Some experiences
with interregional EU funding
in Västerbotten

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Outline

• **RICHARD** project
  – FP7 Regions of Knowledge

• **AGNES** project
  – AAL Joint Programme

• **Competitive Health Services** project
  – Northern Periphery Programme

• **Common strands**
  – different regions in Europe collaborating
  – various types of players in each project

• Comparison of projects and funding schemes
• Implications for the region
The Problem

- Although it is widely recognized that regional healthcare systems can greatly benefit from ICT innovation, adoption has been far from optimal.
- The technology implies a change in the paradigm of healthcare delivery involving a re-arrangement of the organizational model, and healthcare providers are reluctant.
- How to overcome this?
RICHARD project

- funded under the Region of Knowledge (ROK) programme

- aimed at enhancing and promoting the study of new or promising territorial models for ICT-based innovation in health care

- applied to the management of chronic conditions
RICHARD in a nutshell

- Programme: Region of Knowledge Programme
- Coordinator: Tuscany Region – Department of Preventive and Predictive care
- Technical Coordinator: Signo Motus S.r.l.
- Consortium: 15 partners (4 Italy, 3 Sweden, 4 UK, 4 Poland)
- Total cost: € 2.750.000
- Start: 01 October 2010
- Duration: 3 years
RICHARD clusters

Chronic health problems addressed:
- Stroke
- Mental disease and dementia
- Diabetes
RICHARD consortium

RICHARD:
REGIONAL ICT BASED CLUSTERS FOR HEALTHCARE APPLICATIONS AND R&D INTEGRATION
How RICHARD will address the problem

- Create a productive relationship between patients, other users, professionals and *the territory*
- Include all the available resources at *community, health care delivery system* and *team* levels

- According to RICHARD:
  Only by a fruitful cooperation and a productive interaction emerging *in the context of the territory* are there real chances to improve the quality of the services offered to citizens within a patient-centric vision.
What does a territorial approach imply?

Healthcare models with the ability to exploit territorial facilities for better service provision

decentralization of care

adaptation to local community context

RICHARD: REGIONAL ICT BASED CLUSTERS FOR HEALTHCARE APPLICATIONS AND R&D INTEGRATION
Some explicit project aims

1. To design territorial pathways integrating research topics and research results towards an innovative ICT based chronic care model (JAP- Joint Action Plan)
2. To improve regional and trans-regional cooperation through the design of a shared collaboration framework based on research and innovation
3. To deliver efficient mentoring actions to the Lodz region so as to accelerate the upgrade of its regional healthcare system while enabling its healthcare research and innovation actors to contribute actively to regional economic growth
4. To share knowledge and experience between regions
AGNES
User-sensitive Home-based Systems for Successful Ageing in a Networked Society

• Twelve partners in 6 countries
  – 3 user organisations (in Sweden, Greece, Spain)
  – 3 companies (in Germany, Austria, Italy)
  – 6 universities/research centres (in Sweden, Spain, Greece, Austria)

• 400+ person months over 36 months
  – Sept 2009 to August 2012
  – total cost: €3.6 million
  – funding: €2.4 million

• Funded by AAL Joint Programme
The elements of AGNES
Regional dimension: user trials, dissemination and commercialisation

- **User trials in homes in Sweden, Spain and Greece**
  - Involving users, families, user organisations, homecare providers
  - Exchange of experiences, knowledge, approaches
  - Cross-cultural (regional) aspects

- **Dissemination and Commercialisation**
  - 3 commercial partners (Austria, Germany, Italy)
  - Plus user organisations and other partners
  - Dissemination at regional, national and international events

- **Commercial targets**
  - Telecoms, equipment, device and health service suppliers
  - In all 6 partner countries and throughout Europe
  - Aim towards cheap technology for mass deployment
  - Significant effort on market studies, commercialisation plans
  - Products within 2 years of project completion
Competitive Health Services in Sparsely Populated Areas -
eHealth Applications across the Urban-Rural Dimension

• Goals
  – To enhance the provision and accessibility of health services in the sparsely populated areas of Europe by developing and implementing innovative eHealth solutions
  – To promote transfer of the best eHealth practices between regions of the Northern Periphery
  – To utilize ICT solutions to overcome geographical distances
Project Consortium

- Lead Partner: Northern Ostrobothnia Hospital District and Oulu University Hospital, **Finland**
- Centre for Rural Health and University of Aberdeen, **Scotland, UK**
- County Council of Västerbotten and Umeå University, **Sweden**
- Norwegian Centre for Telemedicine and the University Hospital of North **Norway**
- Department of General Practice, National University of **Ireland**

- Associated partners:
  - The Lapland Hospital District, Rovaniemi, Finland
  - NHS Highland, Inverness, Scotland
  - SMEs in Finland, Sweden, Norway and Scotland
Project Objectives

• **IDENTIFICATION and MAPPING** of European best practices and innovative eHealth solutions which can be transferred, further developed and integrated into a health care system elsewhere in the partner regions.

• **ASSESSMENT of the LIKELIHOOD of ADOPTION** of eHealth innovations in health care sites using a whole system approach.

• **PILOTTING of up to 4 new eHealth services** in Finland, Sweden, Norway and Scotland utilizing transnational eHealth Triple-Helix Partnerships.

• **Ultimately aim at creating viable and sustainable eHealth services and businesses** that will continue to benefit the residents of remote and rural European regions beyond the end of this project.
Comparison of projects

- **All 3 projects will have an impact on the region**
  - Research and innovation
  - Health authority policies and approach to innovation
- **RICHARD**
  - Most direct influence on regional health policy
  - Explicit focus on territorial models
  - Exchange visits and events
  - Triple helix
- **Competitive Health Services**
  - Also influential with regional health authority
  - Exchange of practices
  - Involvement of companies limited
- **AGNES**
  - Triple helix in consortium
  - Not explicit regional focus, but based in user trials in 3 regions
Comparison of Funding Schemes

- **FP7 Regions of Knowledge - RICHARD**
  - 100% funding (but overheads capped)
  - Explicit focus on regions

- **AAL Joint Programme**
  - European focus
  - Different (national) rules for different partners
    - E.g. Sweden 50% funding, Spain 100% for universities
  - Coordination is complex, rules poorly understood
  - Cofinancing might be a problem for some partners

- **Northern Periphery Programme**
  - Explicit focus on regions
  - 50-70% funding
  - Cofinancing might be a problem for some partners
Reflections

• Some regions more advanced than others
  • But can always learn from each other
  • Realise own strengths and weaknesses

• Regional health authorities
  • often do not have time/resources to participate actively
  • may be unable to provide cofinancing for regional partners

• Co-financing can be a problem

• Lack of coordination between different funding schemes
  – Widely varying rules
    • administrations do not understand the rules

• Getting the application right takes much effort
  • most non-regional applications (FP7, AAL) fail
General Observations

• Influencing political decisions is not easy

• Much effort needs to be devoted to dissemination at regional level

• Work from the community level up to the regional politicians: involve patients, families, user organisations, doctors, commercial interests

• Successful examples from other regions can be very influential

• A commercial opportunity – not just services and products, also community venues