



# Welcome

Webinar about the first THCS call:  
**'Healthcare of the Future'**

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# Agenda

- **More about the THCS Partnership**  
*Federico Bastarolo - THCS Coordinating team*
- **A showcase example**  
*Dr. Marielle Krekels & Ken Peeters*
- **Explanation of the Call text**  
*Michael Joulie - THCS call secretariat team*
- **Call procedures and criteria**  
*Rik Wisselink - THCS call secretariat team*
- **Explanation on partner search tool**  
*Marcin Chmielewski - THCS call secretariat team*





TRANSFORMING HEALTH  
AND CARE SYSTEMS

# *The Transforming Health and Care Systems Partnership*

Federico Bastarolo  
THCS Partnership Coordinating Team

16 of March 2023

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# The THCS Partnership

THCS started in January 2023 and will last 7 years

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

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

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



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



# Background



# THCS Vision and Objectives

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



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



# THCS Expected outcomes

**Stronger local and regional ecosystems**

**Researchers engaged in collaborative research at international level**

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

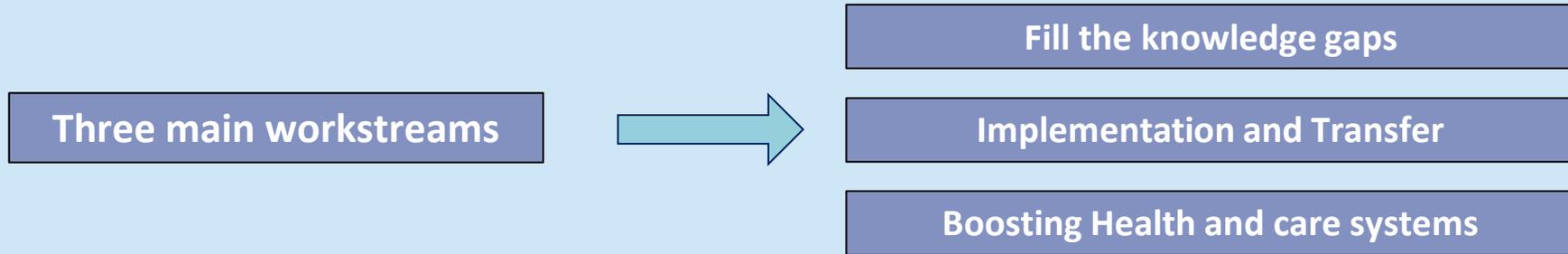
**Better cooperation among Countries in this R&I field**

