Project idea form - small projects

Version 2.1

Registration no. (filled in by MA/JS only) _____

Project Idea Form

Date of submission 05/06/2025

1. Project idea identification

Project idea name	SMARTCARE @ Home: Implementing Preventive Health Solutions
Short name of the project	SMARTCARE
Previous calls	yes ◉ no ○
Short name of the previous project	CAIDX
Seed money support	yes ○ no ◉

2. Programme priority

	1. Innovative societies

3. Programme objective

	1.2. Responsive public services

4. Potential lead applicant

Name of the organisation (original)	Innovationsklinikken
Name of the organisation (English)	The Innovation Clinic
Website	https://innovationsklinikken.rn.dk/

Country	DK
Type of Partner	Hospital and medical centre

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Which organisation(s) in the planned partnership take part in a project within the Interreg Baltic Sea Region Programme for the first time? Please list the respective partners.

Partners (new comers):
Social Care Center Ziedugravas (LV) (confirmed)
Support for Patients with Chronic Diseases (LV) (confirmed)
National Institute of Geriatrics, Rheumatology and Rehabilitation (PL) (confirmed)

Associated partners:
Vesthimmerland Municipality (DK)(confirmed)
Patient and relative panel (DK) (confirmed)

5.1 Specific challenge to be adressed

Across the BSR, double-demographic pressures, combined with growing healthcare staff shortages, create an urgent need for for increased efficiency within the healthcare sector. This could be tackled through AI-supported solutions in integrated care. While many promising technologies and innovations exist and will come, their implementation remains limited indicated by EU-reports.

SMARTCARE addresses this gap by focusing on how to ensure proper implementation and integration of the current and future AI-solutions to benefit the citizens, healthcare sector and companies by support the following programme objectives:

- Develop approaches to ensure equal access to services:
A core challenge is the unequal access to the latest AI solutions within integrated care. Citizens and patients living in rural areas are often older and have more chronic diseases than those in urban areas. However, the local healthcare systems often lack the resources, competences, and infrastructure to research, innovate, and implement AI tools, giving inequalities between urban and rural healthcare services.

- Use digital technology to improve public services:
Although many advanced digital and AI technologies exist, few are effectively implemented to help with the demographic pressure and public health. Hospitals, local authorities, and SMEs represented by BSOs have obstacles in bringing these innovations into practice.

- Help service providers in tailoring services to citizens' needs:
AI has significant potential to help identify individuals who would benefit the most from personalized care. However, service providers currently lack effective tools and processes to implement these solutions to respond more accurately and proactively to individual health needs.

- Boost cross-sectoral cooperation to improve service delivery:
Successful implementation of AI-driven integrated care requires strong cooperation between hospitals, local authorities, NGOs representing patients, and BSO stakeholders. Currently, such cross-sector collaboration is limited, and clear strategies for jointly implementing and evaluating digital solutions are lacking.

- Create new models for citizen engagement:
Empowering citizens - especially vulnerable populations - through digital solutions is a critical challenge. Ensuring that digital health services strengthen citizen involvement, understanding, and autonomy is central to achieve effective integrated care, where patients receive more responsibility.

5.2 Focus of the call

SMARTCARE focuses on improving healthcare in rural areas and small communities facing significant challenges, particularly those with high numbers of older adults and citizens with chronic conditions and long transportation time to hospitals. These areas are more affected by the double-demographic pressure and staff shortage.

Rural regions often lack universities and research institutions, meaning new healthcare solutions are developed elsewhere but rarely implemented locally. The local authorities often lack reasources and competences as well as collaboration with the hospitals and research institution. SMARTCARE addresses this gap by focusing on the practical uptake of AI-solutions within integrated care by equip local authorities, hospitals, NGOs, and SMEs with tools and methods needed to implement and integrate these solutions to improve care and empower vulnerable citizens.

By building local capacity and strengthening cross-sector cooperation, we will reduce health

inequalities and support sustainable, inclusive development - ensuring that small places are not left behind in the digital healthcare transition.

