1. Identification

Call	Date of submission
C1	25/04/2022

1.1. Full name of the project

Clinical Artificial Intelligence-based Diagnostics

50 / 250 characters

1.2. Short name of the project

CAIDX

5 / 20 characters

1.3. Programme priority

1. Innovative societies

1.4. Programme objective

1.1 Resilient economies and communities

1.6. Project duration

Contracting start	22/09/2022	**Contracting end**	31/12/2022
Implementation start	01/01/2023	**Implementation end**	31/12/2025
		Duration of implementation phase (months)	36
Closure start	01/01/2026	**Closure end**	31/03/2026

1.7. Project summary

Digitalisation is increasing rapidly across all sectors including healthcare. This can result in positive effects by increasing the healthcare sector's reactivity and resilience (increasing speed and accuracy of diagnostics, optimising resources). AI and data driven diagnostics tools are being intensively developed for applications in the healthcare sector, but the uptake is difficult for several reasons:
- Hospitals/clinicians see AI as a black box and do not understand the logic behind the algorithms used;
- The industry does not necessarily grasp clinical needs, so they provide tools that are not meeting requirements of users;
- Hospitals do not have the expertise to acquire and contract those tools based on validated scientific data;
- Hospitals need support in developing tools together with solution providers and secure implementation into existing IT platforms, linking with patients' data and fitting them in the workflow;
- Staff is not prepared for adopting the solutions or trained to use and make the best use of them.

CAIDX aims to create the conditions to facilitate the uptake of AI and data driven diagnostics tools for healthcare (and hospitals in particular) by focusing on co-development, contracting, acquisition and capacity building. By developing standard procedures for development, testing and implementation of such AI applications, our solutions will improve and accompany the cultural change necessary to unfold the potential of AI in the healthcare sector.

1,498 / 1,500 characters

1.8. Summary of the partnership

The CAIDX consortium is built-up of a strong and consolidated network of partners, having experience working together and involving representatives of highly experienced organisations and successful infrastructures with a strong and broad network of players in areas such as healthcare (at clinical, innovation and management levels), digitalisation, artificial intelligence, business development, strategic collaboration, and internationalisation. They also bring experience and infrastructure for seminars, workshops, educational programs and events, with the accumulated experience of previous EU-funded projects, including Interreg BSR. Their links in the BSR to other organisations, either national or region wide, will help ensuring that the solutions developed are not only presented to other organisations but will be effectively transferred in the region.

The Aalborg University Hospital's Innovation Department (DK) will lead the consortium and organise the overall collaboration.
They will be active with and supported by innovation organisations from hospitals for the development and evaluation of solutions for healthcare providers, and in association with private companies, both for the capacity building activities as well as for de development of models and tools aiming at facilitating the uptake of data-driven diagnostics applications: Aarhus University Hospital (DK), Innovation Skåne (SE), Region Skåne (SE), Turku University Hospital (FI), Lower Silesian Centre of Oncology, Pulmonology and Hematology (PL), Rostock University Medical Centre (DE). Each organisation will provide access to expertise in different areas (legal, clinical, purchasing, data) in order to build the solutions and test them through the piloting activities of the project within their organisations. Due to the diversity in clinical profiles, the solutions will be built to answer the needs of healthcare for a variety of different healthcare challenges, including medical research as well as development and provision of care.

Clusters, networks, and business support organisations will support the establishment of links with stakeholders in the field of digital health, including other hospitals, industry representatives, SMEs, or patient organisations together with innovation organisations: Turku Science Park Ltd (FI); BioCon Valley® GmbH (DE); EATRIS (NL); the Danish Life Science Cluster (DK); Tartu Biotechnology Park (EE); Wroclaw Technology Park (PL). They will provide their own expertise in terms of regulations, change management support, capacity building and training.

This last group of partners will also secure the participation of industrial actors and other organisations involved in the development of AI applications for the healthcare sector and will also frame and lead actively in the durability and transferability activities of the project solutions.

2,884 / 3,000 characters

1.11. Project Budget Summary

Financial resources [in EUR]		Preparation costs	Planned project budget
ERDF	ERDF co-financing	0.00	2,342,629.26
	Own contribution ERDF	0.00	585,657.36
	ERDF budget	0.00	2,928,286.62
NO	NO co-financing	0.00	0.00
	Own contribution NO	0.00	0.00
	NO budget	0.00	0.00
NDICI	NDICI co-financing	0.00	0.00
	Own contribution NDICI	0.00	0.00
	NDICI budget	0.00	0.00
RU	RU co-financing	0.00	0.00
	Own contribution RU	0.00	0.00
	RU budget	0.00	0.00
TOTAL	**Total Programme co-financing**	0.00	2,342,629.26
	Total own contribution	0.00	585,657.36
	Total budget	0.00	2,928,286.62

