
WP3 Pilot: implementation of the VBHC system...							
A3.1 Pilot of Jointly developed Health L...		D3.1.1					
		D3.1.2					
		D3.1.4					
		D3.1.3					
A3.2 Pilot of Jointly developed Health L...			D3.2.1				
			D3.2.2				
			D3.2.3				
A3.3 Pilot of Jointly developed Health L...				D3.3.1	D3.3.3		
				D3.3.2			
A3.4 Pilot of Jointly developed Health L...					D3.4.2		
					D3.4.1		
A3.5 Communication: influencing attitude...					D3.5.2	D3.5.3	
					D3.5.1		
RCO84_1.1					O3.1		

C.7 Project management and communication

In addition to the thematic activities as described in the work plan, you need to foresee adequate provisions for project management, coordination and internal communication.

C.7.1 How will you coordinate and manage your project?

Please describe how the project management on the strategic and operational level will be carried out, including the set-up of management structures, responsibilities and procedures, as well as risk management. Please also explain how the internal communication within the partnership will be organised.

At the beginning of the implementation of the project, the project partners will sign the committing Partnership Agreement defining the roles and responsibilities of all participating project partners. The LP, CTRIA, will be the Management and Financial coordinator of the Health Labs4Value project on a transnational level. PP3 will be in charge of leading Communication activities on a transnational level. The WP leaders for all three thematic WPs will be agreed upon and set before signing the Partnership Agreement as follows:

WP T1: PP9 supported by PP11 in A.1.2

WP T2: LP

WP T3: PP7

These transnational level coordinators will support and guide the other project partners during the whole project implementation. On a territorial level, three positions will be set minimally: project manager, communication manager, and financial manager.

Each project partner will nominate a Steering Committee member and Deputy of Steering Committee member for partnership-level discussions and decisions. The Steering Committee members will meet at least twice a year (each ca 6 months) within the project/consortium meetings to monitor the overall project progress and discuss the issues, risks and find mitigation strategies jointly. For this purpose, the Steering Committee's rules of procedure will be defined.

As mentioned above, the project partners will meet twice a year at project meetings to discuss the progress and work jointly on the project outputs and activities (workshops on thematic activities) and to monitor the administrative, management, and financial matters. The proposed project and steering committee meetings will be organized as follows: 1st RP – AU, 2nd RP – DE, 3rd RP – CZ, 4th RP – PL, 5th RP – SI, 6th RP – HU.

On the operational level, the project, financial and communication managers of each territory will join monthly virtual calls (Zoom or similar platform) to discuss the current issues, progress, and current tasks. This platform will be used by the project-level leaders to coordinate their joint activities, discuss issues, identify potential risks, meet mitigation strategies in time, and share the learnings and knowledge gained on the territorial level with other project partners (on a transnational level).

C.7.2 Which measures will you take to ensure quality in your project?

Describe the planned approach and processes for quality management, i.e. how the quality of deliverables and outputs will be monitored and ensured, and indicate the responsible partner(s). If you plan to conduct any type of project evaluation, please describe its purpose and scope.

All the outputs of the Health Labs4Value will be developed jointly (by all PPs) and in close cooperation with territorial stakeholders. The thematic WP leaders and C leader will be responsible for the quality of the project-level outputs. The territorial project partners (knowledge project partners and health care organizations) will be responsible for the quality of their inputs, especially territorial deliverables targeting the joint project level outputs.

The quality management will be tackled by territorial Core Groups (representatives of Quadruple Helix of all participating territories) which will provide 3 reports focusing on achievements of transnational and territorial impact (outputs and key deliverables). The LP as coordinator of the project will elaborate the questionnaires for quality assessment and the territorial knowledge project partners will gather the feedback concerning the quality of developed key deliverables and especially outputs. The LP will elaborate a summarizing Quality Report and the findings will be discussed and solved during the nearest Steering Committee meeting to meet some strategy accordingly.

Additionally, the external independent expert will be appointed to elaborate the mid-term and pre-final quality review. It will identify risks in project implementation and evaluate the quality of project outputs and key deliverables (achieving results, specific objectives, contribution to the program objectives, results, and change). Both reviews will be discussed within Steering Committee meetings and the mitigations strategies will be agreed in case of potential risks appear.

