2nd INTERNATIONAL THEMATIC WORKSHOP

"Generation of innovation thanks to public driven innovation approach"

Budapest, 27-28 March 2017

REPORT

Introduction

In the framework of the INTERREG Europe Programme, the National Health Service Center (NHSC) - as a consortium member- participates in the implementation of the HoCare project in cooperation with partners from Cyprus, Slovenia, Bulgaria, Romania, Lithuania, Portugal and Czech Republic

The HoCare project aims to develop home care services and innovations based on the "Quadruple Helix" model, which provides a framework for cooperation of all the four stakeholders– the public sector, the business sector, the academic-research & innovation sector and the service users (patients, their family members, workplaces and healthcare institutions and their employees).

The objective of the HoCare project is to positively influence efficiency and impact of Structural Funds. It has additionally three thematic sub-objectives related to the natural generation of innovation for Home Care in regional innovation chains. The first sub-objective is to focus on generation of innovation through addressing unmet needs identified by stakeholder groups in quadruple helix model means by formal carers (i.e. hospitals, social houses, elderly houses) and informal carers (i.e. family members). The second sub-objective is to focus on generation of innovation through public driven innovation processes. The third sub-objective is to bring innovative Home Care solutions quicker to the market by using, again, quadruple helix approach.

The results will be achieved mainly thanks to 4 dimensional international policy learning processes. Initial content for it will be created by partners during Regional analysis, further investigated during 3 International Thematic Workshops which will formulate 30 transferable Good practices.

The 2nd thematic workshop (focusing on generation of innovation through public driven innovation processes) took place in Budapest on 27.03.2017 and 28.03.2017.

FIRST DAY - 27.03.2017 - INTERNATIONAL STAKEHOLDER MEETING

Overview of current situations in each country/region regarding creation of innovation via public driven innovation was driven by short presentations led by Michal Stefan (DEXIC, WP3 leader) based on prepared questions for PPI, PCP and public driven projects in general, in the fields of health and homecare.

As a summary, presentations and discussions revealed that PPI and PCP initiatives, as new public driven approaches to innovation creation, are rather used occasionally. The common barriers cited were lack of good proven result initiatives and examples for public authorities, the necessity for facilitation process of their starting and usage, and other national/regional priorities. The countries/regions with some good previous or current initiatives include mainly Czech Republic and Lithuania. However, public initiated projects in general do offer several good practice projects across the partnership with the potential of transfer to other territories. In the last part of the discussions, Mantas Vilys (LIC) introduced other ideas for innovation approaches – threat and opportunity innovations generated at public sector with results spreading to further business and community innovations

SECOND DAY – 28.03.2017

Opening Speeches of the 2nd INTERNATIONAL THEMATIC WORKSHOP

On behalf of the organizers, opening speeches were made by representatives of the host country. The workshop was opened by István Csizmadia and József Gajdácsi from National Health Service Center. Mr. József Gajdácsi, Deputy Director General of National Healthcare Service Center, emphasized that fostering innovation in the field of health has the potential to improve public health outcomes, enhance the quality of care to patients and respond to unmet needs, as well as to foster stakeholders' competitiveness, improvement of cost-efficiency, and sustainability of health services and medical care. He has also outlined that since innovations in medical technology are one of the primary drivers of healthcare spending, the introduction of innovative technological solutions is thoroughly assessed in terms of their potential to improve efficiency and productivity. Therefore, medical innovation should consists of developing and implementing new products, services and models. By testing them and favouring the most efficient and effective ones, specific healthcare spending could be controlled.

Furthermore, innovation in health should be understood as a public health strategy which is not limited to technological advances in terms of products and services.