2. Partnership

2.1. Overview: Project Partnership

2.1.1 Project Partners

No.	LP/PP	Organisation (English)	Organisation (Original)	Country	Type of partner	Legal status	Partner budget in the project	Active/inactive	
								Status	from
1	LP	Ideklinikken, Aalborg University Hospital, The North Denmark Region	Ideklinikken, Aalborg Universitetshospital, Region Nordjylland	DK	Local public authority	a)	512,636.61 €	Active	22/09/2022
2	PP	Wroclaw Technology Park	Wrocławski Park Technologiczny S.A.	PL	Business support organisation	a)	90,132.88 €	Active	22/09/2022
3	PP	BioCon Valley® GmbH	BioCon Valley® GmbH	DE	Business support organisation	a)	244,372.00 €	Active	22/09/2022
4	PP	Tartu BT Park OÜ	Tartu BT Park OÜ	EE	Business support organisation	b)	109,367.70 €	Active	22/09/2022
5	PP	Turku Science Park Ltd	Turku Science Park Oy	FI	Business support organisation	a)	210,590.00 €	Active	22/09/2022
6	PP	EATRIS	EATRIS	NL	Interest group	b)	294,079.22 €	Active	22/09/2022
7	PP	Lower Silesian Centre of Oncology, Pulmonology and Hematology	Dolnośląskie Centrum Onkologii, Pulmonologii i Hematologii	PL	Hospital and medical centre	a)	56,570.80 €	Active	22/09/2022
8	PP	Hospital District of Southwest Finland	Varsinais-Suomen sairaanhoitopiirin kuntayhtymä	FI	Hospital and medical centre	a)	166,400.00 €	Active	22/09/2022
9	PP	Region Skane	Region Skåne	SE	Hospital and medical centre	a)	326,393.74 €	Active	22/09/2022
10	PP	Innovation Skane	Innovation Skåne	SE	Business support organisation	b)	264,231.56 €	Active	22/09/2022
11	PP	Rostock University Medical Centre	Universitätsmedizin Rostock	DE	Hospital and medical centre	a)	288,288.00 €	Active	22/09/2022
12	PP	AUH Innovation, Aarhus University Hospital, Central Denmark Region	AUH Innovation, Aarhus Universitetshospital, Region Midtjylland	DK	Hospital and medical centre	a)	267,191.61 €	Active	22/09/2022
13	PP	Danish Life Science Cluster	Danish Life Science Cluster	DK	Business support organisation	b)	98,032.50 €	Active	22/09/2022

2.1.2 Associated Organisations

No.	Organisation (English)	Organisation (Original)	Country	Type of Partner
AO 1	AIBILI - Association for Innovation and Biomedical Research on Light and Image	AIBILI - Associação para Investigação Biomédica em Luz e Imagem	PT	Higher education and research institution
AO 2	HealthTech Finland	HealthTech Finland	FI	Interest group
AO 3	University of Helsinki	Helsingin yliopisto	FI	Higher education and research institution
AO 4	Trial Nation	Trial Nation	DK	Business support organisation
AO 5	Region Västra Götaland	Västra Götalandsregionen	SE	Regional public authority
AO 6	Limbus Medtech GmbH	Limbus Medtech GmbH	DE	Small and medium enterprise
AO 7	Sofinnova Partners	Sofinnova Partners	FR	Small and medium enterprise
AO 8	Turku University Hospital	Turun Yliopistollinen Keskussairaala	FI	Hospital and medical centre

2.2 Project Partner Details - Partner 1

LP/PP	Lead Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	Ideklinikken, Aalborg Universitetshospital, Region Nordjylland (62 / 250 characters)
Organisation in English	Ideklinikken, Aalborg University Hospital, The North Denmark Region (67 / 250 characters)
Department in original language	Ideklinikken (12 / 250 characters)
Department in English	The Ideas Clinic (16 / 250 characters)

Partner location and website:

Address	Forskningen Hus, Sdr. Skovvej 15 (32 / 250 characters)	**Country**	Denmark
Postal Code	9000 (4 / 250 characters)	**NUTS1 code**	Danmark
Town	Aalborg (7 / 250 characters)	**NUTS2 code**	Nordjylland
Website	www.ideklinikken.rn.dk (22 / 100 characters)	**NUTS3 code**	Nordjylland

Partner ID:

Organisation ID type	Civil registration number (CPR)
Organisation ID	29190941
VAT Number Format	DK + 8 digits
VAT Number	N/A ☐ DK29 19 09 41 (13 / 50 characters)
PIC	997381064 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	86.10 - Hospital activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	Yes

Role of the partner organisation in this project:

Ideklinikken is the project leader. As such, they will manage the project and coordinate the consortium and external support.
During WP1, they will provide technical, clinical and legal expertise related to the development of the project solutions. They will also organise workshops with local and national experts. As leader of GoA 1.3, they will contribute with technical expertise for development of best practices for implementation. They will also develop guides for mini HTA/Health economics to be used for the discussions with buyers.
As the WP2 leader, Ideklinikken will take care of collecting feedback, integrating it in the tools, and reporting to the whole consortium. During the GoAs, they will develop methodology, recruit project candidates, agree with the clinicians and industry partners, and manage their pilots.
Finally, they will participate and coordinate the dissemination activities of WP3.

914 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 2

LP/PP	Project Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	Wrocławski Park Technologiczny S.A. (35 / 250 characters)
Organisation in English	Wroclaw Technology Park (23 / 250 characters)
Department in original language	Dział ds. Sprzedaży I Projektów Badawczych (42 / 250 characters)
Department in English	Department of Sales and R&D projects (36 / 250 characters)

Partner location and website:

Address	Muchoborska 18, (15 / 250 characters)	**Country**	Poland
Postal Code	54-424 (6 / 250 characters)	**NUTS1 code**	Makroregion południowo-zachodni
Town	Wrocław (7 / 250 characters)	**NUTS2 code**	Dolnośląskie
Website	www.technologpark.pl (20 / 100 characters)	**NUTS3 code**	Miasto Wrocław

Partner ID:

Organisation ID type	Tax identification number (NIP)
Organisation ID	8992218633
VAT Number Format	PL + 10 digits
VAT Number	N/A ☐ PL8992218633 (12 / 50 characters)
PIC	952492762 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	74.90 - Other professional, scientific and technical activities n.e.c.	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

Wroclaw Technology Park is a business support organisation in south-western Poland. WTP's involvement in the project will focus primarily on the development of a regulatory process framework for AI-based health technologies in WP1. They will participate in the drafting of the toolbox of GoA 1.1 and provide regulatory expertise on medical devices for the collaboration framework of GoA 1.2.
WTP will support activities of WP2, by co-developing the methodology used, participating in the recruitment of pilot candidates and attending meetings with the involved parties.

