



TRANSFORMING HEALTH
AND CARE SYSTEMS

2023 ANNUAL CONFERENCE

30 Novembre 2023 - Brussels

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II PANEL: Transforming Health & Care systems: key ingredients of a successful implementation process

14:00 - 15:30

Introductory presentation by:

- **Nick Fahy** - *Director of the Health and Wellbeing Research Group, RAND Europe*

Panel discussion:

- **Saila Rinne** - *Acting Head of Unit, H3 - eHealth, Well-Being and Ageing - DG CNECT*
- **Cristina Bescos** - *Chief Growth Officer, EIT Health*
- **David Lowe** - *Clinical Director for health innovation at the Scottish Health and Industry Partnership (SHIP)*
- **Nick Guldemand** - *Professor of Healthcare & Public Health*

Moderated by Matthias Wismar - *European Observatory on Health Systems and Policies*

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Panel discussion II

Transforming Health & Care systems: key ingredients of a successful implementation process

European Observatory on Health Systems and Policies

THCS Annual Conference

30 November 2023, Brussels

European
Observatory 
on Health Systems and Policies
25 years a partnership hosted by WHO

1st round: the innovation and the problem it is meant to resolve

2nd round: barriers and facilitators when implementing the innovation

Question from the floor

3rd main lessons for implementation and wrap-up

Introductory presentation by:

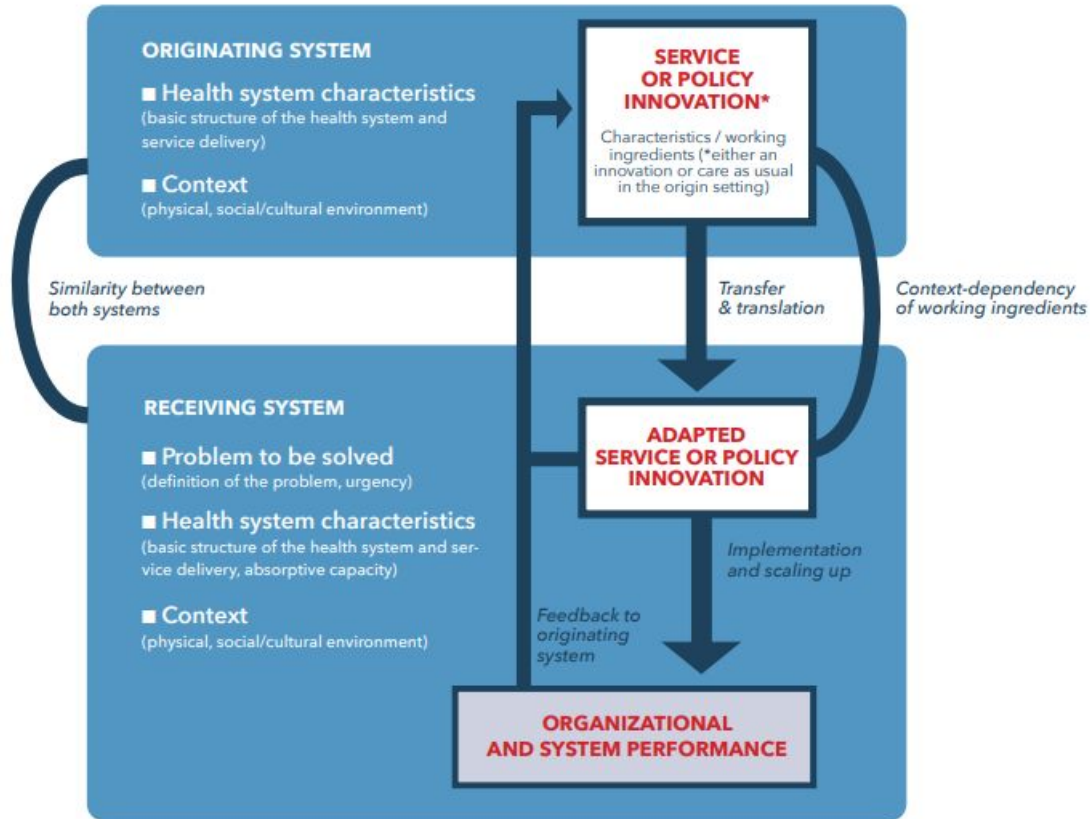
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- **Nick Guldemand** - Professor of Healthcare & Public Health

Moderated by Matthias Wismar and Juliane Winkelmann – European Observatory on Health Systems and Policies

1st round: the innovation and the problem it is meant to resolve



Join at
slido.com
#2223 956



Please select the three most important barriers and enablers for innovations?

- Professional roles and scopes of practice
- Education and training standards
- Regulation and licensing
- Payment and financing models
- Existing service delivery structures
- Organizational culture
- Leadership and role of stakeholders
- Communication and trust
- Working relationships
- Technical infrastructure and information systems

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DigiPrevent

DigiPrevent, shows the collaboration with payors, to foster the health care transformation to prevention and early treatment and avoid expensive long-term treatments.



Personalised prevention and very early treatment of Rheumatoid Arthritis (RA)

Keywords: personalized medicine, digital health, prevention, early treatment

Type: New High Value Care delivery model combining 3 products

Duration: May 2022-Dec 2024

EIT H funding: 2,191,217 EUR

DigiPrevent calculates that there is a potential for reduction of cases of chronic RA by an estimate of 20-50%, based on today's knowledge of modifiable lifestyle factors and effects of existing therapies in individuals at very high risk of developing RA. This has the potential to save €9 billion annually if the team's solutions are implemented all over Europe (the estimation of total current yearly costs for RA in Europe is €45 billion).