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

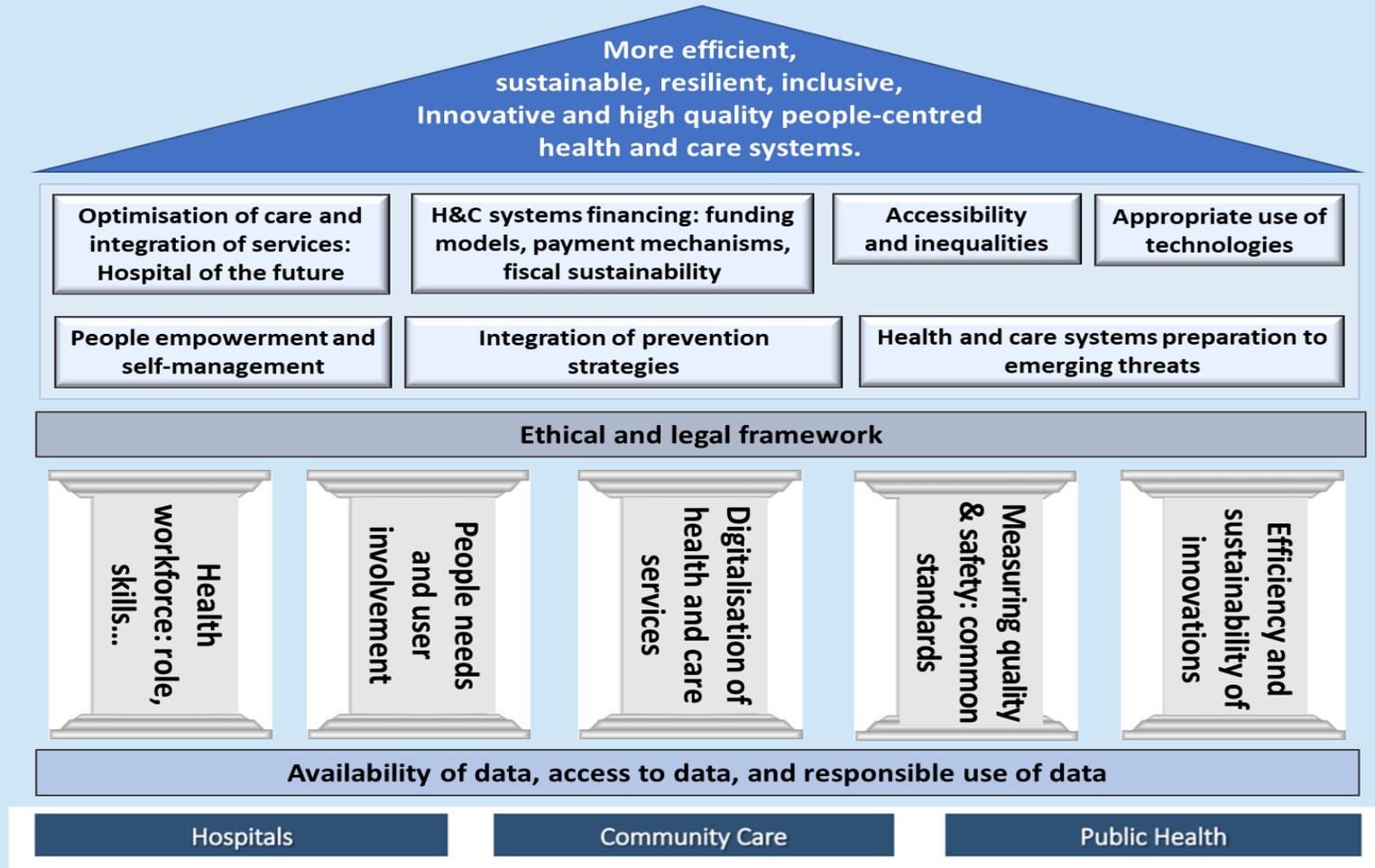
**H&C providers and professionals implement innovative solution**



# THCS Approach



# Thematic Priorities and Building Blocks



# Communication and Dissemination

**Web site:** <https://www.thcspartnership.eu/>



[https://twitter.com/THCS\\_HEU](https://twitter.com/THCS_HEU)



<https://www.linkedin.com/in/thcs/>

**E-  
Newsletters**

**Press  
releases**

**Publication in  
open access**

**Conferences**

**Webinars**



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***Thanks for your attention!***

***info@thcspartnership.eu***



# E-consultation

between general practitioners  
and hospital specialists.