In WP3, WTP will also support the dissemination of the project results through their wide network (including cluster network).

697 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 3

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	BioCon Valley® GmbH (19 / 250 characters)
Organisation in English	BioCon Valley® GmbH (19 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	Markt 13 (8 / 250 characters)	**Country**	Germany
Postal Code	17489 (5 / 250 characters)	**NUTS1 code**	Mecklenburg-Vorpommern
Town	Greifswald (10 / 250 characters)	**NUTS2 code**	Mecklenburg-Vorpommern
Website	www.bioconvalley.org (20 / 100 characters)	**NUTS3 code**	Vorpommern-Greifswald

Partner ID:

Organisation ID type	Tax (identification) number (Steuer(identifikations)nummer)
Organisation ID	DE813478346 (11 / 50 characters)
VAT Number Format	DE + 9 digits
VAT Number	N/A ☐ DE813478346 (11 / 50 characters)
PIC	999812078 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	94.12 - Activities of professional membership organisations	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

BCV is the cluster management organisation for health and life sciences in the German federal state Mecklenburg-Vorpommern.
As a regional cluster, BCV will organise co-creation workshops and processing activities on German sites during WP1. BCV will also organise the pilots on partner country level in WP2. BCV will be further responsible for tool generation and supporting the scoping review and building of the knowledge base. BCV will be the leader of GoA 2.3.
In WP3, as BCV is well connected on national and international level, they will be a key dissemination partner through their large network of partners as well as with its National Conference on Health Economy.

675 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 4

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Tartu BT Park OÜ (16 / 250 characters)
Organisation in English	Tartu BT Park OÜ (16 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	Tiigi 61b (9 / 250 characters)	**Country**	Estonia
Postal Code	50410 (5 / 250 characters)	**NUTS1 code**	Eesti
Town	Tartu (5 / 250 characters)	**NUTS2 code**	Eesti
Website	www.biopark.ee (14 / 100 characters)	**NUTS3 code**	Lõuna-Eesti

Partner ID:

Organisation ID type	Registration code (Registrikood)
Organisation ID	14217720
VAT Number Format	EE + 9 digits
VAT Number	N/A ☐ EE101960829 (11 / 50 characters)
PIC	908015255 (9 / 9 characters)

Partner type:

Legal status	b) Private	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	72.11 - Research and experimental development on biotechnology	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Financial data	**Reference period**	01/01/2021 –	31/12/2021
	Staff headcount [in annual work units (AWU)]		7.5
	Employees [in AWU]		7.5
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
	Owner-managers [in AWU]		0.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		221,664.85
	Annual balance sheet total [in EUR]		279,553.12
	Operating profit [in EUR]		-32,192.29

Role of the partner organisation in this project:

Tartu BioTechnology Park will be collecting and providing expertise (legal, technical, financial) in Estonian context in WP1. TBP will also locate, advise, and support pilots in GoAs 2.1 and 2.2, and participate in the planning for implementation stakeholders and commitments activities in GoA 2.3. Finally, they will participate and coordinate dissemination activities in GoA 3.1, review and give inputs to capacity building activities in GoA 3.2 and will actively disseminate to stakeholders by coordinating the road show preparation and organisation with partners, while also participating at the events of GoA 3.3.

618 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 5

LP/PP	Project Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	Turku Science Park Oy (21 / 250 characters)
Organisation in English	Turku Science Park Ltd (22 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	Joukahaisenkatu 3 A (19 / 250 characters)	**Country**	Finland
Postal Code	20520 (5 / 250 characters)	**NUTS1 code**	Manner-Suomi
Town	Turku (5 / 250 characters)	**NUTS2 code**	Etelä-Suomi
Website	www.turkubusinessregion.com (27 / 100 characters)	**NUTS3 code**	Varsinais-Suomi

Partner ID:

Organisation ID type	Business Identity Code (Y-tunnus)
Organisation ID	2322323-1
VAT Number Format	FI + 8 digits
VAT Number	N/A ☐ FI23223231 (10 / 50 characters)
PIC	950541316 (9 / 9 characters)

Partner type:

Legal status	a) Public

Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	74.90 - Other professional, scientific and technical activities n.e.c.	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

TScP will be providing expertise in the development of solutions in WP1, and take on the GoA 1.2 leadership, coordinating partners, collecting expertise to develop the draft tools. In WP2 , TScP will have a supporting role, potentially identifying SMEs to cooperate with pilots within the project. TScP is responsible for planning and operational coordination of GoA 3.1: Dissemination and communication, they will also take a strong role in GoA 3.3 by organising and participating to relevant events.