COÖPERATIE VGZ
Voorop in gezondheid en zorg.
Voor iedereen.



Coffee Break

See you at 16:00



III PANEL: Transforming Health & Care systems: Transformative ecosystems in THCS

16:00 - 17:45

- *Ecosystems as a part of THCS-partnership, **Gerda Geyer** - FFG*
- *Why is it important to talk about Transformative Ecosystems? **Juha Teperi** & **Jenni Airaksinen** - TAU*
- *1st case: The good ageing ecosystem in Grenoble-Isère - **Alain Franco***
- *2nd case: The Tesoma Alliance - **Marko Helenius** - Mehiläinen Group, Tampere, Finland*
- *Panel discussion: Preconditions and elements of successful Transformative Ecosystems - with **Alain Franco**, **Marko Helenius**, **Alba de Martino** - IACS (TBC) and **Irena Debeljak** - NIJZ. Panel hosted by **Jenni Airaksinen***
- *Quick look at the conceptual model for identifying and process for recruiting Transformative Ecosystems.
Closing remarks: **Juha Teperi***

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Transformative Ecosystems in THCS

THCS WP 9 (Strengthening Ecosystems)
THCS Annual Conference @ Brussels 30 November 2023

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THCS - Strengthening Ecosystems

Lead partner: FFG

Co-leads: TAU and ZonMW

First THCS Annual Conference, Brussels

30 November 2023

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Ecosystems

In the THCS Partnership, the term ecosystem is used as a broad concept of health and care stakeholders and other related entities, from regulators to end-users, from funders to service providers, from governing bodies to health and care professions, and from NGOs to enterprises and innovators.

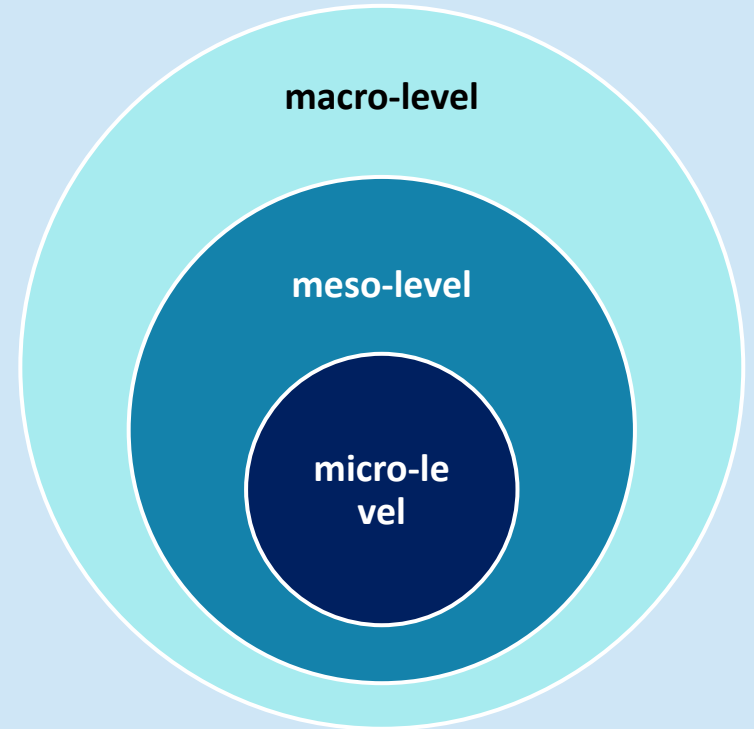


Three ecosystem levels

Micro level: often local, around specific technology, process, ..., not limited in time;

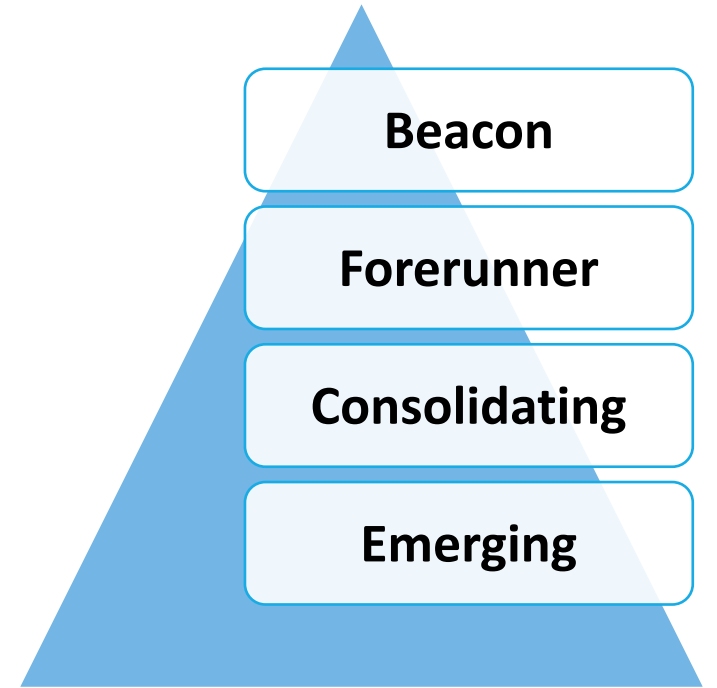
Meso level: often regional, around several health and care issues;

Macro level: create the rules of the game;



Maturity levels of ecosystems

- No decision on how to develop
- Commitment of actors
- Concrete arrangements
- Evidence



Maturity levels of transformative ecosystems

What makes the THCS ecosystem approach special?

- Combination of European-level collaboration among ecosystems – specifically transformative ecosystems – with continuous efforts to promote relevant ecosystem-wide approaches at national, regional, and local level.
- Where funding agencies are involved, there will also be continuous efforts to foster an ecosystem-wide approach among funded project consortia as a means of supporting implementation and scaling up innovation.



