COCIR
Advancing Healthcare

HOW CAN DIGITAL HEALTH DRIVE COHESION IN EUROPE?

Unlocking EU Cohesion and Structural Funds to provide better healthcare

COCIR FINAL REPORT

WEDNESDAY 14 OCTOBER 2020

European Committee of the Regions

REGIONS & CITIES

European Commission

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1. FOREWORD

The UN defines health as a human right. The OECD suggests that the capacity to invest in healthcare strongly correlates with the level of access to quality healthcare. Evidence shows that access to precision screening, as well as quality early diagnosis and treatment, provides multilateral benefits, such as better clinical outcomes, improved patient experience and increased satisfaction for health professionals. A shift towards early stage detection and treatment may therefore drive the therapy mix towards less invasive options while increasing survivorship and reducing overall cost of treatment and care.[1]

Regrettably, the considerable divergence in the provision of timely and universal access to quality healthcare has led to unequal patient and treatment outcomes in the European Regions. The COVID-19 pandemic has exacerbated these discrepancies, making it ever-clearer that quality healthcare is inextricably linked with the ability to invest in its provision. There are potential solutions; examples include EU incentives for implementing national screening programmes or for developing resilient national healthcare systems able to provide quality and personalised care. According to The Lancet,[2] there is no one-size-fits-all for healthcare, and therefore we need to differentiate taking into consideration the differing status of healthcare system maturity across Europe.

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COCIR promotes equal and universal access to high quality healthcare for European citizens.

COCIR industries can offer better clinical outcomes, improved patient experience and increased satisfaction for health professionals throughout the continuum of care.

The EU Structural and Cohesion funds could play a vital role in strengthening the investment capacities of the EU Regions allowing them to adequately address their individual needs and specificities. The medical technologies industry, represented by COCIR, is ready to be part of the debate on how such allocations can be best used to improve and sustain quality of access to diagnosis, treatment and [post]-care. The European Week of the Regions and Cities offered an excellent opportunity to kickstart discussions on this pressing issue. The virtual format of the COCIR event allowed for people from all over Europe to exchange views, expertise and experiences in this dynamic and interactive session. We are thankful to all those involved in making this session a reality and a success, and we thank you for your time, your enthusiasm and your invaluable contributions. Now it is time to look to the future and start exploring the new opportunities that lie ahead for collaboration at both national and regional levels. The COCIR event was a great start, so let's use the momentum it generated to innovate, initiate and implement projects across Europe. This way, all European citizens can access and benefit from high quality healthcare. And with this in mind and heart, we will continue working closer together: industry, academia, regional authorities, healthcare professionals and patients.

Nicole DENJOY
COCIR Secretary General

1. *The Life Savers* https://www.cocir.org/fileadmin/Publications_2019/SB_COCIR_The_Life_Saver_Repor_-_June_2019_0.pdf
2. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31089-8/fulltext

2. EXECUTIVE SUMMARY

As part of the European Week of Regions and Cities, COCIR organised an event, in partnership with Siemens Healthineers, to address the issue on **how digital health can drive cohesion in Europe.**

The format of the event saw three participatory labs where attendees were able to interact and exchange views on how to best leverage European Cohesion and Structural Funds for healthcare. The specific topics were **digital health, integrated care and training and education**. To kick off the discussion, case studies where presented that showcased how healthcare projects benefit from EU funding that can substantially contribute to the resilience of national and regional healthcare systems.

A set of recommendations for unlocking additional EU Cohesion and Structural Funds to help digitalise healthcare systems emerged:

- Align their **investment priorities of** Regions and Member States **and share best practices**. This would improve the impact of cross-regional and cross-border projects in addressing inequalities in access to quality care.

- **Promote simplified processes for** much-needed healthcare projects **and provide more targeted information, education and support**.

- **Customise** and adapt the digital health priorities to match the digital health maturity of the individual regions.

- Ensure that **policy instruments are flexible enough** to ensure regions can realise the best value for their health systems, by allowing a tailored approach that addresses their existing gaps and needs effectively.

- Provide financial support for **upskilling of health staff across Europe** in **dedicated expert training centres** using innovative approaches. Training, alongside investments in modern technology and digital tools, would increase the effectiveness and safety of healthcare services while substantially reducing system costs.

3. SETTING THE SCENE

The end of 2020 marks the transition from the current EU budget to the next Multiannual Financial Framework (MFF) for the period 2021-2027. At the same time, the COVID-19 pandemic has brought unprecedented challenges with a multifaceted impact on us all.

As highlighted by **Bernt BIEBER**, this event at the European Week of Regions and Cities 2020 provided us with the ideal opportunity to discuss how best to improve healthcare and strengthen the resilience and sustainability of healthcare systems in all regions of the EU, by leveraging European funds in the coming seven years. Driving greater regional cohesion through digital health is, therefore, an unmissable opportunity in this process

Bernt therefore encouraged all attendees to fully engage in the three parallel sessions of the Participatory Lab. He urged them to use their insights and experiences to formulate concluding policy recommendations in the three key areas under discussion: digital health, integrated care and training of healthcare professionals.

This is an opportunity to discuss how we can improve healthcare and strengthen the resilience and sustainability of healthcare systems with the support of digital health.

Bernt BIEBER
President of COCIR
and head of Direct Export Sales at Siemens

In his inspirational speech, Bart de WITTE stressed the importance of an increased use of digital health and technology as well as democratisation of health data in improving healthcare services. He further highlighted how artificial intelligence (AI) holds the promise to deliver radical transformation in health outcomes. However, he also emphasised, that some key building blocks, including foundational digital health ecosystems across Europe, are needed to maximise the benefit of AI in supporting further cohesion across Europe.

Collaboration and knowledge-sharing keep the spirit of open science alive, and help our European enterprises stay competitive. This openness is what fosters societal advancement and collectively moves us forward by breaking down the walls that lead to inequalities to create a more cohesive society.