503 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 6

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	EATRIS (6 / 250 characters)
Organisation in English	EATRIS (6 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	De Boelelaan 1118 (17 / 250 characters)	**Country**	Netherlands
Postal Code	1081HZ (6 / 250 characters)	**NUTS1 code**	West-Nederland
Town	Amsterdam (9 / 250 characters)	**NUTS2 code**	Noord-Holland
Website	eatris.eu (9 / 100 characters)	**NUTS3 code**	Groot-Amsterdam

Partner ID:

Organisation ID type	Chamber of Commerce (19 / 50 characters)
Organisation ID	ERIC 59239247 (13 / 50 characters)
VAT Number Format	NL + 12 characters
VAT Number	**N/A** ☐ NL853383054B01 (14 / 50 characters)
PIC	941506445 (9 / 9 characters)

Partner type:

Legal status	b) Private	
Type of partner	Interest group	Trade union, foundation, charity, voluntary association, club, etc. other than NGOs
Sector (NACE)	74.90 - Other professional, scientific and technical activities n.e.c.	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Financial data	**Reference period**	01/01/2020 –	31/12/2020
	Staff headcount [in annual work units (AWU)]		17.0
	Employees [in AWU]		17.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
	Owner-managers [in AWU]		0.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		2,549,652.00
	Annual balance sheet total [in EUR]		16,574.00
	Operating profit [in EUR]		257,628.00

Role of the partner organisation in this project:

EATRIS will be providing expertise in WP1 and WP2. EATRIS is WP3 leader focused on transferring the developed solutions into clinical setting and ensuring the uptake of project outcomes from key stakeholders, beyond the Baltic sea region. EATRIS will be involved in outreach activities, such as communication and dissemination as well as capacity building and training. EATRIS will coordinate roadshow activities to raise awareness of the tools developed by CAIDX. The roadshow will allow to pressure test the tools prior to dissemination in the BSR as well as in the EU via the EATRIS network.
EATRIS will also develop a helpdesk to provide end-users with technical assistance and troubleshooting the implementation of the tools. This helpdesk will be open during the entire project lifetime. In order to make this service sustainable, the helpdesk activities will be embedded within the already established and open running EATRIS Innovation Helpdesk.

953 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 7

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Dolnośląskie Centrum Onkologii, Pulmonologii i Hematologii (58 / 250 characters)
Organisation in English	Lower Silesian Centre of Oncology, Pulmonology and Hematology (61 / 250 characters)
Department in original language	Dział Badań i Innowacji (23 / 250 characters)
Department in English	Research and Innovation Department (34 / 250 characters)

Partner location and website:

Address	Plac Ludwika Hirszfelda 12, (27 / 250 characters)	**Country**	Poland
Postal Code	53-413 (6 / 250 characters)	**NUTS1 code**	Makroregion południowo-zachodni
Town	Wrocław (7 / 250 characters)	**NUTS2 code**	Dolnośląskie
Website	www.dco.com.pl https://dcopih.pl/ (34 / 100 characters)	**NUTS3 code**	Miasto Wrocław

Partner ID:

Organisation ID type	Tax identification number (NIP)
Organisation ID	8992228100
VAT Number Format	PL + 10 digits
VAT Number	**N/A** ☐ PL8992228100 (12 / 50 characters)
PIC	999703341 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.10 - Hospital activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

The Lower Silesian Centre of Oncology, Pulmonology and Hematology will provide its expertise in working with AI medical research and clinical trials, including organisational issues, legal environment and medical experience in GoA 1.1, 1.2 and 1.3. It will participate in pilots planning , their implementation and adoption, as well as analysis and evaluation of pilots results in GoA 2.1, 2.2 and 2.3
Additionally, LSCOPH will support the outreach activities (GoA 3.3), including dissemination, communication and capacity building (GoA 3.1 and 3.2). It will spread the information about the project within its network and among their hitherto partners, including oncological healthcare providers, clinical trials centres, universities and research institutes in the medical and life science field. For wider dissemination LSCOPH will publish press releases, employ their social media profiles, website&intranet as well as give an option to present the project during workshop and conferences.

993 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 8

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Varsinais-Suomen sairaanhoitopiirin kuntayhtymä

47 / 250 characters

Organisation in English Hospital District of Southwest Finland

38 / 250 characters

Department in original language Turun yliopistollinen sairaala

30 / 250 characters

Department in English Turku University Hospital

25 / 250 characters

Partner location and website:

Address PL 52

5 / 250 characters

Postal Code 20521

5 / 250 characters

Town Turku

5 / 250 characters

Website www.vsshp.fi

12 / 100 characters

Country Finland

NUTS1 code Manner-Suomi

NUTS2 code Etelä-Suomi

NUTS3 code Varsinais-Suomi

Partner ID:

Organisation ID type Business Identity Code (Y-tunnus)

Organisation ID 0828255-9

VAT Number Format FI + 8 digits

VAT Number N/A ☐ FI08282559

10 / 50 characters

PIC 999495858

9 / 9 characters

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.10 - Hospital activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

PP8 will be supporting the activities of WP1 and particularly providing administrative and technical knowledge in tasks considering public-private partnership in AI development and medical knowledge in tasks that consider selecting relevant healthcare challenges for AI development in GoA 1.2. They will also be piloting in GoA 2.2, and the solution of 2.3, and providing general support to the transferring activities in WP3.