The target groups for ecosystem-related activities

The external target groups will be:

Existing ecosystems of different levels of maturity

Funded THCS projects, to raise awareness of the benefits of the ecosystem approach

National mirror groups that will inform WP9 and act as multipliers at national, regional and local level

National, regional and local actors reached via THCS partner organisations or WP9 activities

Promote the ecosystem approach at national, regional, and local levels

Overview of activities planned for WP9/Strengthening Ecosystems

Target Group: Ecosystems	Target Group: THCS funded projects	Target Group: Mirror groups	Target Group: National/regional/ local stakeholders
European level	European & national levels	National level	National level

CONTACT DETAILS

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https://twitter.com/THCS_HEU



<https://www.linkedin.com/in/thcs/>



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***“The future is here.
It’s just not evenly
distributed”.***

- William Gibson 2003

Photo: Ksenia Chernaya

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What is an ecosystem?

- There is a wide range of definitions
- The answer depends on whom you ask

Ecosystem =

- Platform?
- Innovation environment?
- Service architecture?
- Network?
- Alliance?
- Cluster?

Williamson and De Meyer
2012; Adner 2017;
Jacobides et al. 2017;
Grillitsch & Sotarauta 2019;
Alvedalen & Boschma
2017; Thomas et al. 2014;
Nordling, 2019; Thomas et
al. 2021; Pikkarainen et al.
2017; Gawer 2014



***We are not looking for any ecosystems,
but those which have the joint ability to
create and implement transformation.***



Transformative ecosystem

*“A transformative ecosystem is
a broad constellation of interacting organisations and people
who are committed, and through aligned actions,
able to reach joint, explicitly defined goals”*

What?

Who?

How?

Presentations by
- Alain Franco
- Marko Helenius





16.20 1st case:

The good ageing ecosystem in Grenoble-Isère

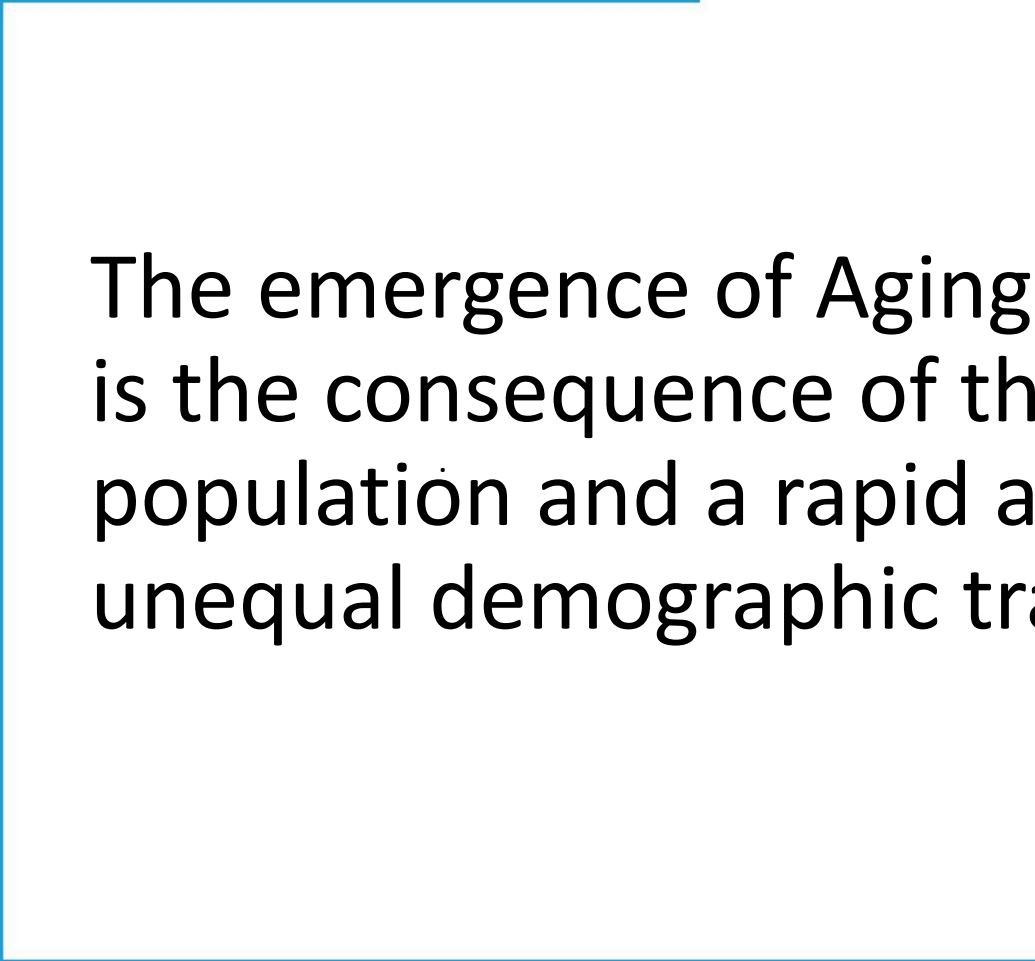
Ecosystem Launch Event. Brussels 20231130

Presentation: Alain Franco, gerontologist, president@uiad.fr

Comments: Malek Bouhaouala, economist,
malek.Bouhaouala@univ-Grenoble-alpes.fr

Outline: The “good ageing” ecosystem in Grenoble-Isère

- **First step:** Common culture and values can lead to common goals and an ecosystem.
- **Second step:** Awareness of being part of an ecosystem.
- **Third step:** Observing the functioning of an ecosystem.
- **Fourth step:** Should we organize and manage an ecosystem?
- **Fifth step:** Evaluation of an ecosystem.