The activities implemented on the territorial level will be jointly discussed during the monthly calls and within project meetings. Therefore, the peer review of territorial deliverables will be ensured and strongly supported by the coordinator (LP) and leaders of thematic WPs.

C.7.3 What will be the general approach you will follow to communicate about your project?

Please describe how your project's communication objectives, as outlined in the work plan, will help with achieving your project's main result(s). Why is communication important? Which common tactics, channels and tools will help the partnership to reach out to and involve its target audiences? How will the project communication coordinator ensure that all project partners are involved and contribute to communication?

The objective of the project's communication is to disseminate all key project outputs and results. PP3 will be in charge of project-level coordination of communication activities. Nevertheless, all participating project partners play a crucial role in communication activities on a territorial level since they are the ambassadors of the project in their territories. The C leader will propose transregional communication tools, concepts, and co-organize the transnational event together with the territorial partner where the event is organized (Slovenia). Furthermore, the C leader sets up and finalizes English-level deliverables. The C leader will work closely with leaders of thematic WPs and territorial communication managers to ensure the involvement of the target audience by regular communication through stakeholder events and workshops.

Communication actions will raise awareness, increase knowledge, influence the attitude and behavior of key stakeholders/target groups – quadruple helix representatives and policymakers. The specific communication measures are included within the work plan (C.4 section).

C.7.4 How do you foresee the reporting procedures for activities and budget (within the partnership)?

Please describe the reporting processes at the level of partners towards the lead partner.

The LP will be in charge of the administrative, management, and financial coordination of the project. Therefore, the LP will appoint the Financial manager who will continuously monitor the finance performance on project and partner level during the whole project implementation. It is foreseen that the Project and Financial Manager will be subcontracted. The LP's team will provide the partnership guidance on reporting issues and support during the preparation of partner-level reports. The aim is to elaborate the high-quality partner-level reports (from content and financial perspective) and submit them to the national level controller right after the end of the reporting period (every 6 months in line with the overview of reporting periods stated in the Subsidy Contract).

The LP's team will provide a brief check of the prepared partner-level report to provide recommendations for improvement (content part) and monitor the claimed expenditures (financial part). The financial part will be checked in relation to the requested minor budget reallocations monitored and approved by the LP (within flexibility rule) before the project partner claims them. The LP's team will also monitor the progress of certified expenditures in the reporting system provided by ICE, JEMS.

The project partners will stay in close touch with national first-level controllers after submission to provide any additional clarification and justification that might be needed to get the certified expenditures and confirmed the report in time (before submission of project-level report by the LP to JS).

The reporting procedure will be also discussed with territorial financial managers during the monthly calls which will be used for discussion on challenges, issues, and joint progress.

C.7.5 Cooperation criteria

Please select the cooperation criteria that apply to your project and include a brief explanation. Please note that the joint development, joint implementation and joint financing criteria are mandatory.

Cooperation criteria		Description
Joint development	Yes	The Health Labs4Value is a jointly developed project by all participating PPs. The common challenges were identified as well as needs for a change/result, RIS3 priorities were discussed and addressed within the project. The roles and responsibilities of PPs, project activities, and detailed budget were jointly developed and agreed upon before submission of the AF. The LP and PP11 coordinated the joint development of AF. All the other PPs provided inputs, feedback, and ideas for improvement.
Joint implementation	Yes	During the project implementation, all PPs will jointly implement their activities defined in the application form on a territorial and transnational level. The roles of each PP are defined by the AF and also Partnership Agreement signed at the beginning of the implementation phase. The overall coordinator is the LP. Each thematic WP is led by a determined PP – WP leader while emphasis is put on a clear content-linked approach. Territorial actions will be peer-reviewed jointly during monthly calls on the transnational level.
Joint staffing	Yes	On the transnational level, the coordinators of Management (administration and finance), Communication, and thematic WPs will be set up. Different PPs will be in charge of these positions. They will cooperate closely to provide guidance, facilitate the joint implementation, and oversee the overall quality of the project outcomes.
Joint financing	Yes	There will be a joint project budget reflecting the roles of all PPs and implemented activities. The LP ensures reporting towards ICE program bodies and distribution of received reimbursements among PPs.