Bart de WITTE
Founder of the Hippo Foundation

4. PARTICIPATORY LABS

The Participatory Labs brought together around 60 stakeholders – including regional authorities, European Commission and Parliament representatives, participants from the Permanent Representations to the EU as well as from National Ministries, NGOs, patient groups, academic & research institutes and industry – who engaged in the discussions across three (3) parallel breakout sessions:

DIGITAL HEALTH SESSION A	INTEGRATED CARE SESSION B	TRAINING AND EDUCATION SESSION C
DEPLOYING E-HEALTH SOLUTIONS CROSS-COUNTRY with **Wiktor RYNOWIECKI** Director of the Architecture and e-Health Services, e-Health Centre, Poland	**DRIVING COLLABORATION ACROSS DEPARTMENTS AND BORDERS** with **Alessandro PINGITORE** Researcher at the Italian National Research Council, Italy **Antonella POLLAZZI** Policy officer, Tuscany Region, EU Liaison Office, Brussels	**SUPPORTING THE ADOPTION OF INNOVATIVE TECHNOLOGIES IN DIAGNOSIS AND CARE** with **Alexandre MOTTRIE** CEO of the OLV Robotic Surgery Institute (ORSI Academy), Belgium

Each breakout session sparked lively discussions and exchange of views and ideas around the following **guiding questions**:

- How can we best add maximum value by replicating best practice projects in other EU regions?
- What are the priorities with regards to funding in the areas of digital health, integrated care and training & education? What should be the focus of future activities?
- What are the most pressing current challenges in leveraging EU funds for fostering health regional development?
- What can we contribute to the policy recommendations for unlocking additional EU Cohesion and Structural Funds for the digitalisation of healthcare systems?

On the following pages, you will find more information on the presented **best practices** as well as **key take-aways** of the discussions held in the different breakout sessions.

A. DIGITAL HEALTH

COCIR is the EU leading industry voice on Digital Health. COCIR and its members fully support the digital transformation of health and care to achieve the triple win for Europe: improved quality of care, sustainable health systems, economic growth and job creation.[3]

SPOTLIGHT ON THE BEST PRACTICE FROM POLAND

LEVERING EU FUNDS TO DEPLOY AN E-HEALTH FRIENDLY ECOSYSTEM CROSS-COUNTRY

Kicking-off the session, **Wiktor RYNOWIECKI** introduced Poland's eHealth Centre. The centre is currently working on an EU-funded project aiming to transform Poland's health system in a more eHealth-friendly ecosystem by 2022.

The project has already delivered on great results, both for patients and healthcare professionals. The eHealth centre supports easy access to medical information, treatment history and patient data. It also limits the need for face-to-face meetings, while ensuring that patients continue to receive simple and quick access to medical services. The ability to rely on teleworking has helped HCPs dedicate more quality time to the patients and focus on treatment decisions, by limiting burdensome administrative tasks and therefore shortening the duration of consultation.

> *In Poland, there are currently 3 million active patients' Online Accounts, 1.6 million e-prescriptions issued per day and 355 million e-prescriptions issued for 27 million patients*
>
> **Wiktor RYNOWIECKI**
> *Director of the Architecture and e-Health Services, e-Health Centre, Poland*

Mr. Rynowiecki noted, however, that there was scepticism to adapt to this new way of working. To respond to patients' doubts, the eHealth centre rolled out an information and educational campaign on traditional and social media to promote the benefits of eHealth in improving the access to care and treatment. To convince HCPs, a number of measures have been implemented, including co-financing the upgrade of technology in order for hospitals to have the capacity to incorporate eHealth into their way of working.

Mr. Rynowiecki highlighted the success of the project specifically in relation to adapting to the current COVID-19 context. Indeed, thanks to progress made towards a more eHealth-based system, patients were able to receive their regular e-Prescriptions and doctors were familiarised with the e-Visit platform and could continue to see their patients as usual.

Moving forward, the eHealth Centre plans to deploy more digital services, medical technologies and remote forms of care. These evolutions will require additional educational efforts to address potential concerns and questions, e.g. on cybersecurity and personal data security threats.

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3. *COCIR Publications on Digital Health*
> *COCIR Market Access Pathways for Digital Health Solutions* https://www.cocir.org/media-centre/publications/article/market-access-pathways-for-digitalhealth-solutions.html
> *COCIR Analysis on AI in medical Device Legislation* https://www.cocir.org/media-centre/publications/article/cocir-analysis-on-ai-in-medical-device-legislation-september-2020.html
> *mHealth: COCIR Recommendations for an effective deployment* https://www.cocir.org/media-centre/publications/article/mhealth-cocir-recommendations-for-an-effective-deployment.html
> *AI Use Cases* https://www.cocir.org/activities/digital-health/artificial-intelligence-1.html
> *European Health Data Space: Towards A Better Patient Outcome* https://www.cocir.org/media-centre/publications/article/european-health-data-space-towards-a-better-patient-outcome.html
> *Artificial Intelligence in Healthcare* https://www.cocir.org/media-centre/publications/article/artificial-intelligence-in-healthcare.html

KEY TAKE-AWAYS

- The example from Poland showcases how EU funded projects in healthcare can be conducted for the benefit of the citizens and patients – and at the same time **supporting the resilience and efficiency of the healthcare system**.

- The experience from this project highlights the need to accompany especially digital health projects with **information and education to raise awareness, create trust and promote the benefits of eHealth in improving the access to care and treatment.**

- Despite this impressive best case, participants of this session also stressed that investments in ICT infrastructure is necessary before going into advanced solutions e.g. eHealth, telemedicine, artificial intelligence and big data apps. This also emphasises the importance of **facilitating EU funding also in adjacent or enabling technologies such as ICT infrastructure.**

- When it comes to such advanced healthcare projects, participants discussed aspects like **interoperability, data commons and data stewardship**. These are topics that should be addressed in future projects both technically and from an educational perspective.

- Asked to name the main challenges, attendees agreed that **the lack of coordination between different (bordering) regions is one of the main pitfalls of today´s cohesion and structural fund implementation.**

- This gains special importance because at the same time, **the vast majority of participants recommend investing EU funds especially in cross-regional and cross-border setting to leverage the full potential of digital health solutions.**

PRIORITIES

When asked about where they would recommend investing EU Funds to support the digital transformation of healthcare systems, participants prioritised:

DIGITAL HEALTH TRANSFORMATION PRIORITIES

Other 5%
Artificial Intelligence 5%
eHealth 15%
mHealth 0%
Electronic Health Records 40%
Telemedicine 15%
ICT Infrastructure 20%
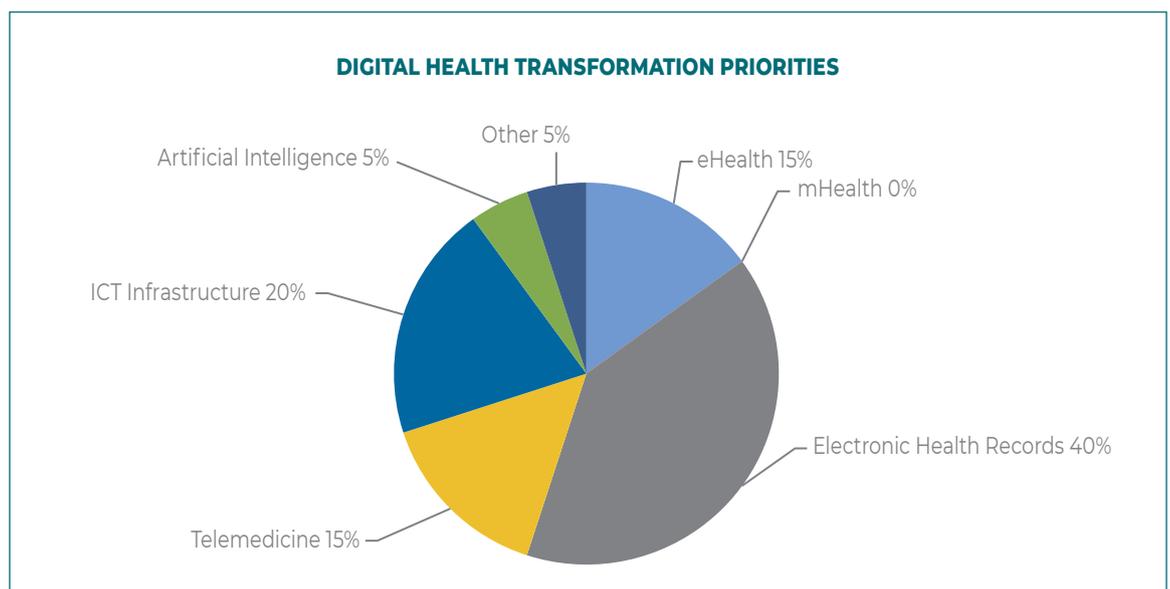
CHALLENGES

Reflecting on barriers and challenges to accessing EU funds, session participants mentioned the following as the main ones:

CHALLENGE RANKING

Challenge	Value
LACK OF COORDINATION BETWEEN REGIONS	2,9
COMPLEX BUREAUCRATIC APPLICATION PROCEDURES	2,6
INSUFFICIENT DIGITAL INFRASTRUCTURE	2,4
LACK OF BUDGET ALLOCATION TO DIGITAL HEALTH	1,8
OTHER CHALLENGES	1,7
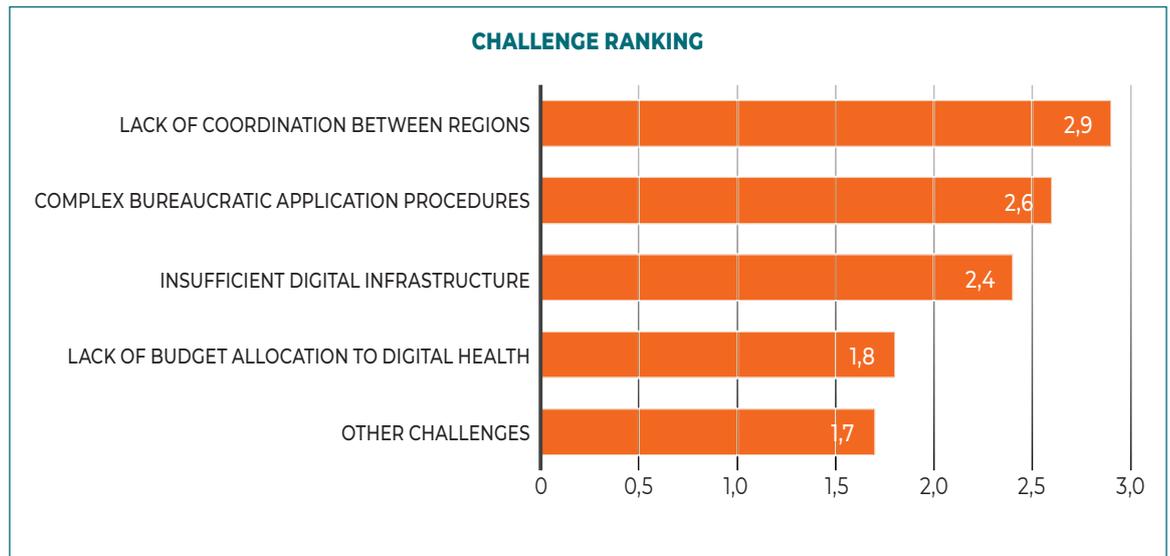
SUCCESS FACTORS

Concluding the session, participants discussed what would be pivotal in ensuring that future EU-funded projects deliver success (participant quotes):

- Empowered citizens that control their health data and have access to personalised, precision healthcare across Europe

- Better access to high-quality health services

- Positive Health: for more health feeling people, more quality of experience -both by doctor and patient- and less costs

- Interoperability of the e-health system; Well-working coordination/integration of all components – among regions and on national level.

- Equal treatment for all citizens; less bureaucracy; rapid systems

- Political Support

- Speed process

- Acceptance; communication

- Usability and equality of treatment

- Adoption

- Funding

- Synergies

- Acceptance

- Uniformity

- Prevention

- Free data exchange

- Equal access to healthcare services

- Breaking down health inequalities by making AI in medical a common good

B. INTEGRATED CARE

Digital Health solutions can play a pivotal role in improving the provision of healthcare. To unleash their full potential a fundamental change to the existing care delivery is required. Integrated care allows for a better overall coordination of care and resources. COCIR calls upon the EU to:

- Aid and encourage Member States in developing national and regional roadmaps for adopting integrated care.

- Invest more in scaling up successful integrated care projects.

COCIR is committed to building multi-stakeholder partnerships to advance integrated and patient-centric care models. COCIR is founding member of the Integrated Care Alliance, a dedicated group of multi-stakeholders' experts working together to provide direction, advice, and guidance for integrated care schemes. The goal is to strengthen and expand integrated, sustainable health and care services across the EU Member States. Building on ICA first publication "United towards Integrated Care" in 2016, the ICA partners joined forces again to elaborate a Multi-Stakeholder Roadmap to support integrated care. [4]

SPOTLIGHT ON THE BEST PRACTICE FROM ITALY

DRIVING THE INTEGRATION OF PATIENT PATHWAYS ACROSS DEPARTMENTS AND BORDERS BY MEANS OF TELE-MONITORING

Opening the session, **Alessandro PINGITORE** and **Antonella POLLAZZI** shared some insights on the RACE project ("Research on the appropriateness of decisions in cardiology care based on evidence"), a project led by the Tuscany Region and funded by the European Regional Development Fund (ERDF).

The aim of the project was to support patients with chronic heart failure by improving upon existing tools to respond to their continuous clinical care needs outside of the hospital setting. The project supported patients in monitoring their own information such as their electrocardiogram, heart rate and body weight. To do so, they relied on integrated hospital territory path models for cardiology care, using telemedicine. Patients were able to provide real time data from their home, which was then assessed through an online platform by an HCP.