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

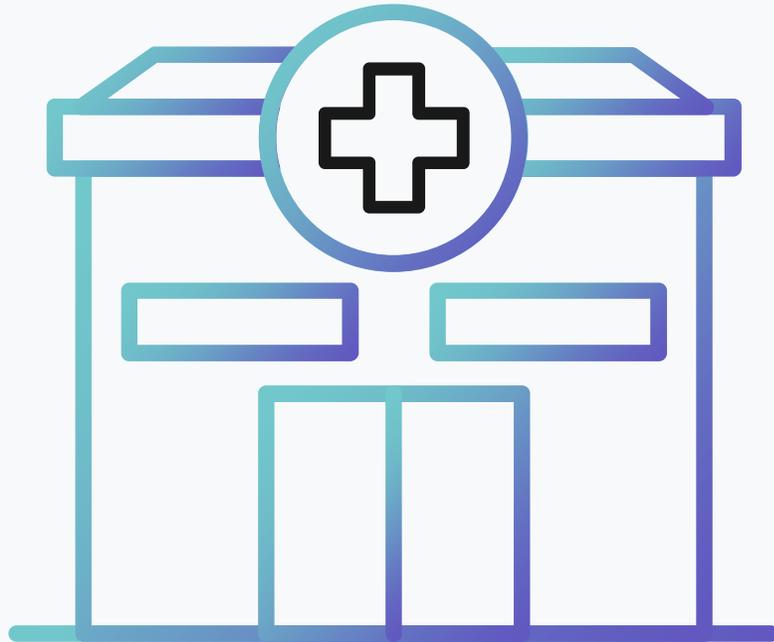
Ken Peeters.  
*Researcher*

*Department of Family Medicine*



# E-consultation: why and when?

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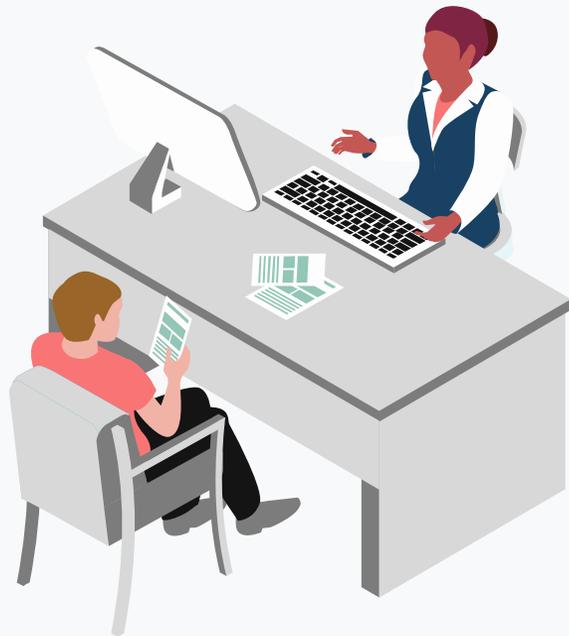


Unnecessary hospital visits.  
High healthcare costs in hospital.  
Improve access to hospital care.

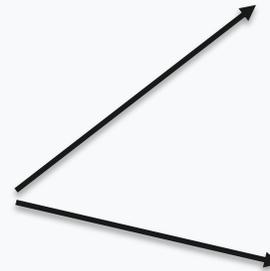
**2016** - Zuyderland Medical Centre  
Implemented for **internal medicine**.

South-Limburg: aging population, chronic  
illnesses, multi-morbidity.

GP discusses possibility of e-consult with patient and sends e-consult



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



GP follows-up with patient.



Or patient is referred to the hospital specialist.