He rose the questions: What are the success factors of the uptake of innovation in health care? Does it matter if this innovation is public driven or not? Looking for the answer one should look into the consumption chain, which identifies the key steps in the process of satisfying the real needs of the stakeholders. Home care – alone and especially in an integration with inpatient and outpatient services – is an ecosystem with multiple stakeholders. The quadruple helix approach used in HoCare project shows that the partnership of HoCare project is aware of the importance of the cooperation among multiple stakeholders in the innovation value chains. Public – one of the major groups of the players in the quadruple helix cooperation – may represent the needs of the most important ecosystem players including: patients; health care providers; medical insurance payers; commercial trade channels; development funds and granting systems, such as an operation programme.

Mr. Gajdácsi encouraged participants to prepare policy recommendations and action plans to assist national, regional and local authorities responsible to utilize EU and other funds for granting innovation. His speech was followed by Judit Tóth from Hungarian Ministry of Human Capacities and László Rásky from Association of Medical Devices Manufacturers, Hungary, who has underlined that there are good

solutions on the business side and it would be beneficial if available financial schemes were provided to implement them. “We lack behind in providing adequate treatment for the elderly and the impaired people, so we badly need good ideas, as often with a relatively small amount a lot can be done for people in need. I do think that HoCare project can help us to pay more attention and give a better support to those who need help”. Finally Eleftherios Loizou representing Nicosia Development Agency from Cyprus, the lead partner of HoCare project greeted participants and highlighted results of the HoCare project so far.

Presentation of Good Practices - Elevator Pitch

8 good practice projects were shortly introduced in the form of Elevator pitch by Michal Stefan (DEXIC, WP3 leader) focusing on quick information on country of origin, name, keywords, helixes and actors involved and basic icon image to help participants to understand GPs to be presented more in detail and discussed in the afternoon.

Other Success Stories - Moderated Panel

The conference also hosted a panel discussion on quadruple-helix innovation during its second day, which was moderated by **Ferenc WEIGL** quadruple-helix expert of the National Health Service Center.

Speakers were invited so that they represent each component: research, end-users, industry and government. The discussion touched upon the practicalities of quadruple-helix cooperation model, its adaption to the innovation environment in Hungary and the pertaining obstacles, shortcomings with special focus on public-driven innovation in the aid of unmet needs.

Márton KIS, health innovation expert of the Semmelweis Medical University's Health Management Training Centre, highlighted that there were still functional handicaps in proper channelling of basic research and research capacities into the entire process of innovation. This especially stands for the exploration of any unmet need genuinely stemming from the public. He cited the findings and consequent lessons learnt from their previous project, Ecoquip, which shed light on this phenomenon.

Barnabás MARGITAI, Senior Responsible Owner of the Virtual Health Care project running under the Swiss-Hungarian Cooperation Programme, representing the medical profession spoke from the

perspective of the end-users. He argued the importance of inputs from both origins, i.e. the profession and the public when fostering and generating innovation in e-health.

László RÁSKY, Secretary General of Association of Medical Devices Manufacturers (AMDM Hungary) underlined the industry's willingness to invest in e-health and to be a steady partner in innovation, however, emphasized the administrative burden that the national instruments and financing schemes impose on business actors, making them ultimately reluctant to engage in cooperation models as quadruple-helix. He stressed that "no matter how innovative certain technological solutions are, the end products cannot be optimal without paying attention to and incorporating the end-users' opinion"

Peter KELLER, Head of the International and Cluster Unit of the Ministry for National Economy, gave a comprehensive overview of the current programmes and future plans involving specific instruments for innovation. He's mentioned that in Hungary there is a relatively weak relations and inefficient co-operation between members of the R&I chain. There is enough room for development to strengthen and stimulate the joint projects of the relevant players. The clusters can be a useful tools for this purpose. In the past programming period 2007-13 the Hungarian Government highly supported the joint innovation projects of cluster members. This can serve as a good practice for other countries and regions. He also explained that the available resources and the correlated strategic priorities would, nevertheless, generate conflict of interest as well as dissatisfaction among all relevant actors to a certain extent. In this context he underlined that "the government is best to find the balance and to foster innovation without prejudice of the objectives and potential achievements of any of these actors in innovation."