> *By integrating data, clinical economy, technological expertise, enterprise and research, the RACE project is making a change in care leading to improved health and physiological well-being for cardiology patients.*"
>
> **Alessandro PINGITORE**
> *Researcher at the Italian National Research Council, Italy*

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4. *COCIR Priorities 2025 - Realising Europe's Future Potential in Health - The time to act is NOW* https://www.cocir.org/media-centre/publications/article/realising-europe-s-future-potential-in-health-cocir-releases-its-recommendations-the-time-to-act-is-now.html

COCIR Publications on Integrated Care

> *Identity in Healthcare - A Key Enabler to Integrated Care* https://www.cocir.org/media-centre/publications/article/identity-in-healthcare-a-key-enabler-to-integrated-care.html

> *A contribution to the Blueprint on digital transformation of health and care: Digital health Roadmap to support integrated care* https://www.cocir.org/media-centre/publications/article/a-contribution-to-the-blueprint-on-digital-transformation-of-health-and-care-digital-health-roadmap-to-support-integrated-care.html

> *Towards Integrated Care Workflows* https://www.cocir.org/media-centre/publications/article/towards-integrated-care-workflows.html

Integrated Care Alliance publications

> *ICA - Multi-Stakeholder Roadmap to support integrated care* http://www.integratedcarealliance.org/wp-content/uploads/2018/05/18035_COC_ICA-roadmap-web.pdf

> *ICA - United towards Integrated Care* http://www.integratedcarealliance.org/wp-content/uploads/2016/06/Call-for-action-on-Integrated-Care-15-June-2016_final.pdf

This model enabled continuous observation of key parameters to prevent worsening of clinical outcomes, monitoring of comorbidities, optimisation of therapy and an overall improvement of quality of life. The results of the project showed that telemedicine helped patients with chronic heart failure to manage the disease from both a clinical and psychological point of view. Patients gained confidence in their physical abilities and showed faster return to their day-to-day activities, which resulted in the perception of increased well-being. The tool is empowering to patients as it allows them to visualise their data and better understand where they need clinical support the most.

In the current COVID-19 context and building on their experience with the RACE project, Mr. Pingitore and Ms. Pollazzi were convinced that telemedicine will be increasingly vital as it allows patients to reach earlier diagnosis and fosters participation in clinical decision-making thanks to access to clinical data at any given time. In addition, the use of telemedicine will also foster the sustainability of health systems. They highlighted that telemedicine could be applied to other diseases and fields of medicine. However, they noted that although telemedicine is an integrated approach, not all patients are able to follow through with the programme and some dropouts are to be expected.

KEY TAKE-AWAYS

- This case study from Italy proves that **EU structural funds can be successfully utilised to drive the integration of patient pathways using digital health solutions**. In consequence, patient`s adherence to clinical decisions improved and patients report higher quality of life.

- At the same time, this project also showed to **foster the sustainability of health systems by avoiding adverse events and empowering patients.**

- This project resonated very well with the participant`s priority for **investing EU funds to drive personalised treatment pathways.**

- For the success of such projects, participants found critical to be able to **access data from registries as well as to carry health data across national and regional borders**. At the same time, they highlighted the importance to **report measurable results with regards to patient care and outcomes in order to prove the value of such projects**.

PRIORITIES

Diving into the areas of priority for future EU investment, session attendees prioritised:

INTEGRATED CARE PRIORITIES

Value-Based Healthcare Models 13%

Data collection infrastructure [e.g. Registry] 12%

Interoperability of ICT platforms 12%

Personalised treatment pathways 38%

Digital literacy 0%

Multidisciplinary Care Teams 25%
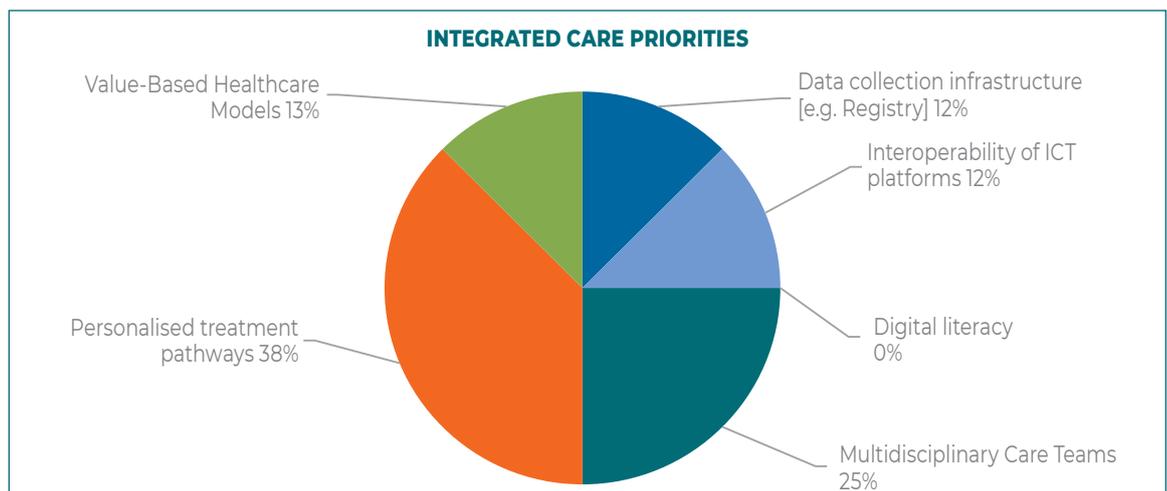
CHALLENGES

Reflecting on barriers and challenges for leveraging EU Cohesion Funds for integrated care, session participants mentioned the following as the main ones:

CHALLENGE RANKING

Challenge	Score
COMPLEX BUREAUCRATIC APPLICATION PROCEDURES	2,9
LACK OF COORDINATION BETWEEN REGIONS	2,6
INSUFFICIENT DIGITAL INFRASTRUCTURE TO ENABLE INTEGRATED CARE	2,6
LACK OF BUDGET ALLOCATED TO HEALTH	2,2
OTHER CHALLENGES	2,0
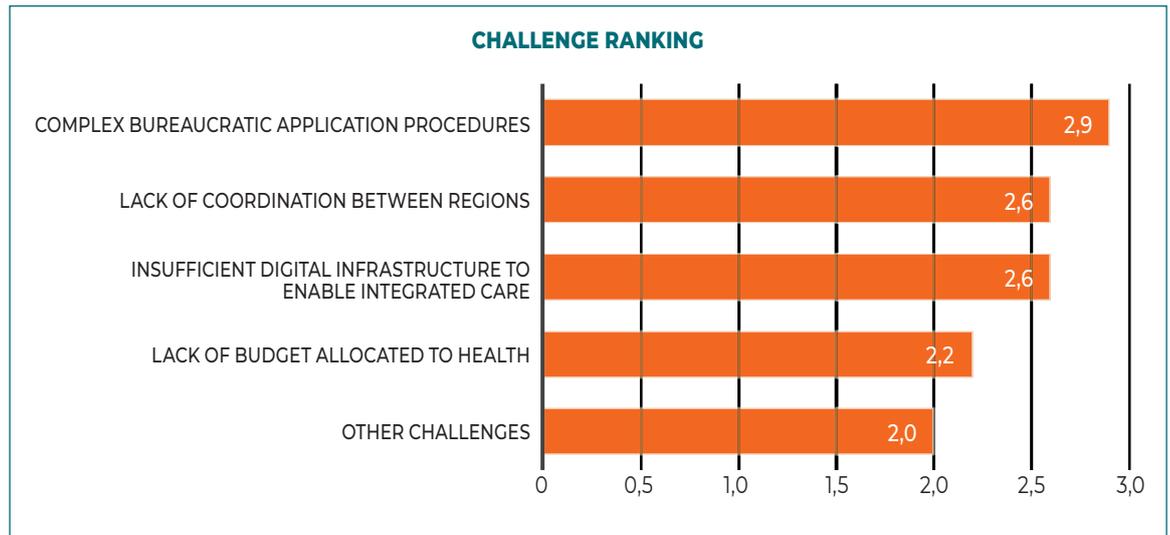
SUCCESS FACTORS

Finally, to make future projects successful, participants believed that **integration at all levels is a critical success factor**, alongside:

- Centralised data from registries
- Better patient care / outcome with measurable results
- Possibility to bring electronic clinical file across borders

C. TRAINING AND EDUCATION

To deliver integrated care, there is a strong need to enhance digital health literacy and communication skills, develop multi-disciplinary teams, promote training and eSkills for patients, carers and citizens - including the use of existing solutions to keep track of the health condition. Specific coaching on self- management for patients, through the use of existing technology solutions, is also required.

Moreover, as long-term care for older people is currently being in large part provided by informal carers in most European countries. it is deemed necessary to develop specific training for health professionals so that they enable the integration of informal carers in the caring teams.

COCIR has recommended a KPI to measure the impact of Managed Services on the development of the health workforce in European Hospitals through training and lifelong learning while enhancing long-term employability, employment, continuous improvement and modernisation of health services. [5]

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5. *ICA - Multi-Stakeholder Roadmap to support integrated care:* http://www.integratedcarealliance.org/wp-content/uploads/2018/05/18035_COC_ICA-roadmap-web.pdf

Managed Services – Innovative Business and Financial Models. Key Performance Indicators targeting EU healthcare sustainability goals https://www.cocir.org/media-centre/publications/article/managed-services-innovative-business-and-financial-models-key-performance-indicators-targeting-eu-healthcare-sustainability-goals.html

> "
> *Today many novice surgeons start their practice in the operating room with limited or no experience. In the US, approximately 30% of residents who complete their residency have proved to be unfit to perform surgery on their own*

Alexandre MOTTRIE
CEO of the OLV Robotic Surgery Institute (ORSI Academy), Belgium

SPOTLIGHT ON THE BEST PRACTICE FROM BELGIUM

TRAINING & EDUCATION TO IMPROVE ACCESS TO INNOVATIVE MINIMALLY INVASIVE SURGERY ACROSS EUROPE

Alexandre MOTTRIE opened up the discussions with a presentation of the work done by the ORSI Academy, its inclusive platform that intends to co-create top quality, standardised, validated & certified robotic training programmes.

The aim of the project is to improve healthcare by offering high quality training, exposure and research and development (R&D) in minimal invasive therapies. Building on studies that highlighted the shortcomings of traditional surgical training, including the issue of the cost associated with readmissions due to surgery-related complications, the ORSI Academy invested in the development of a new type of training based on Proficiency Based Progression (PBP) methodology. The PBP Methodology is based on the identification of metrics to help correct general and critical errors.

To demonstrate the impact and value of the training, a prospective, randomised and blinded clinical trial (PROVISA) was done, which showed that only 6% of traditionally trained residents reached the proficiency surgery skill benchmark, whereas an outstanding 78% of PBP trained residents reached the benchmark.

Alexandre Mottrie explained that this remarkable result is proof of the validity of the PBP method. The ORSI Academy is working on a Master in Robotic Surgery with academic partners and scientific societies. There are currently more than 50 centres around Europe that train their residents this way and the ORSI Academy is looking at ways to further expand this type of training, including through enriching the training with virtual reality simulation, and through the creation of an ORSI Network. The end goal is to reduce surgery-related complications by more than 50%, ensuring safer healthcare for patients and substantially reduced costs for the national healthcare systems.

KEY TAKE-AWAYS

- This case study from Belgium showcases **how investing EU funds into training and education can at the same time improve access to and quality of care across Europe**.

- The evidence-based education concept of ORSI **contributes at the same time to the overall sustainability of healthcare systems by reducing the number of adverse events and readmissions** through high quality hands-on training for surgeons. And also these outcomes were assessed in a scientific study.

- There are currently more than 50 centres around Europe that train their residents this way and **the ORSI Academy is looking at ways to further expand this type of training, including through enriching the training with virtual reality simulation, and through the creation of an ORSI Network**.

- The participants of this session pointed out that **innovations in training and education can contribute a lot to healthcare system´s resilience and sustainability**. There is a need for increased awareness of the need to invest in education on modern equipment.

- According to the attendees, **such programs should be available across Europe and hence across borders to be available for all interested healthcare professionals**.

- Participants deemed mission critical to provide **sound evidence about the outcomes of healthcare education to demonstrate the added value of such projects**.