# Example: pulmonology, man, 64 y/0

## General practitioner

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

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



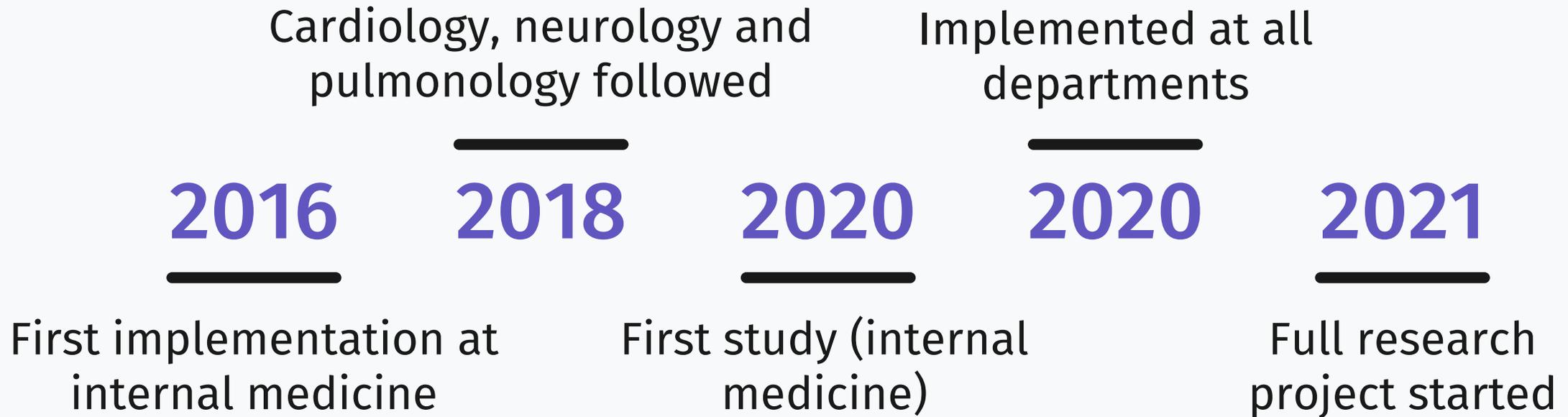
## Pulmonologist

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

**Patient referred? No**



# Timeline





# Implementation

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

# Some numbers

**12.000**

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Total number of e-consultations requested so far.

**86**

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

**18**

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Number of departments that implemented the e-consultation.

# Research



## File analysis

Observational retrospective study.

Six departments.

Excluded patients already under treatment by specialist.



## Interviews

Semi-structured interviews.

15 GPs.

17 specialists.

10 patients.

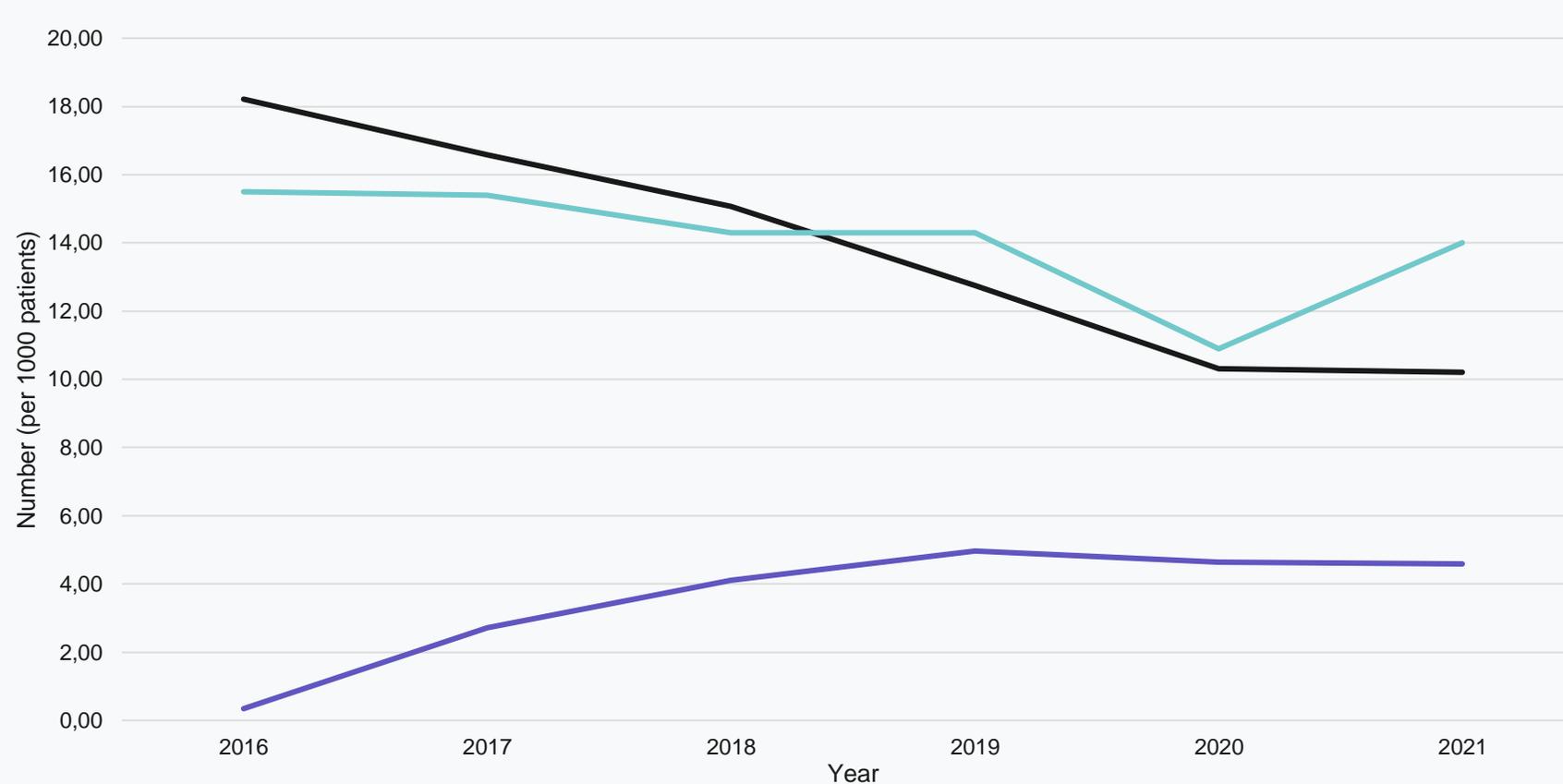
Thematic analysis.