All the speakers agreed that there was a clear need for understanding in basic terminology such as public-driven or unmet need, in addition to the pertaining proper methodology how to explore a genuine unmet need and subsequently how to foster linking innovation. Towards the end of the discussion, the

moderator asked the Lithuanian partner, **Mantas VILYS**, to summarize one of their good practice projects, titled Beacon, to the audience. As the oral summary was rather becoming a reflexive dialogue, the panel speakers as well as the presenting partner were coming to the conclusion that in order for successful quadruple-helix cooperation there was space for the active involvement of civil society indeed.

Interactive working groups

2 GPs have been analysed and discussed in each working group by the participants:

1st Working Group Facilitated by Silvia Stumpf, Bulgaria (BAA)

List of participants:

1.Eleni Nikolaidou Cyprus

2. Florescu Valentin Romania

3. Jan Kubalík Czech Republic

4. Sigitas Besagirskas Lithuania

5. Teresa Espírito Santo Portugal/Madeira

6. Željko Savič Slovenia

7. Fidrich Márta Hungary

8. Hantos Zoltán Hungary

9. Nadezhda Alexieva Bulgaria

2 Good Practices discussed:

CHECK POINT CARDIO (Bulgaria)

Strengths of this GP: directly contributes to the achievement of longer healthy life. It is good for distanced small cities and villages. It improves the quality of life of people living in remote areas (valuable for Madeira and Cyprus mainly). It provides direct information from the home of the patient when urgent information needs to be provided. It is an improved and practical project, makes impact into the whole national home care ecosystem. Saves resources, costs and improves the use of man-hours of qualified doctors and technicians saving their time for visits, ensures the provision of instant information. It helps preventing risks related to cardiac deceases. The simplicity and efficiency of implementation is an advantage too. Acceptability in the end-user home.

Main weaknesses of this GP: It requires an active and informed participation from the side of the end-user or involved care-giver. It requires a high level of specific data protection as it deals with sensitive data. It implies costs not only for the health system but also for the end user (monthly tax for mobile operator is included).The project arises some technical concerns – the results are directly related to the device technical conditions – for example – battery life. It raises many ethical issues related to the ethical standards applied by the developer/implementer in relation to the personal data. There are concerns related to the application of the holters by the end-users (Holter monitor is a portable device for continuously monitoring various electrical activity of the cardiovascular system for at least 24 hours).

Comments regarding the transferability: Czech Republic: It is a methodologically correct GP as it demonstrates exactly the process of generation of innovation through public driven innovation.

It is also a pure "delivery of innovation" GP as it was required within this specific objective. A key barrier is that the usage may not be reimbursed by the health system but would be paid by the end user privately or within private health funds. Lithuania: Clear possibilities for GP to be transferred. Similar initiatives exist. Slovenia: clear possibilities for GP to be transferred. Similar initiatives exist, GP is very good for countries mainly with good penetration of internet. Madeira: could be adopted but it needs an improvement in terms of reliability of the information gathered but this could be further elaborated. Cyprus: Has similar projects. Implementation depends hospital to hospital. Nevertheless, the GP looks promising for Cyprus. Hungary: Main concerns are related to the poor quality in internet in smaller

cities/villages, but it is applicable in larger villages. Romania: has its major concerns in relation to the personal data protection.

There is a subjective element – the information is dependable on the patient/care-giver that might affect the level of exactness of the information provided to the doctor.

BEACONS (Lithuania)

Main strengths of this GP: Easy to develop, easy to apply, easy to work.

Simplicity and efficiency in implementation. Ready model for transfer – a model of quadruple helix cooperation in the field of public driven innovation.

Main weaknesses of this GP: The GP is targeting only one target group of disabled users, the visually impaired. It is not applicable for all blind people as it requires specific knowledge/competencies related to smartphones and it requires the possession of a smartphone by the user.