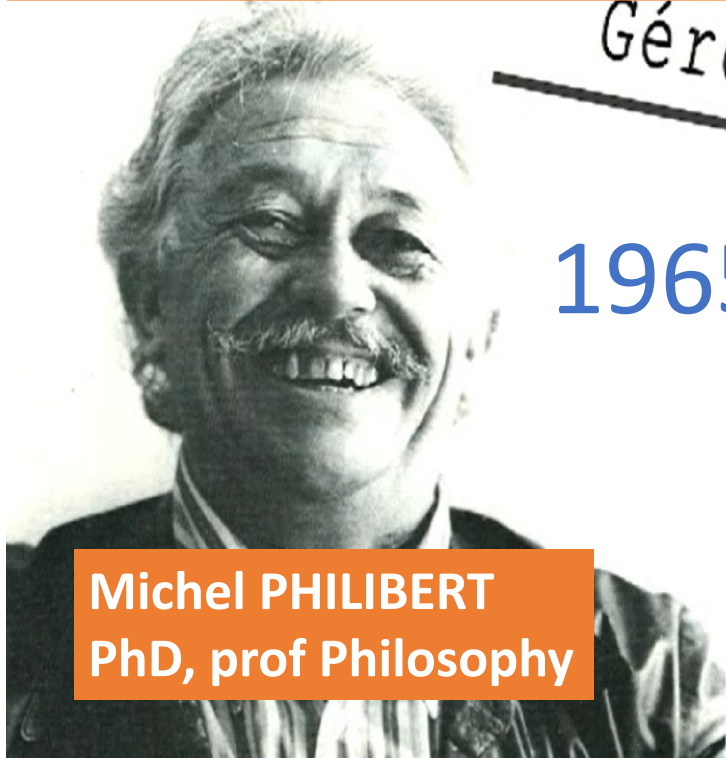
The emergence of Aging Well Ecosystems is the consequence of the aging of the population and a rapid and complex and unequal demographic transition.

First step: Common culture and values can lead to common goals and an ecosystem.

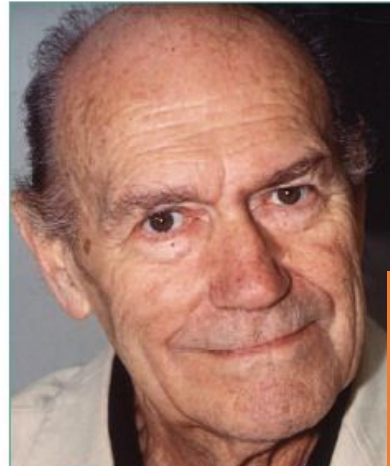
The premises of the Grenoble - Isère Aging Well Ecosystem

Gérontologie

1965



Michel PHILIBERT
PhD, prof Philosophy



Robert HUGONOT
MD, prof Medicine



Requested by
Hubert DUBEDOUT
The Mayor of Grenoble

The premises of the Grenoble – Isère Aging Well Ecosystem

1. Organization of a **Geriatric Department** at the CHU (University Hospital). Hugonot 1964.
2. ADPA, **Association for assistance to the elderly at home**. Denise Bélot 1966. Care for isolated sick elderly.
3. Creation of the **Assessment Center for the frail older people** (CESPA), which has become the current Alpine Center for the Prevention. Of Frailty and Disability. Hugonot 1967.
4. Grenoble Office for the Elderly OGPA. Belot, Philibert & Hugonot 1968. **City policy**.
5. CPDG, Multidisciplinary Center of Gerontology succeeds the **Organization for preparing for retirement**. 1965. National success of the training sessions in gerontology at Saint Hugues de Biviers. Philibert & Hugonot 1969.

The premises of the Grenoble – Isère Aging Well Ecosystem

6. **Clubs** by neighborhoods for retired citizens. Hugonot & Philibert 1969.
7. New type of **medicalized nursing homes distributed in the City** to replace Hospices. Bévieres. Reynies. Belot & Hugonot 1969.
8. Creation of an innovative **Home Hospitalization Service** in Grenoble, (HAD) based at the University Hospital. 1969.
9. **Shared housing experiences** within neighborhoods. D. Bélot & Hugonot 1970.
10. Creation of the **University Diploma in Gerontology** followed by the **National Capacity for Geriatrics training**. Hugonot 1970.

The premises of the Grenoble – Isère Aging Well Ecosystem

11. **ASTA, Association of sports for the third age** with its 2500 current members. Hugonot 1972.
12. **University of the Third Age (U3A)** which has become Inter-Age University of Dauphiné (UIAD) (*with its current 5500 members*). Philibert & Hugonot 1977.
13. Creation of the JALMALV association, **palliative care** by René Shaerer. 1983.
14. Creation of the **Allo-Mistreatment** association (ALMA) against abuse and neglect. Then national level under the ministry in charge of the elderly. 1995.
15. **Association of Families (ALERTES)**, fight for the quality of life of the elderly. Jean Giard 2002.
16. Creation of TASDA, (Home and Autonomy **Technical and Social Expertise Center**) (*Digital innovation*). Vincent Rialle. Veronique Chirié. 2010.
17. Creation of the **Aging Well Ecosystem group** of the AUEG, Grenoble University-Business Alliance. Alain Franco, Malek Bouhaouala, Véronique Chirier. 2019.

Comments on Step 1

- Social and economical Complexity.
- Ageing issue = multiple actors.
- Convergence, synergy, collaboration of several and different sectors which may initially be different.
- Working together: common values/common interests: example Good practices.
- The ecosystem is revealed when the actors find common objectives, and a common strategy to reach them.