PRIORITIES

Reacting to the question of what the priority areas for the investment of EU funds would be, participants outlined a few of them, namely:

TRAINING AND EDUCATION PRIORITIES

Other 10%
Patient-centric healthcare services 10%
Creation of training centres 20%
Innovation in training methodologies 40%
Health workers digital skills 20%
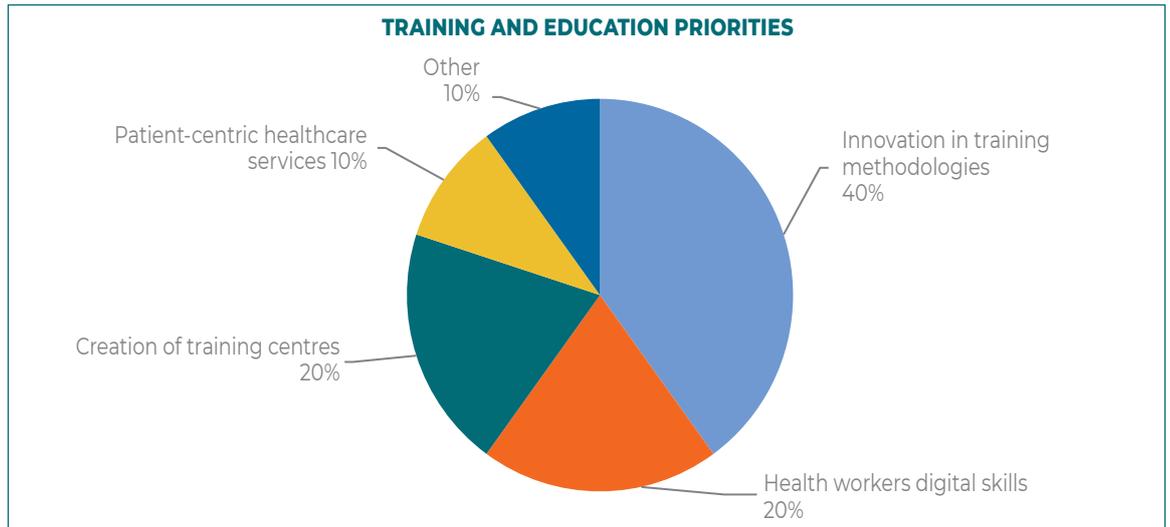
CHALLENGES

On the topic of challenges to access EU funds in support of training and education activities, participants highlighted:

CHALLENGE RANKING

Challenge	Score
COMPLEX BUREAUCRATIC APPLICATION PROCEDURES	2,7
LACK OF COORDINATION BETWEEN REGIONS	2,4
LACK OF BUDGET ALLOCATED TO HEALTH TRAINING AND EDUCATION	2,4
DIGITAL INFRASTRUCTURE DOES NOT ENABLE REMOTE TRAINING	2,3
OTHER CHALLENGES	1,6
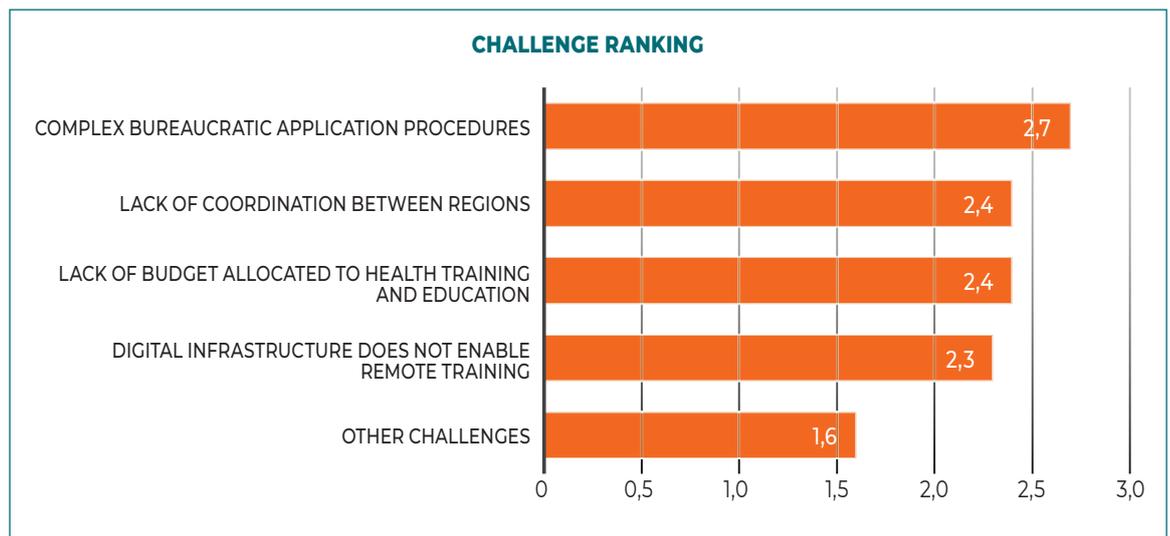
SUCCESS FACTORS

As a conclusion to the group's discussion, participants outlined what they perceived as critical success factors for future EU-funded training and education projects, including the need to:

- Increasing general health

- Improve patient outcome with lower cost, less complications, and better-trained people

- Educated patients to receive adequate info from up-skilled healthcare professionals using optimal treatment and tools on a case by case basis

- Better trained health workforce to achieve better health outcomes

- Cohesion across Europe: Everyone has the same access to training and education in healthcare. Enable healthcare professionals to receive training and education

- Reducing cost, improving healthcare with strong collaboration in Europe

- Providing evidence that healthcare education can indeed be quantified – which would provide direct justification for the investments and better outcomes

- High level of digital skills for staff

5. CLOSING REMARKS

MEP **Susana SOLÌS PÉREZ** commended COCIR and all participants for the quality of the debates and their timeliness as the new multiannual Financial Framework is being finalised. As a member of the European Parliament's Committee on Regional Development, she highlighted that there is no doubt that cohesion policy plays a significant role in ensuring the sustainability of healthcare systems, while improving access to treatment and medicines for all and tackling health inequalities in Europe.

MEP Solìs Pérez noted that the COVID-19 pandemic has exacerbated inequalities in rural and remote areas, including in access to care. The pandemic has also brought to light the enormous differences among national healthcare systems in relation to preparedness and response to the virus, and has showed the importance that technology and digital tools can play to combat the virus and ensure care continuity.

"

The Cohesion Policy and their funds for 2021-2027 in synergies with other funds, such as Horizon Europe or EU4Health, should provide the basis to create resilient healthcare systems and ensure equal access to health and medicines.

MEP Susana SOLÌS PÉREZ

She mentioned that cohesion policy and funds should complement other mechanisms such as the Recovery and Resilience Facility package, Horizon Europe, and EU4Health, to provide a strong basis to create more resilient healthcare systems that promote equal access to care. Long-term Cohesion Funding programmes such as the ERD, ESF and REACT are important to ensure investment in Interreg projects to improve access to healthcare facilities using cross border mechanisms.

"

Digital tools have the potential to innovate and improve access to health, quality of care and increase the overall efficiency of the sector by offering more personalised systems with lower operating costs.