Comments regarding the transferability: Bulgaria – clear possibilities for GP to be transferred. Similar initiatives do not exist. There are perfect pre-conditions for transferability. Slovenia – clear possibilities for GP to be transferred. Maybe in some cities the GP could be transferred, but only where there is internet in the busses. Romania – some concerns regarding the applicability in smaller cities. Similar initiatives in larger cities.Cyprus –the GP looks promising for Cyprus. Hungary –the GP looks promising for Hungary as well.

2nd Working Group was Facilitated by Mantas Vilys (LIC)

List of participants:

1. Ivan Matijevič Slovenia
2.Kyriaki Varnava Cyprus
3. Gabriela Florescu Romania
4. Nadezda Alexieva Bulgaria
5. Stolojanu Danilie Romania
6. Dr. Margitai Barnabás Hungary
7. Rásky László Hungary
8. Dr. Hanák Péter Hungary
9. Licinia Lara Rodrigues Araújo Portugal/Madeira

1. **“GROWTH OF THE QUALITY OF MEDICAL SERVICES IN RURAL AREAS USING A TELEMEDICINE INFORMATIC SYSTEM” (Romania)**

Hungarian representative highlighted the problem that people in remote areas don’t want to go to the doctors at all. Lithuanian representative emphasized that the users of the system are usually rather old GPs; they need specific software/user interface that could ensure the usability of the system. Romanian representative stressed that this GP is not good for the small countries.

Comments regarding the transferability:

Lithuania – no clear possibilities for GP to be transferred. Similar initiatives exist. Slovenia – no clear possibilities for GP to be transferred. Similar initiatives exist, GP is not good for the small countries. Madeira – could be adopted to Portofino Island, as there are similar problems and some similar systems exist. Nevertheless, the functionality of Romanian system could be better therefore the possibilities for the exchange of practice could be elaborated. Cyprus – has similar system. Implementation depends hospital to hospital. Nevertheless, the GP looks promising for the Cyprus. Hungary – GPs are private entities in Hungary therefore it is a bit different system. GP cannot be used here.

2. **"CHANGES TO THE HOME CARE SERVICES AND INTEGRATION OF INNOVATIVE SERVICES" (Madeira)**

Regarding the transferability:

Lithuania – no clear possibilities for GP to be transferred. Similar initiatives exist. Slovenia – no clear possibilities for GP to be transferred. Similar initiatives exist, maybe some elements of the GP could be transferred, but Slovenia is waiting for the new law to be adopted and only then GP could be relevant. Romania – only medical part of the GP could be transferred, there is a need to elaborate more. Cyprus – has similar system. Nevertheless, the GP looks promising for the Cyprus. Hungary – Recently there has been more problems with this field in Hungary, therefore the GP looks promising for the Hungary as well.

3rd Working Group was facilitated by Igor Kosir (DCHS)

list of participants:

1. Anita Molka Slovenia
2. José Jorge dos Santos Figueira Faria Portugal/Madeira
3. Mustafa Chaushov Bulgaria
4. Robert Wenzel Czech Republic
5. Sterea Stefan Alexandru Romania

6. Dr. Nikolas Stylianides Cyprus

Good Practices Analysed:

1. **“TELEHIPPOCRATES” (Cyprus)**

Main strengths of the project is that it is designed by multidisciplinary team (end users, research) where end users (doctors) has a strong influence on product design. Solution is decreasing the cost of service significantly. The user equipment cost as much as 3 days of a hospital service, so it is a sustainable solution and it is easy to transfer, however it also has **weaknesses:** IPR is spread between many partners having different goals. It is not developed as a commercial product.

Market size is small. Target group are doctors Internists who would like to offer remote services.

2. **“SPERO”(Slovenia)**

The main strength of the project: it is easy to use; Public and Private funds were used to develop the solution. This helped to have strong market orientation by design. Cross-border cooperation has improved the definition of user demands and product design. The solution is ready to implement the cluster of services and not only a single service. It is tackling one of the biggest problem now – communication and information exchange with elderly. It is ready to go to market.