6. Transnational relevance

The challenges we face in each partner country, such as lack of implementation of AI-solutions, double-demographic pressure, and staff shortage within the healthcare sector are shared across the BSR. However, countries and regions differ in their maturity of the use of AI, integration experiences, as well as definition and set-up of integrated care. By cooperating transnationally, we can learn from each other's diverse approaches, exchange best practices, and accelerate progress. It can also help to document the effect of the AI-solutions transnational.

Testing implementation solutions in different countries allows us to develop adaptable models and common standards that can benefit all as we are working within the same EU-law. Since integrated care is organized differently across the BSR, collaboration enables us to understand various models and identify what works best in different contexts, ensuring broader and more effective implementation.

7. Specific aims to be adressed

Building trust that could lead to further cooperation initiatives

SMARTCARE brings both new and old partners together for a new collaboration on implementing AI solutions for the benefits of our patients and citizens. The small-scale project will help us build trust among the partners as well as learn more about each other and our systems in each of the five countries and from different perspectives.

Initiating and keeping networks that are important for the BSR

N/A

Bringing the Programme closer to the citizens

N/A

Allowing a swift response to unpredictable and urgent challenges

SMARTCARE will provide us with knowledge of how to implement AI solutions in a better and faster way to meet the challenges of the swiftly changes in the health care systems across the BSR, and thereby enable us to deliver better health and care for our patients and citizens in the region.

8. Target groups

Hospital and medical centre: Hospitals and Medical Centre, often under Regional Authorities, are highly influences by the double-demographic pressure and shortages of staff, where AI for, e.g., diagnosing and treating patients at home will be part of the potential solution within integrated care. However, they will still be involved in the patient care for prevention. Therefore, the implemented AI-solutions will also need to fit into the hospitals' organizations. By including them in SMARTCARE, we expect that more AI-solutions will be properly implemented in the future, which will lead to better use of available resources.

Local public authority: Local authorities such as the municipalities will get more responsibility within integrated care, and often they will be the end-users of the AI-solutions. Therefore, it is important to address their needs and create an output, that they find useful, as they are the experts. As with the Hospitals, we hope to get more AI-solutions implemented by including them in SMARTCARE.

NGO: NGOs, such as patient organizations, are of great importance in the implementation process of AI solutions within integrated healthcare, as they are an important link between healthcare and the patients and can include the patient perspective. AI solutions that are to be used in patients' homes will require successful cooperation with the caretaker. Patient organizations are thus an important factor inwhen implementing practical AI-solutions within integrated care.

Business Support Organisation: BSOs play an important role in getting the companies perspective in creating useful AI-solutions and ensure implementation in integrated care. SMARTCARE can help companies to better understand the requirements that are needed for a successful implementation of their developed AI solutions and bring them in ealier in. BSOs will also be an important factor in disseminating the output to their network such as companies, who e.g. develop AI solutions.

	Please use the drop-down list to define up to five target groups that you will involve through your project's activities.	Please define a field of responsibility or an economic sector of the selected target group	Specify the countries and regions that the representatives of this target group come from.
1.	Hospital and medical centre	Will collaborate with the local authorities regarding patient treatment and potential be the buyer of the AI-solutions	DK, SE, FI

2. NGO	Represents the patients, who are those that will be impacted by and maybe use the AI-solutions	LV, SE
3. Local public authority	Depending on the national set-up, they will be the buyer and user of the solutions	FI, LV, DK, SE
4. Business support organisation	Will represent the SMEs, who will sell their solutions to the healthcare system	SE, PL

9. Contribution to the EU Strategy for the Baltic Sea Region

Please indicate if your project idea has the potential to contribute to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (https://eusbsr.eu/implementation/).

yes ◉ no ◯

Please select which policy area(s) of the EUSBSR your project idea contributes to most.

PA Innovation

PA Health

The MA/JS may share your project idea form with the respective policy area coordinator(s) of the EUSBSR. You can find contacts of PACs at the EUSBSR website (https://eusbsr.eu/contact-us/).

☐ If you disagree, please tick here.