Second step: Awareness of being part of an ecosystem.

Ecosystem Aging Well Grenoble-Isère in short

<https://aueg.org/ecosysteme-bien-veillir-grenoble-isere/>

- Aborted project of the Gérontechnopôle Alpes (2010) Pr. Alain Franco.
- Benchmarking of the French mountain tourism ecosystem. AUEG. Malek Bouhaouala.
- AUEG (Alliance Univ.-Entreprise de Gren.) working group on EBV. Veronique Chirie.
- Colloquium of 28/03/2019 with territorial stakeholders, and external guests. Mission Coimbra from 01-03/12/2019.
- Coordination meeting of conference activities March 8, 2021. 6 organizations: UIAD, Académie Delphinale, MR38, AGRUS, AUEG, TASDA.
- Common ethical charter. In progress. Oriented on good practices and the objectives of the 2030 Agenda, UN.
- Survey of territorial actors on their perception of the Aging Well ecosystem. TASDA – Companies – Home Care Associations.
- EBV.VAX against Covid19. 3 campaigns: 29/03 – 09/04/2021, 07-14/06/2021, 12/08--/2021. UIAD, MR38, AUEG, TASDA, Associations of seniors.
- Aging Well Ecosystem Symposium Grenoble-Isère. 2022 Sep 14. Stakeholder meeting and preparation for the Gdansk AHA Forum (18 Oct 2022).

Comments on Step 2

- Awareness: need to realize that to find outlets there are some economic and social problems and that collaboration with other sectors can be useful.
- Grenoble. Mountain: advanced ecosystem because the economic actors concerned by the mountain have understood their common interest and their common vision.
- Ageing: we are at this stage; evidence of common values; in terms of operability mainly bilateral, and not multilateral or global; but the actors are still functioning by themselves.
- A spontaneous ecosystem should be realized if the partners can no longer move forward on their own.

Third step: Observing the functioning of an ecosystem.

Comments on Step 3

- Observation : yes, to understand.
- In Grenoble. Yes, but by external observers.

Fourth step: Should we organize
and manage an ecosystem?

What dilemmas arise in identifying and promoting an Aging Well Ecosystem (AW-ES)?

Alain Franco, Conclusive remarks, Health Valley – AAL, Nijmegen (NL), 17th March 2022

1. **Offer** (supply) ES/ **Needs** (demand) ES: balance and combination
2. **Health / Societal** Ageing Well
3. **Organisation** (top down) / **Self-determination** (bottom up)
4. **Directive** management / **co-management**
5. Partners **Global** involvement (main goal)/ **Selective** involvement (sec. goals)
6. Partners **Rivalry / Trust** (coopetition)
7. AW-ES Internal **confidentiality / Communication**

Comments on Step 4

- Should we organize? No. It must organize itself to exist, with its own rules and its own challenges.
 - Search for common solutions to complex specific problems: trade, markets and no more (complex innovation)
- Should we organize ? Yes. if economic and social issues needing public health initiatives or decisions?
- Because it is complex and also mixed (market and non-market). If excessively organized, it won't work. REAL DISCUSSION. Find a compromise.
- Clusters seem not adapted because they are organized top down in France: not flexible enough.
- Bottom up organizations seem more agile. (digital economy in the US).

Fifth step: Evaluation of an ecosystem.

Comments on Step 5

- Evaluate: by external observers.
- Ecosystem assessment ? No, because it does it by itself.
- Ecosystem assessment ? Yes to review that it works.
- To Intervene ? a little.

Conclusion about Grenoble-Isère ecosystem for Ageing Well

- As a Territorial ecosystem it may contribute to a good ageing of the local citizens. Still on a stage of identification and revelation.
- Ageing well stakeholders, (Grenoble and Isère), can thus come together and collaborate within an Ageing Well ecosystem while maintaining freedom of initiative of their organisation.
- They get involved in participating in the dynamics of the ecosystem by agreeing to contribute to simply expressed common objectives and to promote their best practices.

Thank you very much and
good luck for THCS-WP9

MEHILÄINEN

Mehiläinen's value based healthcare partnership with
the wellbeing services county

Tesoma Wellness Alliance

INTRODUCTION



Marko Helenius, Unit Director

**Tesoma Wellness Center
Mehiläinen**

EXECUTIVE SUMMARY

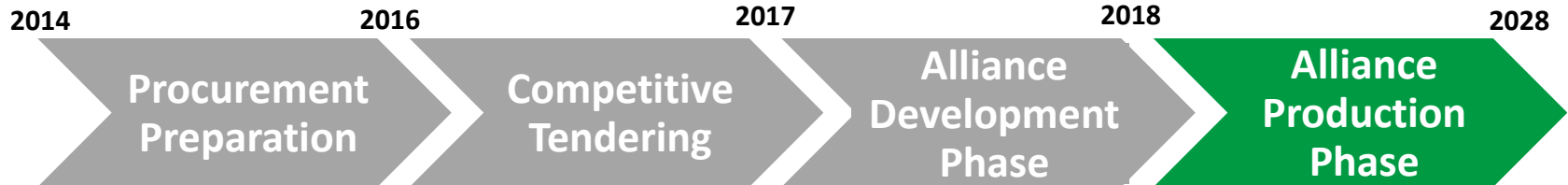
- Due to the challenging demographics, the City of Tampere decided to choose Tesoma as a pilot region to develop the “social and health services of the future”.
- The **City of Tampere**, Finland’s 3rd largest city, **Wellbeing services county of Pirkanmaa** and **Mehiläinen**, Finland’s leading private provider of social and health services have formed a Wellness Alliance to provide public primary healthcare services for a population of 23 000 in the Tesoma area.
 - Contract period of 10 years (2018-2028)
 - Close collaboration between the contracting parties and the 3rd sector required by the Buyer
- The compensation to the Alliance is tied to a set of **wellness and health outcome measures**, measured by a set of Key Performance Indicators. The commercial model of the €150M outsourcing contract is based on a multi-provider service model, a joint virtual organization, a shared commercial model and an open book policy.
- The Wellness Alliance has developed cost-effective and high-quality services for the region, delivered via the Tesoma Wellness Center.
- Residents’ wellness has been improved by
 1. increasing the availability of customer-focused services
 2. enhancing social well-being and community
 3. strengthening self-care opportunities, and
 4. increasing the digitalization of wellness services
- The costs of service production for the first period were approximately four million euros (nearly 15 %) lower than expected.