However there are **weaknesses:** elderly has a fear using digital technologies. They have a strong fear that implementation will make them even more lonely and isolated.

4th Working group Facilitated by Eleftherios Loizou (ANEL)

List of participants:

1. Ana Cristina Baptista Gouveia Fernandes Portugal, Madeira
2. Ana Savšek Slovenia
3. Eleni Malekkidou Cyprus
4. Michal Štefan Czech Republic
5. Todorka Kostadinova Bulgaria
6. Dimitar Platnikov Bulgaria
7. Dr. Vajer Péter Hungary
8. Fidrich Márta Hungary
9. Csizmadia István Hungary
10. Baranyai-Nagy Éva Hungary
11. Kalmár István Hungary
12. Tevan Eszter Hungary
13. Aurelia Curaj Romania

Good Practices Analysed:

1. **META** – (**Hungary)** The Hungarian health PLANNING application by ÁEEK / NHSC

Short Description: Development of a personal health planning methodology and an APP (as a telecare/homecare tool for personal health planning). Good practice for public driven innovation and cooperation with end users (patients and professionals).

Strengths: Good public initiative, adaptable, transferable, user friendly, direct engagement of end users, free of charge, flexible, engagement of different groups, promotion of personal & professional responsibility, individual approach, big data available for further research

Weaknesses: Lack of General Practitioners (doctors), not enough promotion, computer illiteracy of old people, missing engagement of other actors (e.g. academics)

Threats: Permission of end-users required, safety of data, using it for short time only, maintenance / sustainability, national initiative.

2. **VHC - (Hungary)** Virtual Health Centre VHC by ÁEEK / NHSC

Short Description: The Centre provides services for health- and disease management together with the persuasive platform for augmenting compliance. The VHC's main objective is to support the cooperation

of general practitioners integrated in clusters together with some special healthcare professionals and staff. The VHC also supports the everyday work of a "normal" general practitioner.

Strengths: Good public initiative, adaptable, transferable, user friendly, direct engagement of end users, free of charge, flexible, engagement of different groups, promotion of professional responsibility, big data available for further research, accessible by people living in remote areas, monitoring of General Practitioners, use of bottom-up approach, publications from academics.

Weaknesses: Not enough promotion, computer illiteracy of old people, lack of business process management, lack of finalized specifications.

Threats: Permission of end-users required, safety of data, using it for short time only, maintenance / sustainability, national initiative.

In addition, the representative of the University of Szeged and ÁEEK (NHSC) presented in brief another two Good Practices (In-Cloud Telemedicine and MENTA) which however where not further discussed, nor analysed.

Presentation of the conclusions, next tasks and closure

1st interactive working group - Facilitated by Silvia Stumpf:

All GPs have been presented to the group by the experts who have not been directly involved in development and/or implementation of these GPs in the national ecosystem, but have scrutinized and researched them with the support of involved partners. During the session, main contributors to the

clarifications of the GPs and possible transfer scenarios have been made by Jan Kubalik (Czech Republic). All participants took intensive part in the discussions adding valuable inputs on every point, justifying their argumentation on the main strengths, weaknesses, burdens, concerns and pre-conditions for transferability.

After the GPs have been presented and discussed, all representatives from partner countries declared and justified their expression of interest to the particular GP. All participating partners have expressed that they are interested in transferring both GPs in their countries in the home care field, as there aren't any major burden/concern in the transferability of both GPs. The map of initial expressions of interests to the GPs analysed in the working group will serve a framework for the future project activities and for the next steps of facilitating GPs' transfer.

