CRANE

[Title of Proposal]

TD6 Tender Application
Technical Information Template

LIST OF PARTICIPANTS

Participant No	Participant organisation name	Country (code)
1 (Coordinator)		
2		
3		

Funded by the European Union

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 965277

DISCLAIMER

TABLE OF CONTENTS

INSTRUCTIONS

The document in which the mentioned innovation shall be described must be presented with "Arial" font no smaller than 11 points (headers, foot/end notes and formula's may be minimum 8 points), single-line spaced and with all the margins set at least at 1.5 cm. The page size shall be A4. The maximum extension of the document shall be eighty (80) pages, one (1) of which will be devoted to an Executive Summary and seventy-nine (79) to the rest of the proposal (this includes cover page, table of contents, references, etc.). Nevertheless, tables, diagrams, figures and pictures entered in the text to clarify the description of the solution are included in the total page limit. All pages in excess of the abovementioned limits will not be considered further. The generated PDF for TD6 **should be searchable**

The structure of this template must be followed when preparing your proposal. It has been designed to ensure that the important aspects of your planned work are presented in a way that will enable the experts to make an effective assessment against the evaluation criteria. Sections 1, 2 and 3 each correspond to an evaluation criterion for a full proposal as outlined in TD1.

Make sure that the description in all the sections include all the aspects related with the group of collaboration (in case the Tender is submitted by a group of Tenderers) and with the subcontractors (if any).

Warning!

The Technical proposal (in any of its section) shall NOT contain any reference to absolute values that could reveal the financial offer submitted with the Envelope C. These descriptions shall be broken down in percentages. Any reference to absolute values that could reveal the financial offer of the automatic awarding criteria submitted with the Envelope C shall provoke the exclusion of the Tenderer from this PCP.

For instance, when addressing the topics Methodology and feasibility of the R&D plan, Tenderers shall bear in mind that such descriptions shall be broken down in percentages. Any reference to absolute values that could reveal the offer of the automatic awarding criteria submitted with the Envelope C shall provoke the exclusion of the Tenderer from this PCP.

Tenders failing to meet these requirements will be excluded

(ALL THE INSTRUCTIONS SHALL BE REMOVED)

COVER PAGE

With Administrative Data:

TITLE OF PROPOSAL,

NAME OF either THE TENDERER (if tendering individually) or ALL THE TENDERERS (if submitting in consortium)

TABLE OF CONTENT

EXECUTIVE SUMMARY (maximum 1 page)

Include the following:

- the objectives of the proposal
- how they will be achieved
- their relevance to CRANE TD2 - Challenge Brief

Indicate the validity of period of your offer (starting from the submission date) which cannot be less than six months.

Note: This text will be used in the evaluation process and in communications with the European Commission and other interested parties:

- Do not include any confidential information.
- Use plain typed text, avoiding formulae and other special characters.

(Rest of the document: maximum 79 pages)

C1. EXCELLENCE of the proposed solution

Describe how your approach will realise the CRANE vision and matches the scope of CRANE PCP detailed in TD2, Challenge Brief. Include also any scientific evidence or peer reviewed literature connected with your innovative vision which helps show the effectiveness of the proposed solution.

C1.1. To which extent the solution shows that self-management, healthcare and care are improved by insights from a broader collection of data

Describe how your proposed solution demonstrate excellence from an innovative perspective, based on an assessment of the market offers, on-going and upcoming technological developments and research which has bearing on the CRANE challenge. The proposed solutions should demonstrate that CRANE will provide additional valueable insights, by using complete private and public health data sets, and so improve healthcare and care compared to conventional "siloed" monitoring of chronic patients.

Detailed description of the proposed solution.

C1.2. To which extent the solution caters for data sharing and alignment between different entities (also beyond within healthcare or care organisations)

Describe how CRANE will contribute to excellence by being able to facilitate alignment with diverse entities relevant for the healthcare of the population, not only within health and/or social services, but e.g., also municipalities or NGO's by sharing data (always consent by citizens), for instance, activities accessible in the local community related to preventive health measures which can be integrated in the patient care plan through CRANE.

C1.3. Demonstrate cost efficiency of CRANE solutions

Novel concepts can be introduced as part of the solution, but there should be evidence available which helps show the cost efficiency of the proposed solution, achievable within the duration of the CRANE project. The long-term aim of the procurers is to be able to include the solutions as part of standard care, therefore the solutions sought in the PCP cannot be of experimental nature. The approaches proposed should reference literature about outcomes of studies and evaluation trials and discuss the results' reliability and the evaluation's rigour.

C1.4. Demonstrate how the proposed solution are addressing CRANE requirements

A clear description with detailed explanation should be provided to understand how the proposed solution matches the scope of CRANE requirements documented in the TD2 Challenge Brief. Specific reference can be made to certain requirements, functionalities and use cases.