TESOMA WELLNESS ALLIANCE

A New Platform for Partnership and Development
in Public Health and Well-Being Services

- The City of Tampere aimed at
 - Renewing the health and community services in the Tesoma area
 - Producing and developing the services in close, long-term co-operation with the private and the third sector
- Mehiläinen Group (a privately owned health and social services company) was selected as the main partner
- The parties form **an Alliance** - a form of co-operation not previously seen in welfare services in Finland
- Service production at Tesoma Wellness Center started April 9, 2018
- Contract period 10 years



PRINCIPLES IN THE TESOMA ALLIANCE

- **The City** and **wellbeing services county of Pirkanmaa** defines and buys the desired results (e.g. good health) instead of a pre-defined service level or product.
- Multi-provider service model, joint (virtual) organization
- Common goals
- Shared commercial model, "open books"
- All parties either win or lose together
- Mutual and solid decision making, "no blame"
- Commitment on continuous improvement

SERVICES AT TESOMA WELLNESS CENTER

Service	Responsibility	Staff
Public Health Center	Mehiläinen	28
Dental Care for Children (<18 y)	City of Tampere	5
Dental Care for Adults (>18 y)	Mehiläinen	20
Welfare clinic for expecting parents and families with children	wellbeing services county	12+
Home Care for the Elderly	wellbeing services county	64
24/7 Care Housing for the Elderly (2020 =>)	Mehiläinen	55
Library	City of Tampere	8
Youth Leisure Services	City of Tampere	6
Social and Welfare Guidance	wellbeing services county	2+
Community Café, Events, Co-operation with associations, volunteers etc.	Setlementti Tampere (non-profit)	3+



KEY PERFORMANCE AREAS FOR THE TESOMA ALLIANCE

1. The wellbeing of children, young people, and families
2. The wellbeing and work capacity of the adult population
3. The wellbeing and capability of older people
4. Reduced need for use of expensive specialized services
5. Customer and stakeholder satisfaction with the center's work

