Considerations about calls

for proposals on generic services for eHealth DSI under CEF 2015

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Discussion paper (v.3)

Version	Date	Subject	Modified by
0.01	16.03.2015	Ideas gathered at the meeting of the subgroup on the 16.03.2015	Subgroup/minutes
1.0	07.04.2015	Basic draft document	Henrique Martins (Portugal)
1.1	20.04.2015	Comments from Santé	Giovanni Patella
2.0	21.04.2015	Sharing with SubGroup Members/ EXPAND Workshop in Luxemburg	Henrique Martins (Portugal)
2.1	21.04.2015	Enhanced with EXPAND MS and CC Workshop in Luxemburg	Licínio Kustra Mano (Portugal)
2.2	23.4.2015	Email comments from Finland	Henrique Martins (Portugal)
2.3	27.4.2015	TCON debate	Henrique Martins (Portugal) with comments from TCON/received by email
3.0	24.04.2015	V 2.3 with any additional comments/corrections by SG4i/EC	Henrique Martins/EC

i. Purpose of the document

The document is to contribute with considerations that the EC may take into account on the launch of the Calls for Proposals for generic services under CEF 2015 as these relate with member states readiness and capacity to engage successfully with such calls, with the aim that as much countries as possible benefit from CEF funding, despite disparate levels of eHealth cross-border maturity.

This document does not have a formal layout rather presents a series of aspects and considerations that are suggested such/can be taken into account. Their discussion amongst member states represented in the Implementation SubGroup of the eHealth Network aims to elicit further comments as well as a consensus statement as to how best such calls can achieve the upper stated aim.

It is good to understand, that the amount of money per country will be small and will/should not be the main driver of motivation.

ii. Circulation and contribution calendar

21.4.15 – TCON subgroup version 1.0 is circulated between – eHealth Network subgroup for implementation and participants of the EXPAND members states workshop. This resulted in a presentation to more than 8 countries represented in the EXPAND workshop and formally the following countries in the SG4i gave their feedback either by email (FINLAND, SPAIN) or in TCON (AUSTRIA, BELGIUM CROATIA, GERMANY, IRELAND, MALTA, POLAND, PORTUGAL, SPAIN, SWEDEN, UK). All 13 countries expressed support for the document with the changes to be added.

24.4.15 – Approval of document in the TCON of SubGroup scheduled for Friday 24th April 2pm-4pm CET.

12.5.15 – It will constitute an information point within the eHN Subgroup/CEF point of the eHealth Network Tuesday 12th may meeting.

1. Introduction:

This document results from a series of contributions:

1) eHealth Network Subgroup on Implementation discussion at the 16th March 2015 meeting
2) contributions from UK, France, a posteriori of that meeting
3) discussions with Expand Executive committee
4) analysis of epSOS and expand deliverables
5) discussions with DG Santé
6) information supplied by INEA about Calls for Proposals (CfP):
    a. [TCON]it is possible to ask for a EU/multi-countries engagement demonstration;
    b. there is not a priory limitation of the min/max number of participating countries. This will be, in case, specified in the CfP.
    c. CEF regulations are the starting point and key parameters of the call
    d. There are standard call documents, these can be partly adapted, ie. call texts are prepared by INEA + several Parent DGs;
    e. Likely timetable is: announcement of the Call in July; Publish the call in September; Close the Call in Dec/jan2016
    f. Calls cover 75% of costs, on the basis of reimbursing actual incurred costs, costs claims.
    g. INEA as a general role as Calls organizer and organizational/financial liaison
7) Member states can participate, using core services in a self-funded way for their generic services, as long as they comply and follow existing and implemented *modus operadis [TCON].*