427 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 9

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Region Skåne (12 / 250 characters)
Organisation in English	Region Skane (12 / 250 characters)
Department in original language	Skånes Universitetssjukvård (27 / 250 characters)
Department in English	Skane university care (21 / 250 characters)

Partner location and website:

Address	Region Skåne (12 / 250 characters)	**Country**	Sweden
Postal Code	29189 (5 / 250 characters)	**NUTS1 code**	Södra Sverige
Town	Kristianstad (12 / 250 characters)	**NUTS2 code**	Sydsverige
Website	www.skane.se/en (15 / 100 characters)	**NUTS3 code**	Skåne län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	232100-0255
VAT Number Format	SE + 12 digits
VAT Number	N/A ☐ SE232100025501 (14 / 50 characters)
PIC	998165794 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	84.12 - Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

PP9 will be contributing with clinical expertise for development of the relevant contractual tools, in GoA 1.1 and 1.2.They will support the definition of GoA 1.3 and will be leader of GoA 1.4 looking at clinical, technical and legal verification of data models and sources, and validation of their relevance in clinical application. In WP2, PP9 will be piloting in GoA 1.1, 1.2 and 1.3. In WP3 they will be spporting the general transferring activities.

461 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 10

LP/PP	Project Partner		
Partner Status	Active		
	Active from	22/09/2022	**Inactive from**

Partner name:

Organisation in original language	Innovation Skåne (16 / 250 characters)
Organisation in English	Innovation Skane (16 / 250 characters)
Department in original language	Hälsa (5 / 250 characters)
Department in English	Health (6 / 250 characters)

Partner location and website:

Address	Scheeletorget 1 15 / 250 characters	**Country**	Sweden
Postal Code	22381 5 / 250 characters	**NUTS1 code**	Södra Sverige
Town	Lund 4 / 250 characters	**NUTS2 code**	Sydsverige
Website	innovationskane.com 19 / 100 characters	**NUTS3 code**	Skåne län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	556495-5366
VAT Number Format	SE + 12 digits
VAT Number	**N/A** ☐ SE556495536601 14 / 50 characters
PIC	951531880 9 / 9 characters

Partner type:

Legal status	b) Private	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	70.22 - Business and other management consultancy activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Financial data

Reference period	01/01/2021 –	31/12/2021
Staff headcount [in annual work units (AWU)]		34.0
Employees [in AWU]		33.0
Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
Owner-managers [in AWU]		1.0
Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
Annual turnover [in EUR]		5,828,440.00
Annual balance sheet total [in EUR]		2,198,252.00
Operating profit [in EUR]		71,687.00

Role of the partner organisation in this project:

PP10 ISAB will be responsible for WP1 leadership, coordinating the preparation of solutions, and be the leader of GoA 1.1 Contracting Toolbox solution framework. They will be supporting the piloting in particular in collaboration with PP9 in WP2. They will support the overall activities of WP3.
Innovation Skåne as been invited to be the lead applicant and to become the program office for the South regional node for the next program period for AI Sweden, (www.ai.se/en), allowing for further expertise to flow in the project from South Sweden.

549 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 11

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Universitätsmedizin Rostock (27 / 250 characters)
Organisation in English	Rostock University Medical Centre (33 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	Schillingallee 35 (17 / 250 characters)	**Country**	Germany
Postal Code	18057 (5 / 250 characters)	**NUTS1 code**	Mecklenburg-Vorpommern
Town	Rostock (7 / 250 characters)	**NUTS2 code**	Mecklenburg-Vorpommern
Website	www.med.uni-rostock.de (22 / 100 characters)	**NUTS3 code**	Rostock, Kreisfreie Stadt

Partner ID:

Organisation ID type	Tax (identification) number (Steuer(identifikations)nummer)
Organisation ID	DE 246 101 670 (14 / 50 characters)
VAT Number Format	DE + 9 digits
VAT Number	**N/A** ☐ DE246101670 (11 / 50 characters)
PIC	N/A (3 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.10 - Hospital activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

The Rostock University Medical Centre (RUMC) is the largest medical institution of the German federal state Mecklenburg-Western Pomerania. The RUMC will participate as hospital and clinical partner in WP1, collaboration (GoA 1.2) and implementation (GoA 1.3) frameworks, as well as in WP3, training and promoting activities (GoA 3.3). In addition, the RUMC will contribute a pilot AI tool which assists the diagnosis of different types of dementia and related morphologic brain alterations in MRI scans. This tool is currently being developed within the project “a neural network system architecture for multimodal explanations” funded by the German Research Foundation (https://explaination.net/, DFG Project No. 454834942). This prototype AI tool will be used in the WP2, collaboration framework for piloting and evaluation (GoA 2.2).

836 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 12

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language AUH Innovation, Aarhus Universitetshospital, Region Midtjylland

63 / 250 characters

Organisation in English AUH Innovation, Aarhus University Hospital, Central Denmark Region

66 / 250 characters

Department in original language AUH Innovation

14 / 250 characters

Department in English AUH Innovation

14 / 250 characters

Partner location and website:

Address Aarhus Universitetshospital (AUH)
AUH Innovation
INCUBA, Bygning A-B
Palle Juul-Jensens Boulevard 82

100 / 250 characters

Postal Code 8200

4 / 250 characters

Town Aarhus N

8 / 250 characters

Website www.en.auh.dk/innovation/

25 / 100 characters

Country Denmark

NUTS1 code Danmark

NUTS2 code Midtjylland

NUTS3 code Østjylland

Partner ID:

Organisation ID type	Civil registration number (CPR)
Organisation ID	29190925
VAT Number Format	DK + 8 digits
VAT Number	N/A ☐ DK29 19 09 25 (13 / 50 characters)
PIC	n/a (3 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.10 - Hospital activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

AUH Innovation will participate in the capacity of an innovation unit, linking and managing the interaction between the pilot project and AUH as a university hospital and pilot site. AUH Innovation is one of the partners responsible for the actual piloting activities (GoA 2.2), and as such they will collaborate on creating the tool box needed before (GoA 1.2), under and after the piloting activities, to ensure that the project outputs are tested in a structured manner in the pilots. Overall, they will be providing expertise in WP1, and supporting as well transferring activities in particular GoA 3.1 by engaging in the creation of the implementation plan and ensuring stakeholder commitment.

