



Platform for Innovation of Procurement
and Procurement of Innovation

**An update on our work to build out capabilities in
the PiPPi CoP and identify digital challenges**

PiPPi

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Platform for Innovation of Procurement
and Procurement of Innovation



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Content

Summary posted on PiPPi website	3
A. Process mapping at each site	3
B. Digital challenges – identification and common grounds	4
Initial clusters	7
Next steps	7



Summary posted on PiPPi website

In the PiPPi CoP our aim is to build the ability to continuously identify, formulate and prepare challenges addressing unmet needs in the digital health and care service area.

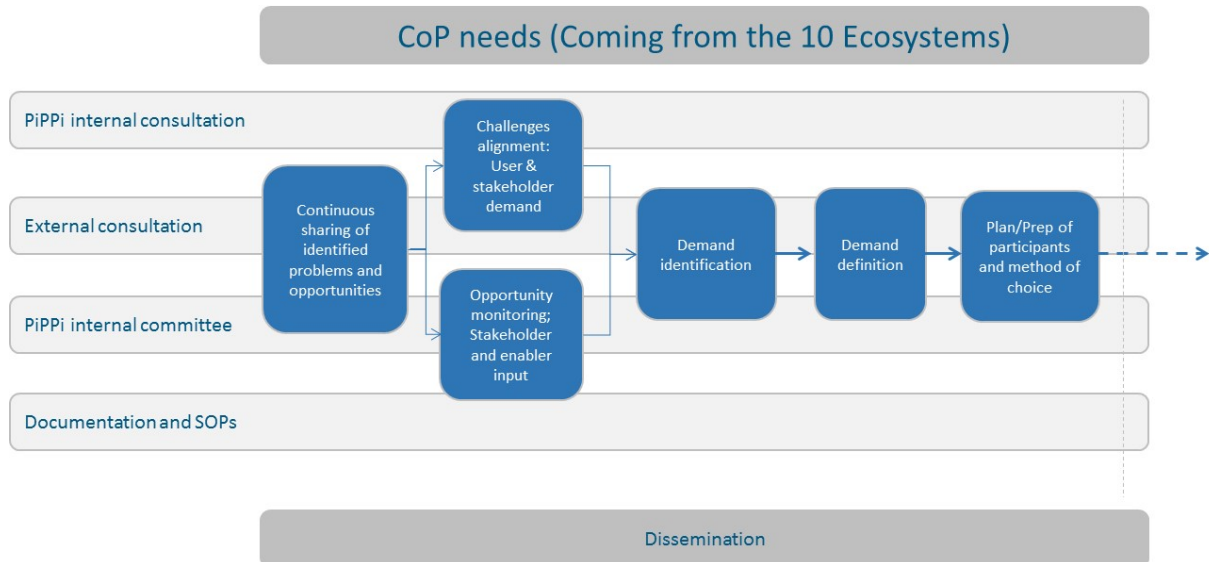


Fig 2. Main PiPPi CoP process

In parallel we are preparing a pilot in form of a preparation of a cross- border PCP. One of the first steps is to identify a cross border unmet need.

During this work there have been three main parallel ongoing activities:

- A. Identification and mapping of the **current processes for identification of unmet needs** at all partner sites today in order to harmonize understanding of terminology and process(es) in relation to our CoP. (on-going)
- B. **Identifying the current digital unmet needs** within the PiPPi partners, EUHA and a sample of the ERNs. (on-going)
- C. **Leveraging digital challenge analysis** from other international bodies, to serve as input, verification and validation in the continuous work. (initiated)

A. Process mapping at each site

Each site has mapped their regular approach to identify current unmet needs in their respective organization. The implications of local processes in terms of enabling/disabling HCP to interact with the CoP process is a major concern for the PiPPi CoP. Current and future functionalities strive to support the needed interfaces with today's and tomorrow's local processes. The following analyses and conclusions have been made on the local current processes and the direct and indirect impacts on the interaction with the coming CoP.

- No separate process for unmet needs suitable for PCP/PPI; i.e. demands without an available/good enough solution in the market – very limited current methods and knowledge to distinguish unmet needs suitable for PCP/PPI
- Large volume of unmet needs is captured by ad-hoc processes and driven by devoted champions
- Capture of problems and unmet needs (detailed into demand) is often intertwined – Not a demand description with clear commonalities
- Local language – Needs are formulated in local language, need of translation
- Local templates/tools – Level and content of captured details and components vary significantly

Local settings in HCP organizations that have more of an indirect bearing on interaction with PiPPi CoP. These aspects will be continuously re-visited to gain further understanding in relation to the CoP and its functionalities:

- Organizational: hierarchal/decision making structure, flexibility/change management, accessibility to process/knowledge base/input, policies and politics
- Matching possibilities internally; might add unmet needs into COP that are actually met elsewhere; within/outside of the org
- Capturing of problems/challenges in the organization are due to internal time constraints, structure and visibility, among other reasons
- Local/personal incentives and information of availability of suitable of solutions

B. Digital challenges – identification and common grounds

At the moment we have, based on existing processes at each partner organization, a short-list of about 20 digital challenges.

We have identified several common grounds among these needs. Initially some of the most significant to be identified are: interoperability, aggregation of data and patient empowerment. Interoperability as an example has been further detailed in sub-components; foundational, structural, semantic and organizational aspects.