C1.4.1. Added value services beyond the CRANE requirements and use cases

Detail any added value of the proposed solution and its use beyond the requirements of CRANE PCP TD2 Challenge Brief. Make specific reference to functionalities of the proposed solution, detailed in previous sections.

C1.4.2. Understanding of the emerging European health data market including actors

Tenderers need to demonstrate an understanding of the European health market, including actors and detail: how they will enable trust to the CRANE solution through the usage of trusted third party(ies) as well as compatibility with and EU Health Data Space.

C1.4.3. An appropriate and functional consent model, which e.g. enables coordinated individual patient plans.

Tenderers need to demonstrate that the solution has a functional consent model.

C1.4.4. Risk assessment of proposed model

Tenders need to demonstrate a sustainable risk assessment for the proposed model, including but not limited to; certifications, standards, norms, practices etc.

C2. VALUE-BASED IMPACT of the proposed solution

Demonstrate an appropriate model in your Tender that can help secure understanding of how your proposed system are contributing to positive and negative effects for the patients, employees and the health care organizations.

C2.1. Solution shall demonstrate increased perceived value for the patients

Describe the benefits patients are expected to receive when the proposed solution is in operation. Positive or negative effects for patients may include (non-exhaustive):

- Degree of loneliness
- Number of physically consultations from health care workers to patients
- Level of well-being and quality of life
- Patient's control over own health
- Response time in acute situations
- Level of accessibility of healthcare workers
- Level of flexibility
- Level of stress
- Level of trust
- Quality of the health care service
- Number of setbacks
- Level of health risk and complications.
- Number and length of hospitalizations

To assess the business case for acquisition of the proposed solution by health services, quantification of positive and negative effects will be necessary. Realistic estimates of positive and negative effects should be provided where possible, expressed per 1,000 patients and year.

C2.2. Solution shall demonstrate improved value for Buyers employees

Describe the benefits employees are expected to receive when the proposed solution is in operation. Positive or negative effects for employees may include (non-exhaustive):

- Use of time per patient per month
- Number of patients per month per health care worker
- Overview of the patient's health condition
- Ability to make good decisions for the patients
- Level of flexibility
- The work conditions
- Level of cooperation between the health care workers and other actors
- Level of understanding of the patient's complete health condition

To assess the business case for acquisition of the proposed solution by health services, quantification of positive and negative effects will be necessary. Realistic estimates of positive and negative effects should be provided where possible.

C2.3. Solution shall demonstrate value including economic impact for healthcare and care organisations

Describe the benefits organisations are expected to receive when the proposed solution is in operation. Positive or negative effects for the healthcare and care organisations may include (non-exhaustive):

- Number of cancellations
- The length of treatment queues
- Number of alarms and emergencies
- Quality of the services
- Data management and GDPR compliance
- Cooperation between health care services and other actors
- Economic value-based impact
    - Cost of damages and repair
    - Training and education costs; Time used training and interpretation of results from the patients
    - Less hospitalization
    - Less use of medicine
    - Less physically consultations
    - Less travel costs for patients and health care workers
    - Investments in the CRANE solution and support

To assess the business case for acquisition of the proposed solution by health services, quantification of positive and negative effects will be necessary. Realistic estimates of positive and negative effects should be provided where possible.

C2.4. Total cost of the solution

Detail the total cost of deploying the proposed solution includes both payments to system providers, summarised as total cost of system, and additional time required by procurer staff, especially clinicians, summarised as procurer annual operation costs. Tenderers need to ensure that all additional costs incurred in deploying the proposed solution are considered.

Different figures should be given for different scales of deployment (e.g. for at least 1,000 patients and 1,000,000 patients). One-off costs should be depreciated over a maximum of five years. All costs incurred by a procurer from third parties to reap the benefits from the proposed solution must be listed (licensing, maintenance, replacement, insurance, etc.). Costs may include:

- Implementation costs, set-up costs, including hardware, shipping, installation and configuration
- Operation and maintenance including hosting, security updates and upgrades
- Replacement of sensors and other components with short lifetimes
- Adaptation to existing IT systems, e.g. new EHR
- Additional costs incurred for diabetes medication, external services, etc.

C2.5. Quality of the supplier's business model, including demonstrating scalability and commercialisation

Explain the proposed approach to commercially exploit the results of the PCP and to bring a viable product or service onto the market. This includes a business strategy for commercialising the solution (including market expansion plans, business models, capital plan etc.).

C2.6. Understanding of the emerging European health data market including actors

Detail your understanding of the European health market, including actors. Including, how they will enable trust to the CRANE solution through the usage of trusted third party(ies) as well as compatibility with and EU Health Data Space. Furthermore, since WHO and ITU promote the use of open standards

(*reference to WHO/ITU "Digital Health Platform: Building a Digital Information Infrastructure (Infostructure) for Health"*), CRANE shall be interoperable with any of open source EHRs (e.g., OpenMRS, DHIS2 products) (*reference to Fig. 5.5.1 of WHO/UNICEF "Digital Implementation investment guide"*).