MEP Susana SOLÌS PÉREZ

MEP Solìs Pérez highlighted that the digital revolution is currently helping to advance towards the next generation of healthcare treatments and services. In this sense, EU funds can make a decisive contribution that will benefit all of Europe in the coming decades. She concluded by stating her commitment to supporting these policies and continued EU investment in these areas.

6. COCIR'S POLICY RECOMMENDATIONS

Three (3) case studies were discussed at the COCIR event, and they all showcased that healthcare projects benefitting from EU funding can substantially contribute to the resilience and sustainability of national and regional healthcare systems. Moreover, the three breakout sessions participants agreed that complex bureaucracy is the biggest challenge when applying for EU Structural and Cohesion funding in healthcare.

Another **key takeaway** from the COCIR event was the benefit that derives from the exchange of best practices and cross-fertilising ideas, concepts or even project approaches in the EU funding of healthcare projects. Indeed, this COCIR event exemplified the advantages of bringing together experienced leaders of EU funded projects and experts from public authorities from all across Europe to discuss best cases, critical success factors, barriers as well as priorities for the years to come.

To further drive this discourse and tangibly contribute to a growing number of impactful healthcare projects, COCIR hereby proposes a **set of recommendations** for unlocking additional EU Cohesion and Structural Funds for the digital-isation of healthcare systems.

COCIR is calling, therefore, for:

	Policy-makers to **leverage the EU Structural and Cohesion Funds** in order to **improve healthcare services** as well as **complement other EU funding mechanisms** -such as the Recovery and Resilience Facility package, Horizon Europe, and EU4Health– in **strengthening the resilience and sustainability of all national and regional healthcare systems**.
	More **collaboration between regions and Member States in aligning their investment priorities and sharing best practices**. This would improve the positive impact of cross-regional and cross-border projects in addressing inequalities in access to quality care.
	A **simplified process** as well as more **targeted information**, education and support for the initiation of the much-needed healthcare projects, in addition to **barrier removal in accessing the EU Structural and Cohesion funds**, e. g. via simplified application procedures and increased stakeholder **literacy** on how EU Funds can be utilised.
	Customisation of the digital health priorities to adequately adapt to the digital health maturity of the individual regions. There are many ways to support the digital transformation of health and care – for instance through digitalisation, infrastructure, literacy and skills. Policy instruments should be flexible enough to ensure regions can realise the best value to their health systems, allowing a tailored approach that addresses their existing gaps and needs.
	Investments for the **upskilling of health staff across Europe via innovative methodologies** provided by dedicated expert training centres. **Training**, alongside **investments in modern technology and digital tools**, would increase the effectiveness and safety of healthcare services while substantially reducing costs for healthcare systems.

7. ANNEXES

A. AGENDA

Moderation: **Nicole DENJOY**, *COCIR Secretary General*

OPENING PLENARY **WELCOME AND INTRODUCTION**

9:30   WELCOME AND INTRODUCTION
Bernt BIEBER, *President, COCIR & Senior Vice President Direct Sales, Siemens Healthineers*

9:35   INSPIRATIONAL TALK
Bart DE WITTE, *Founder, Hippo Foundation, Germany*

PARTICIPATORY LAB 3 PARALLEL BREAKOUT SESSIONS

9:50   SESSION A **DIGITAL HEALTH**
DEPLOYING e-HEALTH SOLUTIONS CROSS-COUNTRY
Wiktor RYNOWIECKI, *Director of the Architecture and e-Health Services, e-Health Centre, Poland*

9:50   SESSION B **INTEGRATING CARE**
DRIVING COLLABORATION ACROSS DEPARTMENTS AND BORDERS
Alessandro PINGITORE, *Researcher at the Italian National Research Council, Italy*
Antonella POLLAZZI, *Policy Officer at the Tuscany Region, Italy*

9:50   SESSION C **TRAINING AND EDUCATION**
SUPPORTING THE ADOPTION OF INNOVATIVE TECHNOLOGIES IN DIAGNOSIS AND CARE
Alexandre MOTTRIE, *CEO of the OLV Robotic Surgery Institute (ORSI Academy), Belgium*

CLOSING PLENARY **FINAL CONCLUSIONS AND NEXT STEPS**

10:40   KEY HIGHLIGHTS AND CONCLUSIONS FROM BREAKOUT SESSIONS

10:50   CLOSING REMARKS
Susana SOLÍS PÉREZ, *Member of the European Parliament (Spain, Renew Europe)*

B. MODERATOR & SPEAKER BIOGRAPHIES

Dr Bernt BIEBER

COCIR PRESIDENT & HEAD OF DIRECT EXPORT SALES, SIEMENS HEALTHINEERS

Bernt Bieber is responsible for global direct business of Germany based Siemens Healthcare GmbH with large international end customers and distributors, focus on EMEA. He has 30+ years' experience in various management positions with Siemens Healthineers in Sales and Marketing, including international key account management, global sales responsibility for Magnetic Resonance systems and area sales management in Germany. He spent 3 years as expatriate manager in USA.

From 2009 to 2011, Bernt Bieber was a member of the advisory board of "Initiative Gesundheitswirtschaft Rhein-Main", an initiative to increase public awareness of the economic impact of healthcare industry in Frankfurt area. He holds a Doctorate in Social- and Economic Sciences.

Nicole DENJOY

COCIR SECRETARY GENERAL

Nicole Denjoy has been Secretary General at COCIR since 2005. She has gathered more than 35 years of experience in the field of medical technology, working for companies including L'air Liquide, Ohmeda, Boston Scientific and Baxter. Ms. Denjoy represents COCIR in a variety of influential roles at both European and International Level. She is Chair of DITTA, a united global industry voice for diagnostic imaging, radiation therapy, healthcare ICT, electrometrical and radiopharmaceuticals. In this role, Ms. Denjoy works closely with WHO, as DITTA was granted NGO status in 2015, and has led the partnership between DITTA and the World Bank since 2016.

In addition to her work with DITTA, Ms. Denjoy is the Vice-Chair of Business at the OECD Health Committee, representing the private business sector.

Ms. Denjoy has a Masters in Organisation and Change Management

Bart de WITTE

FOUNDER, HIPPO FOUNDATION, GERMANY

Bart de Witte is one of Europe's leading and awarded experts on the digital transformation of healthcare. He is one of the most progressive forward thinkers focusing on finding alternative European strategies for the current postmodern world to create a more desirable future with greater social benefits. He is the initiator of the HIPPO AI Foundation project in Berlin, which aims to make artificial intelligence in medicine a common good. With his mission to use technology for the greater good, Bart has been on a mission to harness the power of artificial intelligence to help to

solve current and future inequalities in healthcare. He wrote his first paper on Artificial Intelligence in 1989 while he was in grammar school, and restated his interest in 2010, while working for IBM.