701 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 13

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Danish Life Science Cluster (27 / 250 characters)
Organisation in English	Danish Life Science Cluster (27 / 250 characters)
Department in original language	- (1 / 250 characters)
Department in English	- (1 / 250 characters)

Partner location and website:

Address	Ole Maaløes Vej 3 (17 / 250 characters)	**Country**	Denmark
Postal Code	2200 (4 / 250 characters)	**NUTS1 code**	Danmark
Town	Copenhagen N (12 / 250 characters)	**NUTS2 code**	Hovedstaden
Website	www.danishlifesciencecluster.dk (31 / 100 characters)	**NUTS3 code**	Byen København

Partner ID:

Organisation ID type	Civil registration number (CPR)
Organisation ID	41894946
VAT Number Format	DK + 8 digits
VAT Number	**N/A** ☐ DK41 89 49 46 (13 / 50 characters)
PIC	892016172 (9 / 9 characters)

Partner type:

Legal status	b) Private	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	70.22 - Business and other management consultancy activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Financial data	**Reference period**	01/01/2021 –	31/12/2021
	Staff headcount [in annual work units (AWU)]		25.0
	Employees [in AWU]		25.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
	Owner-managers [in AWU]		0.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		5,337,848.00
	Annual balance sheet total [in EUR]		4,856,831.00
	Operating profit [in EUR]		-520,358.00

Role of the partner organisation in this project:

Danish Life Science Cluster is a national Danish innovation and business support organisation. Danish Life Science Cluster's involvement in the project will focus primarily on the development of a regulatory process framework for AI-based health technologies. and will provide their expertise in WP1 in particular GoA 1.4.
Danish Life Science Cluster will oversee the contractual tools between the pilot projects and pilot sites in WP2 GoA 2.1. This will include the supervision of pilot projects as well as validating the cooperation models developed. This will be done from legal, feasibility and participation levels as starting points.
Danish Life Science Cluster will also support dissemination activities of project results through national network activities and events in WP3.

786 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ◉ No

2.3 Associated Organisation Details - AO 1

Associated organisation name and type:

Organisation in original language
AIBILI - Associação para Investigação Biomédica em Luz e Imagem
63 / 250 characters

Organisation in English
AIBILI - Association for Innovation and Biomedical Research on Light and Image
79 / 250 characters

Department in original language
-
1 / 250 characters

Department in English
-
1 / 250 characters

Legal status
a) Public

Type of associated organisation
Higher education and research instituti
University faculty, college, research institution, RTD facility, research cluster, etc.

Associated organisation location and website:

Address
Azinhaga Santa Comba, Celas,
29 / 250 characters

Country
Portugal

Postal Code
3000-548
9 / 250 characters

Town
Coimbra
7 / 250 characters

Website
www.aibili.pt/
14 / 100 characters

Role of the associated organisation in this project:

AIBILI is a research technology organisation in the health area dedicated to the development and clinical research of new products for medical therapy and diagnostic imaging. Thanks to this expertise in imaging, which is using AI tools extensively, AIBILI will be supporting the Project Advisory Board of the project through the participation of Luis Mendes.
359 / 1,000 characters

2.3 Associated Organisation Details - AO 2

Associated organisation name and type:

Organisation in original language
HealthTech Finland
18 / 250 characters

Organisation in English
HealthTech Finland
18 / 250 characters

Department in original language
-
1 / 250 characters

Department in English
-
1 / 250 characters

Legal status
b) Private

Type of associated organisation
Interest group
Trade union, foundation, charity, voluntary association, club, etc. other than NGOs

Associated organisation location and website:

Address
Eteläranta 10
13 / 250 characters

Country
Finland

Postal Code
00131
5 / 250 characters

Town
Helsinki
8 / 250 characters

Website
healthtech.teknologiateollisuus.fi/en
37 / 100 characters

Role of the associated organisation in this project:

Healthtech Finland is an industry association and part of Technology Industries of Finland. Healthtech Finland is also a community that fosters health industry's growth and collective knowledge by being a platform for cooperation. They will provide their expertise through the participation of Sandra Liede in the Project Advisory Board.
337 / 1,000 characters

2.3 Associated Organisation Details - AO 3

Associated organisation name and type:

Organisation in original language: Helsingin yliopisto (19 / 250 characters)

Organisation in English: University of Helsinki (22 / 250 characters)

Department in original language: Suomen molekyylilääketieteen instituutti (FIMM) (47 / 250 characters)

Department in English: Institute for Molecular Medicine Finland (FIMM) (47 / 250 characters)

Legal status: a) Public

Type of associated organisation: Higher education and research instituti — University faculty, college, research institution, RTD facility, research cluster, etc.

Associated organisation location and website:

Address: Tukholmankatu 8 (15 / 250 characters)

Country: Finland

Postal Code: 00290 (5 / 250 characters)

Town: Helsinki (8 / 250 characters)

Website: www2.helsinki.fi/en/hilife-fimm (31 / 100 characters)

Role of the associated organisation in this project:

FIMM is a translational institute with a driving mission to perform innovative research on patients and populations - utilising molecular, genomic and health data – targeted towards understanding drivers of health and disease and delivering improvements to the safety, efficacy and efficiency of healthcare in Finland and beyond. They will provide their expertise through the participation of Nina Linder in the Project Advisory Board.