C.7.6 Horizontal principles

Please indicate how your project contributes to horizontal principles and provide a short explanation. With regard to environment protection, please also include an explanation how the "environmental sustainability by design" approach has been integrated and provide a brief assessment of possible environmental effects to your project.

Horizontal principles	Type of contribution	Description of the contribution
Sustainable development and environment protection	positive effects	<p>Health Labs4Value contributes primarily to human health and well-being. It's thanks to the adaption of the value-based/patient-oriented approaches in the delivery of health care services and the deployment of innovative health care solutions increasing efficiency and safety of users (medical staff and patients).</p> <p>The aim of the Health Labs4Value project is to co-design and co-create solutions for health care that will increase efficiency by saving resources such as staff, money, and material. In health care, there is a large consumption of medical materials. The project is tackling the waste of such resources by providing more suitable and efficient solutions for health care.</p> <p>All planned events and meetings are merged in the most optimum possible way and digital technologies for communication tools are used for regular project communication. Such a management approach will decrease travel needs and reduce a negative impact on the environment and carbon footprint.</p>
Equal opportunities and non-discrimination	positive effects	<p>The participative approaches as tools used within Open Innovation 2.0 (co-creation, co-design, etc.) ensure participation of all kinds of representatives of societal helix: elderlies, patients with chronic diseases, and their family members in a balanced way. It is actually one of the key fundamentals of co-creation. Specifically, the involvement of the patients with chronic diseases in the co-creative development process of further health care solutions/services provides a great tool to identify disparities and discrimination of this group, which might be seen by default as vulnerable. The Health Labs4Value are setting up sustainable structures where such target groups are taken into consideration and where are new approaches implemented to reduce the risk of disparities and discrimination.</p>
Equality between men and women	positive effects	<p>The participative approaches as tools used within Open Innovation 2.0 (co-creation, co-design, etc.) ensure participation of all kinds of representatives of societal helix: elderlies, patients with chronic diseases, and their family members in a balanced way.</p> <p>Men and Women are thus equally represented in Core groups and all co-creation activities, while the design of co-creation methods (focus groups, open innovation camp, etc.) ensures equal power of influence among all representatives. This will lead to the fact that the need of both genders will be equally presented and equally addressed by innovative solutions developed within Health Labs4Value (living labs) which will positively contribute to their equality.</p>

C.8 Long-term effects and durability

Projects should have a long-lasting effect in the territories and for the relevant target groups. Please describe below how this will be ensured.

C.8.1 Ownership/durability

Please describe who will ensure the financial and institutional support including maintenance for outputs and, if applicable, for most important deliverables developed by your project.

One of the key outputs of the Health Labs4Value project will be the territorial living labs called Health Labs4Value that will be clustered in the Transnational Network of territorial living labs. Both levels, newly established structures, will be based on the 2 methodologies: Health Living Lab Methodology for CE and Value-based health care service delivery System for CE. Furthermore, 5 new solutions will be created on the basis of the Pilots. The purpose of the pilot is to show the territorial healthcare ecosystems that both developed methodologies are working efficiently, provide solutions to the above-stated challenges (C.2), and showcase the benefits resulting from their adoption in praxis.

For the durability of the project's principles (incorporated in the 2 methodologies), just the above-mentioned sustainability structures are created on the territorial and transnational level. On the territorial level, the territorial Living labs called Health Labs4Value will draft their territorial action plans including the financial sustainability aiming also the joint goals set on the transnational level. Such territorial action plans will be recognized and approved by owners/decision-makers of the territorial living labs. On the transnational level, the contractual agreement will be concluded between the territorial living labs. This contract will define the scope of cooperation, roles, and responsibilities of all Network members (territorial living labs) and the financial model of the Network. Additionally, the Transnational Strategy will be developed jointly to set the goals and measurable indicators till the end of 2035 (after the end of the project). The Transnational Strategy will be also recognized and approved by all Network members (territorial action plan).

The associated project partners play a very important role in durability as well. That is why they will be invited to all territorial and especially to transnational events. The composition of the associated project partners consisting of 3 superior policymakers/decision-makers, 1 state insurance organization, 1 association of hospitals, 2 NGOs in health care provide valuable inputs, feedback, and perspectives from a wider sense of the health care value-chain in Central Europe. These inputs will be used during the development mainly of the 2 solutions. The gained knowledge and learnings will be used for further expansion of living lab methodology and value-based health care delivery system in participating regions.