# Substitution of care?

General practitioner intended to refer?	Hospital visit within 6 months after e-consultation?		Total; n
	Yes	No	
Yes; n (%)	69 (22,0%)	244 (78,0%)	313
No; n (%)	25 (13,3%)	163 (86,7%)	188
Total; n	94	407	501

Substitution percentage = (referrals avoided – extra referrals) / intended referrals x 100%  
 $(244 - 25) / 313 \times 100\% = 70,0\%$

# Hospital referrals



E-consultation

Nationwide

Zuyderland MC

# What do the physicians think?

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# Access to care



## General practitioners

Easier access to specialist.

Happy to keep patient in GP care.



## Hospital specialists

Easier access to specialist.

Avoidance of unnecessary referrals.

# Educational value



General practitioners

Knowledge exchange.



Hospital specialists

Knowledge exchange.

# Efficiency of care



## General practitioners

Mixed opinions about effect on workload.



## Hospital specialists

Better prepared for face-to-face visit.

No effect on workload.

# What about the patient?

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

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

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

# What is next?

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Surgical departments.

Cost-effectiveness analysis.

Project: digital interdisciplinary  
consultation in Dutch Primary care.

# Thank you. Questions?

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TRANSFORMING HEALTH  
AND CARE SYSTEMS

# Healthcare of the Future

## THCS Transnational Call for projects 2023

Michael Joulie

THCS Call Secretariat

Agence Nationale de la Recherche, France

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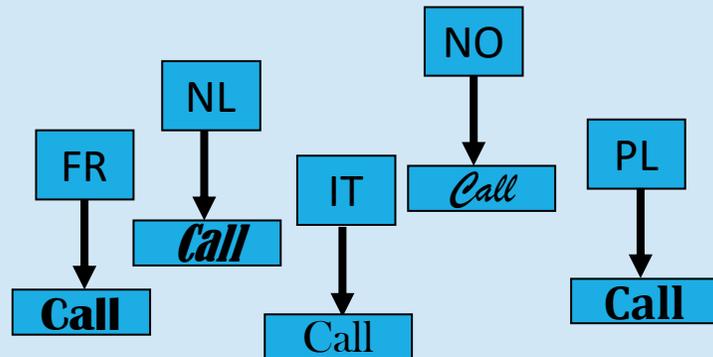


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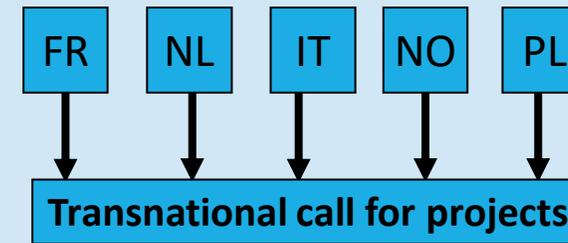
# Horizon Europe