435 / 1,000 characters

2.3 Associated Organisation Details - AO 4

Associated organisation name and type:

Organisation in original language: Trial Nation (12 / 250 characters)

Organisation in English: Trial Nation (12 / 250 characters)

Department in original language: - (1 / 250 characters)

Department in English: - (1 / 250 characters)

Legal status: a) Public

Type of associated organisation: Business support organisation

Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.

Associated organisation location and website:

Address: Nørregade 7B (12 / 250 characters)

Country: Denmark

Postal Code: 1165 (4 / 250 characters)

Town: Copenhagen (10 / 250 characters)

Website: www.trialnation.dk (18 / 100 characters)

Role of the associated organisation in this project:

Trial Nation supports the CAIDX project. For their organisation, the added value of the project fits their objective to increase the private investments in, and number of clinical trials in Denmark, and to ensure early access to the latest knowledge, research and technologies to the benefit of patients and healthcare professionals. They will not be active in the Project Advisory Board, but will collaborate with the project on aspects linked to clinical trials.

465 / 1,000 characters

2.3 Associated Organisation Details - AO 5

Associated organisation name and type:

Organisation in original language
Västra Götalandsregionen
24 / 250 characters

Organisation in English
Region Västra Götaland
22 / 250 characters

Department in original language
-
1 / 250 characters

Department in English
-
1 / 250 characters

Legal status
a) Public

Type of associated organisation
Regional public authority
Regional council, etc.

Associated organisation location and website:

Address
Regionens hus
13 / 250 characters

Country
Sweden

Postal Code
SE 462 80
10 / 250 characters

Town
Vänersborg
10 / 250 characters

Website
www.vgregion.se
15 / 100 characters

Role of the associated organisation in this project:

Lars Lindköld is an expert in digitalisation and a member of ScanBalt. He will provide his expertise to the project by participating to the Project Advisory Board.
164 / 1,000 characters

2.3 Associated Organisation Details - AO 6

Associated organisation name and type:

Organisation in original language
Limbus Medtech GmbH
20 / 250 characters

Organisation in English
Limbus Medtech GmbH
19 / 250 characters

Department in original language
-
1 / 250 characters

Department in English
-
1 / 250 characters

Legal status
b) Private

Type of associated organisation
Small and medium enterprise

Micro, small, medium enterprises < 250 employees, ≤ EUR 50 million turnover or ≤ EUR 43 million balance sheet total

Associated organisation location and website:

Address
Schillerplatz 1
15 / 250 characters

Country
Germany

Postal Code
18055
6 / 250 characters

Town
Rostock
7 / 250 characters

Website
www.limbus-medtec.com
21 / 100 characters

Role of the associated organisation in this project:

Limbus Medical Technologies is a medical device manufacturer and software development company founded in 2015 in Rostock, Germany. Nadine Nässer is a ScanBalt member and expert in oud-based genetic diagnostics to accelerate laboratory workflows and enhance patient care. She will be taking part in the Project Advisory Board to share her expertise.

349 / 1,000 characters

2.3 Associated Organisation Details - AO 7

Associated organisation name and type:

Organisation in original language: Sofinnova Partners
18 / 250 characters

Organisation in English: Sofinnova Partners
18 / 250 characters

Department in original language: -
1 / 250 characters

Department in English: -
1 / 250 characters

Legal status: b) Private

Type of associated organisation: Small and medium enterprise

Micro, small, medium enterprises < 250 employees, ≤ EUR 50 million turnover or ≤ EUR 43 million balance sheet total

Associated organisation location and website:

Address: 7-11 Boulevard Haussmann
24 / 250 characters

Country: France

Postal Code: 75009
5 / 250 characters

Town: Paris
5 / 250 characters

Website: sofinnovapartners.com
21 / 100 characters

Role of the associated organisation in this project:

Sofinnova Partners is a VC and portfolio management company focusing on Healthcare technologies. Mr Simon Turner will be participating to the Project Advisory Board and provide his expertise as an investor.

207 / 1,000 characters

2.3 Associated Organisation Details - AO 8

Associated organisation name and type:

Organisation in original language
Turun Yliopistollinen Keskussairaala
36 / 250 characters

Organisation in English
Turku University Hospital
25 / 250 characters

Department in original language
PET-keskus
10 / 250 characters

Department in English
Turku PET Centre
16 / 250 characters

Legal status
a) Public

Type of associated organisation
Hospital and medical centre
Hospital, medical centre, other health care centres and facilities, etc.

Associated organisation location and website:

Address
Kiinamyllynkatu 4-8
19 / 250 characters

Country
Finland

Postal Code
20520
5 / 250 characters

Town
Turku
5 / 250 characters

Website
turkupetcentre.fi
17 / 100 characters

Role of the associated organisation in this project:

Turku PET Centre is a joint national research institute of University of Turku, Åbo Akademi University, and Turku University Hospital (Tyks). In addition to patient studies, their activity includes high-quality scientific research and publication activity and the development and manufacturing of positron-emitting isotopes. They are the leading PET research developer in Finland.
They will provide expertise to the project through the participation of Juhani Knuuti to the Project Advisory Board.