C.8.2 Lasting effects

Outputs and deliverables should be made available and used by relevant target groups (project partners or other stakeholders) after the project's lifetime, in order to have a lasting effect on the territory. Please describe how the outputs and deliverables will stay available and will be taken up or upscaled by the project partners.

First of all, both methodologies developed within the Health Labs4Value project, Health Living Lab Methodology for CE, and Value-based health care service delivery System for CE, will be freely available after the project closure to any interested health care organization or other body along the value chain. They will be published and freely available on the websites of the organizations (PPs) applying their principles and establishing the territorial living labs in health care.

During pilot experience (WP T3), 5 innovative solutions by 5 territorial living labs will be developed in the CE region that will be upscaled to 5 new technical solutions. The development will end at the stage of minimal marketable product or service) and can be marketed or deployed to the market without further development. Considering the life cycle of such innovations/products, their fundamentals should be available for 3 years at least. Knowledge and gained experience delivered by pilots are self-sustainable and support the strategical shift of territorial health care ecosystems towards more value-based (patient-oriented) health care delivery systems and towards Open Innovation 2.0 approaches, particularly co-creation.

Institutional sustainability will be ensured by territorial living labs called Health Labs4Value, formed as sustainable structures where the commitment of providing resources (human, financial) is addressed through territorial action plans. On a transnational level, the Network of cooperating territorial living labs adopting the developed methodologies and solutions will ensure the sustainability and transfer of knowledge and learnings across CE regions also after the end of the project.

The associated project partners play a very important role in lasting effects as well. That is why they will be invited to all territorial and especially to transnational events. The composition of the associated project partners consisting of 3 superior policymakers/decision-makers, 1 state insurance organization, 1 association of hospitals, 2 NGOs in health care provide valuable inputs, feedback, and perspectives from a wider sense of the health care value-chain in Central Europe. These inputs will be used during the development mainly of the 2 solutions. The gained knowledge and learnings will be used for further expansion of living lab methodology and value-based health care delivery system in participating regions.

C.8.3 Transferability

Please describe how outputs and deliverables could be adapted or further developed to be used by additional target groups or rolled out in other territories beyond the partnership. How will communication activities ensure that relevant groups are aware of the available outputs and deliverables to be used?

Both developed methodologies will be freely available after the project closure to any interested healthcare organization or other body along the health value chain. Nevertheless, from a communication perspective, the PPs will raise awareness of the project aim and increase knowledge on the developed methodologies/Solutions by the presentation and introductory video. These explanatory communication tools will be used also after the end of the project to get a better understanding of the Health Labs4Value initiative. During the development process of the methodologies, the press release resulting in at least 15 media appearances across CE regions will be implemented. When both methodologies are finalized and verified by pilot experience, Brochures will be prepared to communicate the key knowledge.

Later, the awareness of the existence of territorial living labs called Health Labs4Value clustered in the Transnational Network will be communicated. The selected communication tools (press releases and leaflets) will be emphasizing the benefits of such a structure for further transferability within participating territories and also other CE regions. To promote it, even more, the Transnational Conference will be organized. Thanks to the Transnational Conference, the participants will learn more about the new Solutions developed thanks to the pilot experience, learnings, the developed methodologies, and sustainable structures in 5 participating territories. The participants receive the practical picture and guidance on how to transfer the same structures and knowledge into their territories. In the development process, especially during the pilot, the progress will be communicated via digital media, the video capturing the pilot experience in 5 piloting regions as well as eFactsheets.

The project's achievements will be communicated via the project's website on ICE sites and PP's websites. The PPs will be encouraged to join the relevant conferences to share the Health Labs4Value experience and promote the project's results.

The associated project partners play a very important role in transferability as well. That is why they will be invited to all territorial and especially to transnational events. The composition of the associated project partners consisting of 3 superior policymakers/decision-makers, 1 state insurance organization, 1 association of hospitals, 2 NGOs in health care provide valuable inputs, feedback, and perspectives from a wider sense of the health care value-chain in Central Europe. The gained knowledge and learnings will be used for further expansion of living lab methodology and value-based health care delivery system in participating regions.