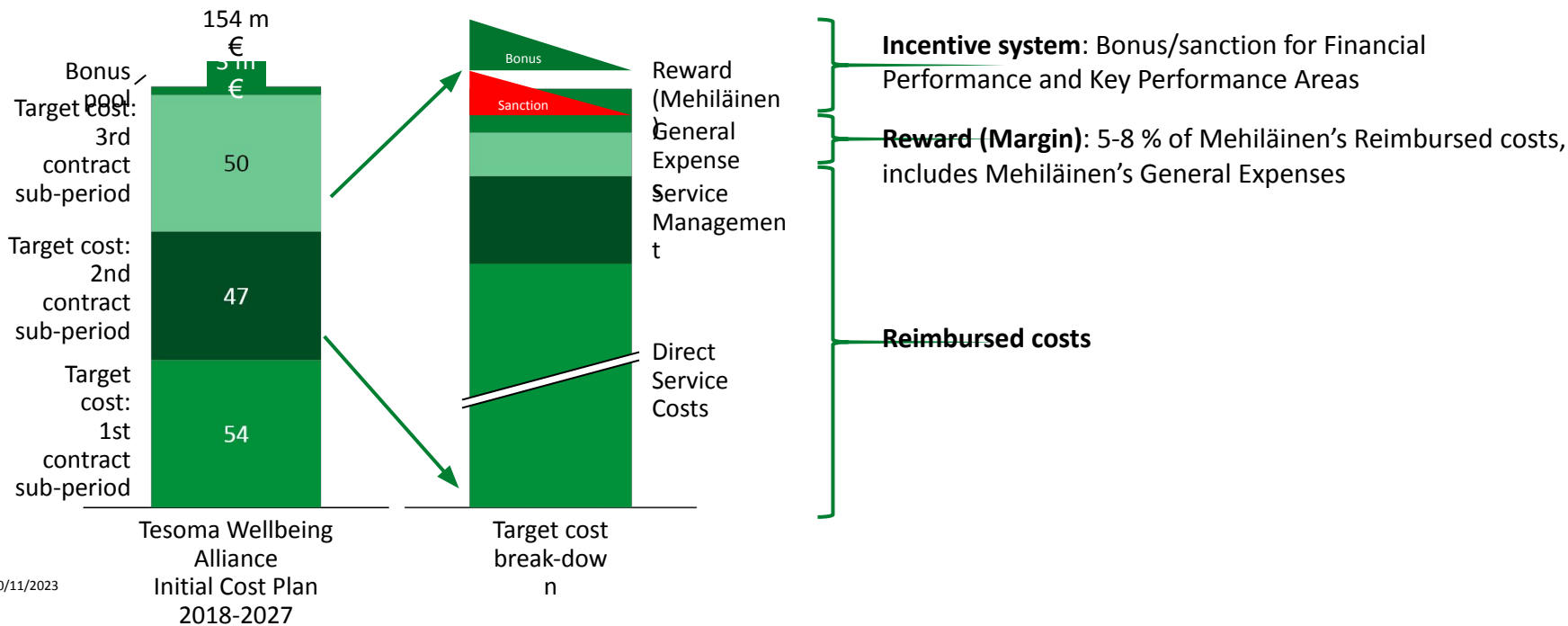


KEY (QUALITY) PERFORMANCE INDICATORS 2018-2021

Key Performance Area	Indicator	Zero Level	Full Bonus	Full Sanction	Out come	Weight	Result
1. Children and families are well	Well-being of the pupils of Tesoma area elementary schools (and their families) measured by a national bi-annual school well-being questionnaire for pupils aged 10 to 11 years and their parents	2017 level	+3 percentage points	-5 percentage points	+4,9 pp	7,5 %	7,50 %
	Well-being of the pupils of Tesoma area elementary schools (and their families) measured by a national bi-annual school well-being questionnaire for pupils aged 14 to 15 years and their parents	2017 level	+3 percentage points	-5 percentage points	+0,3 pp	7,5 %	0,85 %
2. Working age population is healthy and fit to work	Share of Tesoma health center's type 2 diabetes and coronary artery disease patients aged 18-65 to whom an individual client care plan has been made	2017 level	+3 percentage points	-5 percentage points	+16,1 pp	15 %	15,00 %
	Share of Tesoma health center's type 2 diabetes and coronary artery disease patients aged 18-65 whose disease is in therapeutic equilibrium measured by certain laboratory tests (LDL cholesterol, B-HbA1c)	2017 level	+2 percentage points	-5 percentage points	+13,9 pp	15 %	15,00 %
	Share of Tesoma dental care clinic's adult customers to whom a thorough oral health check has been carried out	2017 level	+3 percentage points	-5 percentage points	+23,8 pp	5 %	5,00 %
3. The elderly is well	Condition and ability to act of the customers receiving home care services	2017 level	-3 percentage points	+5 percentage points	-8,5 pp	5 %	5,00 %
	Costs of hospital emergency room services as regards elderly care customers (cost per customer)	2017 level	-3 percentage points	+5 percentage points	-18,9 pp	5 %	5,00 %
	Costs of other hospital services as regards elderly care customers (cost per customer)	2017 level	-3 percentage points	+5 percentage points	-0,3 pp	5 %	0,55 %
4. Need for expensive specialized services is reduced	Costs of hospital services as regards the whole Tesoma area population (cost per resident)	2017 level	-1 percentage points	+2 percentage points	+8,8 pp	15 %	-15,00 %
5. Customers and partners are content	Customer satisfaction (NPS)	20	70	-30	72	10 %	10,00 %
	Service partner satisfaction (NPS)	20	70	-30	88	10 %	10,00 %
					Total		
					(Range from -100% to +100%)		58,90 %

CASE: TESOMA WELLBEING ALLIANCE

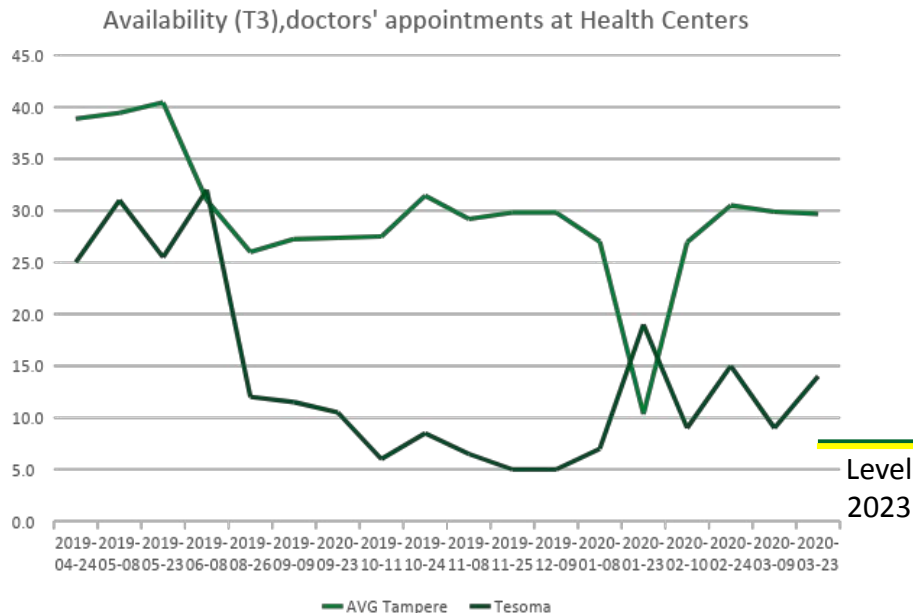
Tesoma Wellbeing Alliance Financial model



AVAILABILITY, ACCESS TO SERVICES (T3)

T3: Days to third available non-urgent doctor's appointment; median of all doctors working at health center

- August 2023
 - Tesoma Health Center: T3 = 5
 - Tampere Health Centers (N=8) operated by the City of Tampere: average T3 = 28
- August 2020
 - Tesoma Health Center: T3 = 11
 - Tampere health centers (N=8) operated by the City of Tampere: average T3 = 27
- April 2019 to March 2020
 - Tesoma Health Center: average T3 = 14
 - Tampere health centers (N=8) operated by the City of Tampere: average T3 = 30



RESULTS IN HEALTH CENTER SERVICES, FIRST PERIOD (2018-2021)