2nd interactive working group - Facilitated by Mantas Vilys

The 2nd group has been focusing on transferable projects that are relevant to formal and informal care providers. All GPs have been presented to the group by the experts that have been directly involved in development and/or implementation of these GPs in the national ecosystem. This proved to be a successful practice as the experts with the hands-on experience with the particular GP at the national level were not able to answer all (even the most bizarre) questions/concerns/comments of the partners from other countries but also to help develop possible GP transfer scenarios that could be relevant to the particular country affairs. During the session, main contributors to the enlightenment of the GPs and possible transfer scenarios has been made by - Dr. Licinia Lara Rodrigues Araújo (Madeira) and Stolojanu Dan Ilie (Romania). After the GPs have been presented representatives from other countries had a chance to declare the expression of interest to the particular GP. Madeira and Cyprus stakeholders expressed the initial interest in the GP from Romania, whereas Cyprus and Hungarian stakeholders expressed the initial interest in the GP from Madeira. The map of initial expressions of interests to the GPs analyzed in the working group will serve a framework for the future project activities and for the next steps of GPs transfer facilitation

3rd interactive working group - Facilitated by Igor Kosir:

Participants of the working group agreed that **transferability** of **Telehippocrates** could be done as a purchase of the complete solution where local partner would adopted to local demand. However, the product/service is not in the commercial phase where of the shelf product is ordered. Second path could be to transfer the idea and knowhow only. It is very important to evaluate competition and doctor's

demand before considering transferability. Medical congresses can be the right spot to do it. In Bulgaria, there are going to be call(s) where end beneficiary are going to be elderly and such solution can apply. In Czech Republic, they support projects with the potential of having big market success. If applicant can prove it, than there are calls to support it. Situation is very similar in Slovenia.

Regarding the transferability of **"SPERO"** the solution demands a strong local partner, who would have a role of implementer in the form of a service provider. Transferability is seen as a transfer of a GP together with a hardware and software components. The calls to apply should not be on R&I, but rather more on setting the services for elderly or local community (regional). Bulgaria will most probably have some opportunity (calls) to support it. In other countries further analysis is needed.

The facilitator found it rather unfortunate that there were not enough representatives from certain countries and helixes in this group, which caused problems in understanding and commenting transferability, we have to have more balanced representation of helixes, and all counties should be participating in each working groups.

4 th interactive working group - Facilitated by Eleftherios Loizou

The aim of the 4th interactive working group was the presentation and the analysis of two selected Good Practices in the area of home care innovation through public driven innovation. The participants were mainly persons representing the public sector. After the SWOT analysis group members identified the **opportunities** for "**META**"**:** Raise of IT skills of users, inter-connection with other tools, expansion of number of General Practitioners, Ambassador for Promotion; collaboration with the sector of education, further improvement, local/regional scale use, possible implementation through PPI programs. Regarding **transferability:** Interest was expressed by participants from Slovenia, Cyprus, Romania, Bulgaria, Portugal and the Czech Republic; however it was stressed that the transfer would more easily be applied on a smaller scale (local / regional level).

In case of "**VHC**" identified **opportunities** are: Inter-connection with other tools, collaboration with the sector of education, further improvement, local/regional scale use, possible implementation through PPI programs, and creation of a new market for software applications.

Transferability: Interest was expressed by participants from Portugal (partially - some elements of the GP) and the Czech Republic (to be adjusted under a different policy instrument - OP - than the one indicated in the HoCare AF).

The whole wrap up session was facilitated by the WP3 leader (Michal Stefan, DEXIC)

Facilitators of each working group presented results of their detailed discussion at working groups enabling other partners, stakeholders and workshop participants to get deeper awareness on details and results of discussions in other working groups. The focus of the wrap up was on potential transferability of the GP to countries, their OP and home care (if relevant). While some GPs showed no major problem of transferability (RO, BG, PT), others needed further information for some parts (LT). Some could well serve as a model project for public driven initiative to develop specific solutions using the same cooperation approach. Other good practice projects were attractive as such, but would require first to find a transferring partner in the destination country to lead the transfer process (SI). Hungarian GPs were good examples of national public initiatives, hard to transfer at national level, but potential for transfer in smaller scale in regional levels. While good practices in projects were presented in good quantity and quality, unfortunately there are not enough examples available in OP management and strategic focus specific for the public driven innovation approach.