10. Partnership

Partners (confirmed):
Innovationsklinikken, the North Denmark Region (DK), Innovation Skåne (SE), Region Skåne (SE), Funktionsrät in Skåne (SE), Social Care Center Ziedugravas (LV), Support for Patients with Chronic Diseases (LV), Tampere University of Applied Sciences (FI), The Wellbeing Services County of Pirkanmaa (FI), National Institute of Geriatrics, Rheumatology and Rehabilitation (PL), LifeScience Cluster Foundation Krakow (PL)

Associated partnere (confirmed):
Vesthimmerland Municipality (DK), Patient & Relevative Panel (DK), Ældre Sagen (DK), Business

Tampere (FI)

11. Workplan

1 WP with 4 GoAs
GoA 1.1: Investigate set-up of integrated care within BSR
Due to double–demographic pressure, there is a need for smarter technologies to support the integrated care for a more efficient healthcare sector. However, implementation of the digital solutions is still a challenge as many parameters might be a barrier such as legal, organizational, ethical, financial, and end-user aspect
Activities: 1) Map the participating countries' interpretation of the term integrated care 2) Select implemented projects in the integrated care and identify barriers by interviews 3) Create concrete implementation recommendation within integrated care
Target groups: Hospitals + local authorities + NGO to help map integrated care by interviews as well as dive in andp analyze other aspects of interviews
Deliverable: Overview of integrated care and recommendations regarding implementation of digital technologies
GoA 1.2: Implementation of AI-solutions
Many frameworks and guidelines for implementing AI model already exist. However, this GoA will focus on finding the potential connection to predictive models to see how they might differ from other digital technologies
Activities: 1) Map and analyze existing frameworks with main focus on prediction model 2) Analyze gaps and barriers within the existing frameworks and elaborate by interviews 3) Identify and validate any difference between implementation of AI solution and prediction models
Target groups: BSOs to help understand SMEs perspectives, Local authorities + Hospital and Medical Centre to understand their experiences regarding implementation of prediction models
Deliverable: An overview and guideline for implementing AI solutions in healthcare with identification of any potential difference from prediction models
GoA 1.3: Pilot test the deliverable from GoA 1.1 and 1.2
The needs for a successful implementation process might differ when implementing AI solutions within hospital settings, local public authorities, nursing homes and in the homes of older citizens. Their different needs and the usefulness of the suggested implementation guide will be investigated
Activities: 1) Combine deliverables from GoA 1.1 and 1.2 to a guideline for implement AI prediction models in integrated care 2) Piloting phase by workshops and/or interviews with stakeholders from hospitals, local authorities, nursing homes, NGOs and/or patients, BSOs and/or SMEs 3) Adjusting and refining the final solution according to the feedback
Target groups: Pilot-test with both Hospital and Medical Centre + Local authorities + NGO for patient perspective + BSOs for industry perspective
Output: The guide will contain concrete recommendations for implementing AI solutions in an integrated healthcare setting with main focus on prediction models
GoA 1.4: Communicate output to target groups to ensure uptake by using SoME engagement, partners and associated partners website, roadshows, present at conferences e

12. Planned budget

ERDF budget (planned expenditure of partners from the EU)	EUR 500,000.00
Norwegian budget (planned expenditure of partners from Norway)	*EUR XXX*
Total budget (including preparatory costs)	**EUR 500,000.00**

13. Project consultation

Please indicate if you wish to have a consultation (online meeting) with the MA/JS to discuss your project idea

yes ◉ no ◯

14. Questions to the MA/JS

Questions related to the content of the planned project	- How much should the citizens be included, as we know it is main focus for the Programme. We have planned to include them though the NGOs (both partners and associated). However, should we include in all GoAs? - We are unsure about the amount of implemented prediction models in integrated care setting, as most are pilot projects for now. How specific should the application framing be decided before hand as general AI models vs. AI prediction models? Also, considered the speedy development of AI. What is the level of knowledge and level of analysis before application submission? - How specific should the disease area be before hand as the different countries have different focus areas? - Should associated partners be included in the target groups? - Is it necessary to have a target group of Higher Education and Research Institution covering universitities of applied science?
Questions related to budgeting and expenditure	*(max.1.000 characters incl. spaces)*
Any other questions	*(max. 1.000 characters incl. spaces)*

15. Additional information

(max. 1.000 characters incl. spaces)

Your account in BAMOS+

Please remember that to officially submit your application you need to access our electronic data exchange system BAMOS+. More information about the process of applying for your account in BAMOS+ you will find here:
https://interreg-baltic.eu/gateway/bamos-account