C2.7. An appropriate and functional consent model, which e.g. enables coordinated individual patient plans

Demonstrate that the solution has a functional consent model.

C2.8. Quality of the risk assessment of the proposed model

To ensure Value-Base Impact of the solution, tenders need to define a sustainable risk assessment procedure also including certifications, standards, norms, practices etc.

C3. IMPLEMENTATION of phases I-III of the CRANE PCP

C3.1. Quality and completeness of the work-plan as well as detail of task and result descriptions

Detail a comprehensive work plan, to include work packages, tasks and responsibilities, need to be drawn out for all PCP phases detailing the specific timelines for all deliverables (always in accordance with the timelines set out in the TD1 Timeline and the Milestones in TD1).

C3.2 - Feasibility of plan and resources to meet the objectives specified

Detail on the resources needed to achieve the work-plan have to be provided for each organisation involved in the tender. Other resources such as travel and licenses need to also be quantified and provided.

The operational capacity of the suppliers aligned with the plan and resources need to be convincing and address all phases. The scope and intensity of work increases in Phases 2 and 3 of the PCP, where suppliers will need to build prototypes, interact frequently with users (patients and healthcare professionals) of the procurers, pilot the services for several months, provide support in training, change management, a dedicated helpdesk, etc. Past experiences of the procurers have shown the importance of working with local partners to cover the full scope of the procurement, including localisation of the solution to the local language, regular exchanges in meetings with the suppliers and their users (in many cases, communication with patients and healthcare professionals is done using their mother tongue). The tender plan should have a convincing operational capacity, e.g., reflected already in the consortium composition, or by having a plan and reserved budget for involving local subcontractors while complying with the limit on use of subcontracting.

C3.3 - Relevance of the proposed way to involve clinicians and patients in design and development

Detailed approach to involve clinician and patients in the design and development of CRANE solution.

Co-creation is an important aspect. The CRANE procurers have consulted users when preparing the second and third phase. Users need to be involved in the work of the suppliers as well, including in the prototype and testing phases.

C3.4 - Quality of the tenders/suppliers KPIs to follow up the work plan.

Detail the key relevant measuring units that will support the correct implementation of their solutions in relation to the CRANE challenges value created for the patients, the employees, the procurers and the healthcare sector.

C4 - TECHNICAL COMPLIANCE of the proposed solution

C4.1 - Ability to use technologies supporting CRANE requirements.

Detailed description of the technologies which you intend to use to support the CRANE solution e.g., automated health data access, secure, anonymized, encrypted and automated analysis with insight generation etc.

C4.2 - Agile Software Development Methods

Description of previous experiences to demonstrate the level of competency on agile Software development practises.

C4.3 - Legal & regulatory

Describe how your proposal will warrant compliance of your solution with the legal and regulatory requirements (including GDPR) at European level and in the procurers' regions where solutions will be tested.

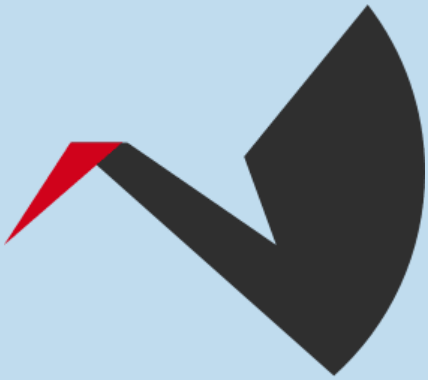
Besides, since WHO and ITU promote the use of open standards (*reference to WHO/ITU "Digital Health Platform: Building a Digital Information Infrastructure (Infostructure) for Health"*), CRANE solutions shall be interoperable with any of open source EHRs (e.g., OpenMRS, DHIS2 products) (*reference to Fig. 5.5.1 of WHO/UNICEF "Digital Implementation investment guide"*).

C4.4 - Ethics compliance

Describe your plan to develop the field- testing in phase 3 in the procurers' regions where solutions will be tested, including the research protocol with ethical implications to submit to ethical committees' approvals.

Pre-Existing rights background

Detail and justify any pre-existing rights (background which the supplier possesses) which any entity will have to acquire to deploy and use the proposed solution. Include a detailed description of any background necessary for performance of the work in the work plan and completion of all deliverables.



CRANE

Comprehensive treatment of chronic patients in rural areas

region västerbotten

Centre for Connected Care

EUROB creative
Intelligence on the move

JUNTA DE EXTREMADURA
Vicepresidencia Segunda y Consejería de Sanidad y Servicios Sociales

PPCN
Making impact & change

REGIONAL COORDINATION GROUP
E-HEALTH AND WELFARE TECHNOLOGY
AGDER

VALDE INNOVA

Funded by the European Union

This project has received funding from the European Union´s Horizon 2020 research and innovation programme under grant agreement No 965277