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

Regional/national R&I funding programmes



EU R&I funding programmes



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



# Horizon Europe

- Access to resources insufficiently available at regional/national level  
e.g. cohorts, data
- Cross-border public health challenges  
e.g. infectious diseases, pandemic alerts, AMR, One Health
- Boost technological and digital developments  
e.g. Data use & sharing
- Healthcare systems harmonisation
- Funding leverage on a specific domain
- Encourage regional/national communities to Horizon Europe Pillars



# Healthcare of the Future

## THCS Transnational Call for projects 2023

### Call Secretariat

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France: Michael Joulie and Maria Tsilioni [thcs@anr.fr](mailto:thcs@anr.fr)



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# Participating countries

23 countries\*

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

36 funding organisations\*

Funding research and innovation agencies

Ministries of Health

Ministries of Research

Regions

Co-funding by the European Commission

Budget approx. 35 millions euros\*

Each funding organisation funds projects carried out in their own country

\*To be confirmed



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# Health and Care System Challenges



Ageing population  
Chronic disease management  
Health and care expenditure



Workforce shortage  
Pressure on health and care systems  
Financial constraints



Health inequalities  
Healthcare access  
Patients and citizen preferences

Health promotion  
Health prevention  
Early diagnosis  
Better care pathways

Education & training – Skills developments  
Digital and technological innovations  
Healthcare organisational models  
New financing models

Continuity of care  
Integrated care  
Distributed health and care systems  
Patients and citizen engagement

For more information: [THCS Strategic Research and Innovation Agenda](#)



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# THCS Transnational Call for Projects 2023: Healthcare of the Future

## Relieve the pressure on health and care facilities

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

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



Fill knowledge gaps



Support implementation



Economic and social impacts

Translation into policies



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# Healthcare of the Future: Aims

## How to optimise and better organise health and care systems?

### **Aim 1: Fill the knowledge gaps**

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

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

Support adoption and transferability of evidence-based and successful practices



## Healthcare of the Future: Potential R&I Activities

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



## Healthcare of the Future

Proposals will be rejected if they:

- a) have a predominantly pre-clinical /bio-medical component.
- b) are purely epidemiological studies mapping the extent of and causal factors behind illnesses, without a focus on solutions, models or implementation in the health and care systems.
- c) solely concern social /welfare services and do not address issues in the health and care services.
- d) they solely concern development of new technological solutions, without a focus on integration of the solutions, models or implementation in the health and care systems.



## Healthcare of the Future: Expected Outcomes

- Citizens and patients are better informed and engaged and have access to more distributed, community-based health and care facilities that better support their needs. This will include new/adapted sustainable concepts of care, prevention models, personalised approaches in prevention and care on different intervention areas (e.g., NCDs and CDs, cancer) to be translated in different contexts.
- Primary care and community-based health and care services are better equipped with integrated and cost-effective intervention tools to help prevent, monitor and manage age-related diseases, conditions and disabilities, while promoting healthy lifestyles.
- Health and care providers and professionals are engaged and have access to validated customised and adopted solutions for health and care delivery supporting continuity of care and integration of the different settings.
- Health and care authorities and policy makers and other stakeholders involved in the decision-making processes have access to evidence-based and successful strategies and learn from good practices supporting the transformation towards people-centred services and the optimisation the delivery of health and care services across different settings.