Digital Challenge	Site	Interoperability					Data need				Patient empowerment
		Id	Overall interoperability	Foundational: how to communicate	Structural: defines the format, syntax, and organization of (meta)data	Semantic: coding vocabularies (SNOMED, LOINC)	Organizational: governance, policy, social, legal and organizational considerations	Overall data need	Collection (entry and gathering)	Sharing (for example local, national, international)	
1	King's	H	M	-	H	-	M				
2	King's	H	H	-	-	-	M				M
3	King's	H	M	H	M	M	M				M
4	VH	M	-	M	-	-	L				H
5	VH	M					M				L
6	VH	M	-	-	M	M	M				H
7	Erasmus	H		H	H	M					-
8	Erasmus						H				-
9	Erasmus										H
10	MUW	H	H			H	H	M	H	H	H
11	MUW	H	M	H	H		H	H	H		M
12	MUW	H	H	M	M	H	H	H	H	M	M
13	K		H	H	H	M	H	H	M	L	H
14	K	H	H	M	H	H	H	L	H	H	L
15	K	H	H	L	H	H	L	M		M	H
19	OSR	M		M	H	H	M		H	M	M

Table 1. Identified challenges, with further detailing of the initial common grounds of interoperability, aggregation of data and patient empowerment.

As mentioned, the local processes, type and level of identification and language varies greatly. We have therefore developed a template to capture the unmet needs put forward. The sections in the template are meant to be re-viewed continuously during the CoP main process and are therefore also expected to be more detailed as it progresses.

We have a first draft template to support the process of identifying common grounds and unmet needs; currently and on a continuous base. See first template draft below.

[Project Name] – [If Applicable Local Strategy connection]

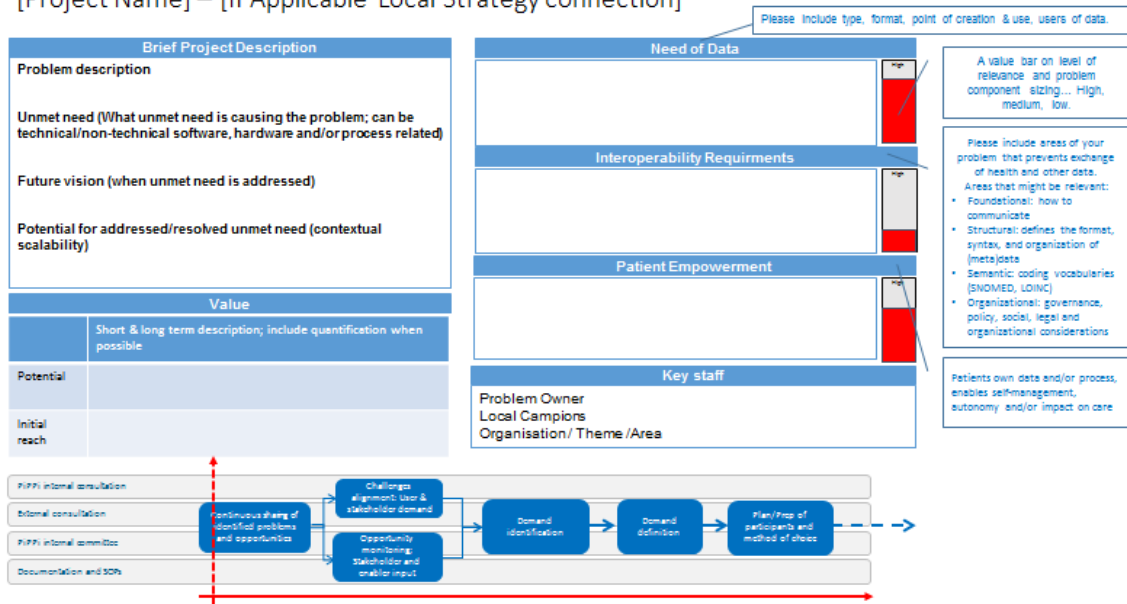


Fig 2 First template draft of a one-page summary for unmet needs to be iterated and updated at each step in the PiPPi CoP process

During the identification of common grounds, a growing realization of the need of identifying, formulating and defining how the value, or lack of value, is represented in all common grounds. This can also be closely related to value-based care components. To be further detailed and developed, initially identified areas are:

1. Resource-related
 - a. Time limitations; clinical staff’s availability
 - b. Knowledge limitations; limited training, expertise and/or understanding of processes
 - c. Limited strategic planning; allocation of time, resources and monetary funds
 - d. Ability to scale (process and resource utilization)
2. Patient focus
 - a. Personalized/individualized care
 - b. Empowerment (with/without autonomy)
 - c. Home care
3. Data
 - a. Big Data
 - b. Aggregate data (as in current draft template: collection, sharing and using data)
 - c. Data quality
 - d. Unstructured data/Free text

Initial clusters

During this first phase of identification of a cross-border unmet need a few clusters have been detected: outpatient/home care, patient communication, and cross-organization and -discipline interaction.

Several unmet needs at this point related to PROM & PREM – collection, sharing, using PROM & PREM input becoming an integrated part of and impacting the care process.

Next steps

The next step forward is to further detail and validate unmet needs with the experts and management in the respective sites.

In addition, initial validation with central stakeholders is needed in order to have a complete pre-screening of unmet needs put forward in the WP5 pilot. The aim is to have approximately 3 unmet needs identified to allow piloting a complete cycle in the main CoP process, allowing for the event of an initial unmet need found not suitable for PCP/PPI.

We will continue the initiated activities regarding leveraging analysis of digital challenges from other international bodies, to serve as input, verification and validation in the continuous work.