He is involved as a mentor for a dozen digital health start-ups and lectures at various universities in Germany, Belgium, Switzerland, Austria and China. He co-founded the Digital Health Academy where he shares his knowledge to improve digital literacy.

Alexandre MOTTRIE

CEO OF THE ORSI ACADEMY, BELGIUM

Professor Alexandre Mottrie MD PhD graduated in 1988 from the School of Medicine at the Catholic University of Leuven, Belgium. He completed his residency in Urology in 1994 at the Johannes Gutenberg University of Mainz, Germany where he was a Staff Member till 1996.

Following this, he served as a Fellow in Washington University St.-Louis, Missouri, U.S.A. for six months to improve his laparoscopic skills. Since 1996, has been a Urologist in the O.L.V.-Clinic in Aalst, Belgium. On 5 December 2011, he successfully defended his Ph.D. in the University of Saarland, Homburg-Saar, Germany.

His major interests are urological oncology and minimal invasive surgery. He is a pioneer in robotic surgery and started this type of surgery in 2001. He developed different procedures in robotic surgery. At his department, he started laparoscopic and robotic surgery to become a training centre in this field. He trained numerous colleagues from all over Europe and beyond in the field of robotic surgery. With over 4000 robotic procedures, he has one of the largest experiences in that field.

In 2010, Prof. Mottrie founded the ORSI-Academy, an innovation centre in robotic and minimal invasive surgery. As CEO, he conducts basic research on improving training and education in surgery.

Prof. Mottrie is scientifically very involved. He has authored multiple scientific papers and organised several international Congresses and Masterclasses in these fields. He has been actively involved in multiple congresses by performing live-surgery, giving courses and/or presenting state of-the-art lectures. He is the Scientific Director of the ERUS-congresses. He is also the president of the EAU Robotic Urology Section (ERUS), former president of the Society of Robotic Surgeons (SRS) and the past-president of the Belgian Laparoscopic Urology Group (BLUG). He is the Editor of the Surgery-in-Motion Section of European Urology.

He is Associate Professor in the Universität des Saarlandes Homburg-Saar (Germany) and the University of Ghent (Belgium). He received the "Golden Telescope Award" at the Hamlyn Symposium of the Imperial College in London (20/06/2015) and the "Saint-Pauls' medal" from BAUS in Glasgow (25/06/2019) for lifetime achievements in the robotic field.

Alessandro PINGITORE

CNR SENIOR RESEARCHER IN THE INSTITUTE OF CLINICAL PHYSIOLOGY, PISA ITALY

Alessandro Pingitore is the Senior Researcher at the Institute of Clinical Physiology in Pisa, Italy.

For 20 years he has practiced clinical activity in cardiology, dealing with chronic and acute patients, and cardiac imaging, echocardiography and cardiac magnetic resonance. His main fields of scientific interest are non-invasive cardiovascular imaging, echocardiography and magnetic resonance; heart thyroid relationship in heart failure; mechanisms of physiological adaptation to intense exercise; cardiovascular prevention, with particular interest in primordial prevention.

In 2011, Mr. Pingitore was a visiting Professor at the New York Institute of Technology. He is the author of 167 scientific articles, published in international peer-reviewed journals, co-author of 4 books on stress echocardiography, heart / thyroid relationship and well-being and health in adolescence.

Mr. Pingitore graduated in Medicine and Surgery in 1991; in 1997 he obtained the title of Doctor of Research (PhD) in Cardiovascular Pathophysiology, and in 2002 he specialised in Cardiology.

Antonella POLLAZZI

POLICY OFFICER AT THE TUSCANY REGION, ITALY

Antonella Pollazzi has been working for Tuscany Region EU Liaison office in Brussels since 2012.

She is currently in charge for healthcare policies, monitoring EU legislation, preparing policy documents, analysing and working on financial opportunities, EU partnerships in the field of healthcare, medical research and MedTech companies.

Wiktor RYNOWIECKI

DIRECTOR OF THE ARCHITECTURE AND E-HEALTH SERVICES, E-HEALTH CENTRE, POLAND

Wiktor Rynowiecki supervises development, rollout and maintenance of P1 Platform, based on services such as e-Prescription, e-Referral, EHR exchange and Internet Patient's Account. Since he took on this role in 2018, he has been responsible for digitalisation of public blood services under which the e-Health Centre develops modern and centralised platform to support processes for blood donation centres, hospitals and blood donors. Prior to taking on this role, from 2010-2018, Mr. Rynowiecki managed large-scale projects in the branch of Raiffeisen Bank and PKO BP in Poland.

Mr. Rynowiecki graduated from Warsaw University of Technology, faculty of Electronics and Information Technology, and Warsaw School of Economics, faculty Management.

Susana SOLÍS PÉREZ

(SPAIN, RENEW EUROPE)
MEMBER OF EUROPEAN PARLIAMENT

Susana Solís is an Industrial Engineer from the University of Oviedo, Machine Engineer from the Fachhochschule de Osnabrück (Germany), she holds an MBA and a master's degree in Marketing Management from the Instituto de Empresa (Madrid). She also holds a master's degree in Public Administration and Leadership from IESE (Madrid). She has over 18 years of professional experience in several multinationals in Germany (Mercedes Benz, Robert Bosch) and in Spain (Rexel, Essilor and Johnson & Johnson).

In May 2015, she was elected Deputy in the Parliament of Madrid, being the spokeswoman for Ciudadanos in the Committee on Budgets, Economy, Finance and Employment. Since May 2019, she has been an MEP in the European Parliament in the Renew Europe group and a member of the ITRE, ENVI, REGI and FEMM Committees and the Special Committee for Artificial Intelligence and Digital Agenda.

During her term as MEP she has focused her work in promoting a more innovative and smarter Europe, through a better use of Cohesion Policy and existing instruments such as the EIT.

GENERAL INFORMATION ABOUT COCIR

COCIR is the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries.

Founded in 1959, COCIR is a non-profit association headquartered in Brussels (Belgium) with a China Desk based in Beijing since 2007. COCIR is unique as it brings together the healthcare, IT and telecommunications industries.

Our focus is to open markets for COCIR members in Europe and beyond. We provide a range of services in the areas of regulatory, technical, market intelligence, environmental, standardisation, international and legal affairs.

COCIR is also a founding member of DITTA, the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association (www.globalditta.org).

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