- A total of 22 800 different patients (Population of 23 000)
- NPS 82 in 2021 (Customer experience, range -100 to 100)
- Each patient telephone call to health center was called back during the same day at promised time (average of 230 calls per day)
- Average of 3rd available non-urgent doctor's appointment (T3 indicator) was 13,5 days in 2021
- Indicator for the therapeutic equilibrium regarding HbA1c and LDL of working age diabetics and artery coronary disease patients went up from 38% in 2017 to 52% in 2021.
- Costs of secondary specialized care grew by 17% from 2017 to 2021 in the Tesoma population
 - Factors: coverage growth in primary care; a rare condition requiring expensive treatment among area residents

RESULTS IN DENTAL CARE, FIRST PERIOD (1018-2021)

- 9 700 different dental care patients
- NPS 71 in 2021 (Customer experience, range -100 to 100)
- No queue for dental care services
- Patient telephone calls are answered without delay and a dentist's appointment is made immediately
- Urgent dental care is always available on the same day
- A thorough dental health check and a care plan was made for 37% of the working age population in 2018-2021.



RESULTS IN ELDERLY CARE SERVICES, FIRST PERIOD (2018 – 2021)

- 240 regular home care customers (350 different customers per year)
- Hospital emergency room costs per customer were reduced by 8 % and costs of other hospital care by 26 % from 2017 to 2021.
- A new home for the elderly was opened by the Alliance in 2020 for 72 residents
 - Most residents require 24/7 care; some live more independently in their own apartments
- Monthly Quality Index for the housing services constantly measured over 90 in 2021 being 98,4 at its best
 - Range from 0 to 100; target level over 80



RESULTS IN LIBRARY AND YOUTH SERVICES, FIRST PERIOD (2018 – 2021)



- 209 975 visits at Tesoma library in 2021 making it the second busiest library in Tampere
- 248 565 books borrowed in 2021 (6% of the total in Tampere City libraries)
- More than 8 000 participants in Youth Services in 2021
 - Open house at the Youth Club 6 days a week; afternoons for younger schoolchildren, evenings for teenagers
 - Regular visits by youth workers at local schools
 - Local online youth services

MUTUAL RESULTS, FIRST PERIOD (2018 – 2021)



- 1 million visitors at the Tesoma Welfare Center 2018 to 2021
- 200 different events and group activities organized for local residents in 2021. Next year, 2022 the number was over 600.
- NPS representing partners' (third parties) satisfaction as regards cooperation with the Alliance was 88
 - Range from -100 to 100

HOW DID THE ALLIANCE MODEL ENABLE THESE?

- The Alliance contract allows for quick changes in the range of services without new competitive tendering by the Buyer and without heavy municipal decision-making
- The commercial model encourages parties to develop the services and spend money where benefits are best achieved
- There is no need to re-organize services on a larger (whole of City) scale immediately
 - New service models can be tested locally with an external partner
- Goals and incentives push to service innovations



The wellness center has had a positive effect on people's well-being and on the image of the Tesoma area.

Tesoma is known for its sense of community, good atmosphere and its excellent services.

The wellness center supports the activity of Tesoma residents and is a forerunner in providing customer-driven services.

The Tesoma alliance has acted as a good model of welfare service reform for the entire society.



MEHILÄINEN

THANK YOU!

Marko Helenius

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Panel Discussion
chair Jenni Airaksinen
Irena Debeljak
Alain Franco
Marko Helenius
Alba de Moreno



The THCS partners facilitate



- Identifying
- Involving
- Describing
- Understanding
- Learning (among / from)
- Showcasing

***Transformative
Ecosystems***



TRANSFORMATIVE ECOSYSTEMS: TEMPLATE (by WP9 WG Ecosystem Analysis)

Transformative ecosystem is a broad constellation of interacting organisations and people who are committed, and, through aligned actions, able to reach joint, explicitly defined goals in long term

<p>1. STRATEGIC GOALS </p> <p><i>What are the joint, explicitly documented strategic goals? How are they in line with the THCS General Objective?</i></p>		<p>2. CONCRETE OBJECTIVES </p> <p><i>What are the concrete issues the ecosystem is trying to improve?</i></p>	
<p>3. CONSTELLATION</p> <p><i>Who are the main actors involved and what is the geographical scope of the ecosystem?</i></p>	<p>4. INTERACTION</p> <p><i>How is the interaction and collaboration between actors arranged?</i></p>	<p>5. MEANS FOR SYSTEMIC CHANGE</p> <p><i>How is the alignment of actions secured?</i></p>	<p>6. OUTCOMES AND MEASUREMENT</p> <p><i>How is the attainment of the goals proved or planned to be measured?</i></p>

NEXT STAGES OF IDENTIFYING, INVOLVING AND SHOWCASING TE'S

12/23 – -4/24	WP9 WG-EA	Identifying and describing first TE's (a convenience sample)
22-23/5/24 Tampere, Finland	WP9 WP-EA WP-FTE	Meetings: Bringing the first TE's together
5/24 -	WP9	Tendering-based process for identifying and describing additional TE's
- 10/24	WP-EA	Key characteristics of TE's and support to the IIS process
6-7/11/24	WP9 WG-EA WG-FTE	Meetings: (Peer) learning from the TE's
11/24 -	WP9	Engaging National Mirror Groups in the IIS process
- 5/25	WG-EA, WG-FTE	Further working group activities: Analysis, description, showcasing, learning

Next stages of Identifying, Involving and Showcasing TE's

The further process will be co-designed with

- the Transformative Ecosystems
- national, regional and local actors willing to learn from the European forerunners

What is the future of health and care systems going to be like?

We'll find it out!



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Wrap-up and conclusions



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