HoCare

INNOVATIVE SOLUTIONS FOR HOME CARE BY STRENGTHENING QUADRUPLE-HELIX COOPERATION IN REGIONAL INNOVATION CHAINS

2nd INTERNATIONAL THEMATIC WORKSHOP- "Generation of innovation thanks to public driven innovation approach"-

AND 2nd STEERING COMMITTEE AND PROJECT MANAGEMENT MEETING

Budapest, 27-29 March 2017

National Healthcare Service Center

AGENDA

FIRST DAY - 27.03.2017 - INTERNATIONAL STAKEHOLDER MEETING
Venue: PÁRBESZÉD HÁZA (House of Dialogue) "Kápolna"Conference room 1st floor
Address: 1085 Budapest, Horánszky utca 20.

14.00-14.30
Registration

14.30-15.00
Opening Speeches
Eleftherios Loizou, LP project manager, ANEL.CY
István Csizmadia, NHSC.HU

15.00-16.00
Meeting with stakeholders led by a facilitator from the project – Part 1

- Short introductions of the stakeholders, their experiences, practices, ideas and needs (quick info on current situation and good practices in public driven innovation in the respective countries divided in helixes)

16.00-16.30
Coffee break and networking

16.30-17.30
Meeting with stakeholders led by a facilitator from the project – Part 2

- Short introductions of the stakeholders, their experiences, practices, ideas and needs (quick info on current situation and good practices in public driven innovation in the respective countries) based on previously sent questions in groups divided by helixes

19.00-21.00
Dinner at the restaurant of the venue Loyola café
Address:1085 Budapest, Horánszky utca 20.

2nd INTERNATIONAL THEMATIC WORKSHOP-

"Generation of innovation thanks to public driven innovation approach"-

AGENDA

SECOND DAY – 28.03.2017

Venue: PÁRBESZÉD HÁZA (House of Dialogue) "Pázmány" Conference room (at basement level)
Address: 1085 Budapest, Horánszky utca 20.

9.00. – 9.30
Registration

9.30 – 10.00.
Opening Speeches and Short Introduction of the Theme

- Dr.József Gajdácsi, Deputy Director General, National Health Service Centre
- Dr. Judit Tóth, Head of Department for Health Policy, Ministry of Human Capacities
- László Rásky, Secretary General, Association of Medical Devices Manufacturers, (AMDM Hungary)
- Eleftherios Loizou, Nicosia Development Agency (ANEL), leading partner Cyprus

10.00.-10.30.
coffee break for participants

10.30.-11.45

- **Overview of results and discussions from day 1** by Michal Stefan WP3 coordinator DEX IC(CZ)
- **Moderated panel on public driven innovation for home care innovations including quadruple-helix actors, Moderator:** Ferenc Weigl (NHSC)

11.45 – 12.15.
Quick and short intro to good practices to be discussed after lunch

- Attracting people to the afternoon sessions by Michal Stefan, WP3 coordinator, DEX.CZ

12.15. - 13.15.
Lunch and networking at the venue

13.15 – 16.00
Interactive working groups (with a coffee break at 14.30 – 14.45)
("Kerkai" and "Matteo" rooms, 2 groups remain in the coference room)

- 1st group – 2 GPs
  Facilitator: Silvia Stumpf (BAA)
- 2nd group – 2 GPs
  Facilitator: Mantas Vilys (LIC)
- 3th group – 2 GPs
  Facilitator: Igor Kosir (DCHS)
- 4th group – 2 GPs
  Facilitator: Eleftherios Loizou (ANEL)

15.50 coffee break after finishing working group discussion too

16.00 – 17.30
Presentation of the conclusions by working group moderators

19.30-22.00
Dinner: Danube cruise with buffet dinner cruise ship:"Aquincum"

19.30 Adress: id Antal József rakpart Parliament peer