2. Debated principles:

1. Only member states or more mature regions should be allowed to apply, but not individual organizations. Having part of the country ready could boost the implementation in the whole country (e.g. terminology issues already solved). So it may be useful that MS ready only at regional level, could apply to be part in the 'second cohort' mentioned in next section.
2. The knowledge of the clear distinction of core and generic services to be implemented and the roadmap and availability of the core services – to be deployed by the EC under CEF – is critical to verify members states readiness. Such roadmap it to be made known by SANTÉ as soon as possible and certainly before the opening of the CfP. [Rewording following TCON discussion]
3. Engagement of member states in the maintenance of the OpenNCP community as well as the endorsement of and implementation of the technical artifact "OpenNCP" has advantages of being part of generic services, although some central components (wiki, code repositories, continuous integration, testing, validation, and orchestration of joint efforts) are better served as a core service.
4. Clear governance model of CEF eHealth DSI is relevant, for a member state focused Core-services deployment and support, as well as to ensure homing and ownership of the technology, the services and the joint engagement into collaborative effort. Member states should have effective role in the governance.
5. Avoid at all costs the idea that countries are deploying the "nice software from the Commission", rather focus on a joint "building consortium" approach.
6. Having a clear sharable calendar with semester landmarks to allow synchronization of efforts between countries.
7. No immediate or *apriori* exclusion of any member state
8. Acknowledgement that member states are in very different stages of readiness and maturity both regarding their national ehealth infrastructure to support Patient Summary use case as well as ePrescription/eDispensation, as well as their readiness to establish a national NCP organization, process and connectedness, albeit almost all countries have deployed the technical artifact called NCP (mostly OpenNCP).
9. Acknowledgement of contributions and inputs towards the sustainability of key enabling eHealth cross border assets (taken car by projects like EXPAND)
10. Fairness in funding is key: both in supporting less mature member states, as well as ensuring that those more ready to provide services (e.g. piloting experience, IHE connectathons participation, initial audit) or more likely to be significant in terms of potential transactions (e.g. proved population emigration phenomena's) are benefited via funding.
11. Funding as mechanism to stimulate and prize the achievement of real, numerous transactions and therefore value for the CEF eHealth DSI as a whole was positively considered.
12. Perhaps countries that are applying should include some kind of a preliminary plan on how they will keep up the services after the CEF-period.
13. In general, Member states should be able to participate in subsequent CEF calls for generic services

3. Suggested criteria / scenarios for Calls:

1. Only formal eligibility criteria exist based on CEF regulation
2. All other criteria constitute evaluation criteria. The scale of points to attribute to the criteria to be defined by INEA based on document about relevance of different aspects necessary to deploy services at national level, plus additional ones to ensure likelihood of success (ie. Identifying collaborative partners at EU level for cross-boarder exchange);
3. Countries when applying would chose to apply to either one of the two distinct cohorts, this would not preclude that a mechanism exists during proposal evaluation for "redirecting" a member state to a more suitable cohort. The two cohorts considered would be:
    a. *First cohort* - would correspond to countries that have higher readiness level, more mature national infrastructure and capability of supplying content/consumption for cross border services;
    b. Second cohort – these are countries that display a less advanced national infrastructure / availability of the 2 services in question, have less clear organizational landscape for ensure successful provision and consumption of eHealth DSI CEF services
4. The expectations, dates to deliver live operations, results at the end of the funding period would then be respectively different, a preliminary proposal could be that:
    a. First cohort – Would be delivering at least one online live services until Dec 2016, higher cash, higher requirements – same amount of cash for live services then second cohort + 10% (prize for risk taking), additional funding for a second service available for year 2, 3, 4;
    b. Second cohort – These are countries that aim to delivering one live service by dec 2017, low cash line for 1y preparation phase (but this "line" would not exist in group 1), cash line for live services in 2017. Additional funding for a second service only made available for year 3 and 4.

5. Criteria to attribute "bonus" for proposals (these could be further developed with member states and added accordingly section 4) such be sought so that it is possible to incorporate success factors identified in epSOS/EXPAND to ensure the best achievement of real use of eHealth services.
    a. (e.g. health registries information quality, standards convergence and adoption, trained and skilled people towards eHealth Interoperability, legal and organizational national convergence to EU cross border directive).
6. Despite possible implementation issues as Co-funding is based on effectively incurred costs by implementation bodies, the following could be ideas/examples for encouragement/incentive mechanisms:
    a. If countries propose to provide both PS and eP/eD, their funding would be increased by 15%;

b. If countries display a relevant/convincing strategy to elicit/develop the consumption/usage of the CEF services
c. If countries apply in relevant consortia taking into account and showing evidence of real and existing patient fluxes.

4. Process for providing these considerations and ensuring countries participation:

1. Suggestions mentioned in this document that may serve for CfP analysis.
2. A final document entitled "Considerations about calls for proposals on generic services for eHealth DSI under CEF 2015" should be adopted by the SubGroup and handed over to DG Santé / EC
3. A sort of "hand-holding strategy" will be defined in coming SG4i meetings that will deal with additional details on how to guide member states. So mechanisms for countries readiness check, as well as, a process by which the eHN SubGroup for implementation can support countries deciding to apply for calls will be further developed and shared, this is to be worked in coming SubGroup Meetings;
4. The SG4i hving agreed on the "targets" for the cohorts would further come to agree on filling the maturity/readiness matrix, taking into account critical factors as of jan 2016 – this matrix is to be filled in next integration of this document until 31 may.

	Maturity	**Readiness***
First Cohort *(M States delivering at least one live service until Dec 2016, and a second service available on year 2)*		For Pat Summary service: - - -
		For eP/eD services: - - -
Second Cohort (M states that aim to delivering one live service by Dec 2017, and an second service only made available on year 3)		For Pat Summary service: - - -
		For eP/eD services: - - -

- Readiness should perhaps be better analyzed per service as differences to offer eP/eD or Pat Summary may be significant