# THANK YOU

## Contact: Call Secretariat

- Netherlands: Rik Wisselink [thcs@zonmw.nl](mailto:thcs@zonmw.nl)
- Poland: Marcin Chmielewski [Marcin.Chmielewski@ncbr.gov.pl](mailto:Marcin.Chmielewski@ncbr.gov.pl) and Mateusz Skutnik [mateusz.skutnik@ncbr.gov.pl](mailto:mateusz.skutnik@ncbr.gov.pl)
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## Call procedures and criteria

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



# Call procedures and criteria

## Composition of a consortium

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



# Call procedures and criteria

## Evaluation criteria

- Excellence - relevance and the need for your project
- Impact – show how project output makes a difference and to whom
- Implementation – show how the execution of the project is managed



# Call procedures and criteria

## Timeline

23 May - Deadline Intent to Apply

13 June - Deadline submitting project proposal

29 aug – 6 sept – Rebuttal stage

October – Results expected

December 2023 – May 2024 - Expected project start



# Questions





TRANSFORMING HEALTH  
AND CARE SYSTEMS

# THCS Webinar

## March 16th 2023

Partner Search Tool

<https://partfinder.ncbr.gov.pl>

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🔍 Type minimum 3 letters Advanced filters ↑ Sort ↓

Type of collaboration Choose an option	Announcing country <input type="text"/>	Status Choose an option	Classification areas <input type="text"/>	Programme / Call name Not specified
Partner type Choose an option	Countries searched <input type="text"/>	Keywords <input type="text"/>	From the date of publication rrrr-mm-dd 📅	Clear filters

**Looking for:** Partner  
**Partner name:** Leszek  
**Partner type:** Other  
**Status:** Published

[Coin ATM machine](#)  
The manufacturer of self-service machines for the exchange of coins for banknotes is looking for an international partner to whom...  
🕒 Published on 2023-02-28

**Announcing country:** Poland  
**Countries searched:** Belgium, France, Poland, Italy, United Arab Emirates  
Observations: 0 Details

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

[Looking for new...](#)  
Generally, we are focused on genetic and molecular diagnostics, but our experience includes also telemedicine, med-tech, and...  
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Observations: 0 Details

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

[Neuromarketing research, co-design, socio-economic analysis](#)  
  
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**Partner type:** Other  
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[- LOOKING FOR INNOVATIONS? SHOW ME YOUR COMPANY \(website\)](#)  
I'm innovator and bussines analyst around wide market with experience as project manager/owner,executive with...  
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Observations: 0 Details

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Advanced filters ↑

Sort ▾

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I'm innovator and bussines analyst around wide market with experience as project manager/owner,executive with...  
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Observations: 0 [Details](#)



## Announcement preview

Unfollow

Project title	Welcome to PartFinder
Partner type	Other
Classification areas	
Programme / Call name	Not specified
Status	Published
Number of observations	11
Type of collaboration	Partner
Partner name	Exemplary Entity
Announcing country	Poland
Project/work description	
Achievements description	Exemplary achievements
Keywords	
<a href="#">Show details</a>	
Countries searched	<ul style="list-style-type: none"><li>Poland</li></ul>

## User profile



marcin.chmielewski@ncbr.gov.pl

-  Profile
-  My announcements
-  My followed announcements
-  Change password
-  Change email

Full name

E-mail

marcin.chmielewski@ncbr.gov.pl

Username

-

Academic title

-

Organization / Research team

-

Registration date

2022-06-20 14:04:29

Last update

-

Edit

## My announcements



marcin.chmielewski@ncbr.gov.pl

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New announcement

ID	Project title	Type of collaboration	Creation date	Expiration date	Status	Observations	Actions
97	<a href="#">Test - webinar</a>	Research organization	15.03.2023 18:05:47	31.03.2023 00:00:00	Ready for publication	0	Actions ▾

- Publish
- Details
- Edit
- Finish
- Cancel
- Prolongation
- Remove

## My followed announcements



marcin.chmielewski@ncbr.gov.pl

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- My announcements
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ID	Project title	Type of collaboration	Creation date	Expiration date	Status	Actions
27	Welcome to PartFinder	Other	03.08.2022 12:26:22	22.06.2023 00:00:00	Published	Actions ▾

- Details
- Unfollow



Programme / Call name

Not specified

Countries searched

Keywords

Additional information

Characters: 0/255

Expiration date

rrrr-mm-dd



## Contact

Name

Surname

E-mail

Phone number

Add announcement



## CONTACT DETAILS

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