497 / 1,000 characters

3. Relevance

3.1 Context and challenge

The development of Artificial Intelligence has unlocked many new applications for clinical purposes. These new applications have the potential to improve diagnosis and treatment and make healthcare systems more resilient, resulting in benefits for patients, healthcare professionals and society (see: Global Digital Health Partnership and the NHS AI Lab (2020) AI for healthcare).
As a strong digital region with proper registration of patient records, the BSR is very attractive for clinic-industrial collaboration to develop, validate and implement AI applications for the medical field. However the BSR healthcare sector faces a three-fold challenge:
- While the industry offers new AI solutions to hospitals and invites clinicians in their development, hospitals do not have the culture to invite industry in and often AI tools do not reflect a clear understanding of the clinical needs and integration issues. CAIDX aims to address the need for better collaborative framework.
- Healthcare providers are responsible for medical decisions and their consequences for patients. New medical devices are severely regulated to minimise risks but there is no standardised framework for AI and the field is still quite new for proposing well established best practices. CAIDX aims to address the issue of standardisation and regularisation of AI solutions with several use cases.
- Privacy concerns and regulations with a complex and developing legislation (EU AI-legislation initiative, EU Data Act, national data laws, GDPR, MDR) limit collaboration between sectors. This includes ethical aspects that are complementary to innovations to secure an easy adoption process. CAIDX will leverage its network to address these ethical-legal issues.

These barriers are well-known and our partnership intends to facilitate clinical uptake of AI decision making tools by providing solutions which address the identified challenges and proposing cocreation frameworks (legal, technical and clinical).

1,993 / 2,000 characters

3.2 Transnational value of the project

As the most digitalised region in the EU, the BSR is adapting to the new possibilities offered by AI. As part of this process, many BSR governments have adopted national strategies. In addition, ten governments have adopted a shared strategy by signing the Declaration on Artificial Intelligence in the Nordic-Baltic Region, pledging to improve skills development, enhance access to data and to develop ethical guidelines, among others. In addition, clinical decisions are typically regulated by European guidelines. These strategies and guidelines require implementation by the health sector's stakeholders.

Although the BSR has one of the most digitalised healthcare sectors, at present, hospitals across the BSR do not yet have any shared strategy or commitment to foster a joint vision or a common approach to AI in general or, more specifically, on the objective of aligning AI innovation with hospital needs. A common commitment and approach are desirable, as:
- The proposed solution of co-creation is relatively new for many hospitals in the BSR;
- The healthcare sector often needs to compile patient information to create statistical relevance for the results generated, and in the case of algorithms, a large amount of data is required for determining patterns;
- The critical mass for knowledge and best practice is too small at country level;
- AI-based diagnostics tools ought to be integrated in European guidelines that regulate diagnostics, treatment and monitoring of patients across the healthcare sector, which asks for a transnational approach.

Transnational cooperation will better align activities, based on BSR's unique context and cultures. They will also help each partner region to bring its comparative strengths to the table, while filling in gaps elsewhere in BSR. Additional benefits are in achieving economies of scale for procuring digital solutions and in sharing talent and knowledge.

1,923 / 2,000 characters

3.3 Target groups

Target group	Sector and geographical coverage	Its role and needs
Hospital and medical centre	Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care. 259 / 500 characters	Within this target group we understand healthcare providers, healthcare professionals, hospital staff (management, clinicians/ clinical experts, innovative/ legal/ procurement/ IT department, care personnel) This target group will be involved in the project by: - providing insights on the barriers and needs the sector is facing and proposing solutions to overcome those challenges - supporting development of the project solutions at different levels of expertise and involved stakeholders - piloting the project's solutions (models and tools, change management and capacity building products aimed at the uptake of AI applications for medical purpose. This target group will also be the end-user of the developed solutions. Their commitment is therefore essential for the project success and is ensured by their active role in the consortium. 847 / 1,000 characters

Target group	Sector and geographical coverage	Its role and needs
Business support organisation	Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. With focus on life science or proposing application for the healthcare sector. 159 / 500 characters	Within this target group we understand clusters, networks and business support organisations that are an interface between the healthcare sector and innovation companies acting as possible providers. They will provide expertise to the project due to their close cooperation with SMEs and will be acting as disseminators. They have the task of supporting the establishment of links with stakeholders in the field of digital health (industry representatives, SMEs, patient organisations/ associations, national and international doctors associations, regulators) and to frame and participate actively in durability and transferability of the project's solutions. They will participate and organise co-creation workshops, interviews with stakeholders and will be in charge of identifying use cases to be utilised for the piloting phase of the project. 851 / 1,000 characters
Higher education and research instituti	Denmark, Finland, Sweden, Germany, Poland and BSR as a whole, in particular looking at education, training and research on AI, and AI in healthcare. A lot of research is done on new modelling for AI applications but few of the research findings are able to be implemented into real clinical settings. This project will bring the research institutions closer to understanding the actual clinical needs and challenges to be addressed and how to tackle them optimally. 465 / 500 characters	Higher education and research institutions are very active in the AI field (AI scientists, scientists who have used AI in process development, scientists that have used AI for building predictive models) They are often associated with developing AI solutions for hospitals at research level and will gain understanding of implementation issues and regulations associated with adoption and purchasing of these new applications They will be mostly involved in the project through their activities with University Hospitals, and in that respect, will be invited to the development of solutions by participating in cocreation workshops and reviewing the solutions. They will also be potential users of the final solutions and capacity building materials developed within the project and will be a target for the dissemination work. 829 / 1,000 characters
Small and medium enterprise	The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients. 157 / 500 characters	Within this target group we understand Technology/ Solution providers, AI developers. Since AI decision making tools are (or should be) developed in collaboration between the technology provider and the user, SMEs will be associated from the very beginning of the project for developing the solution through interviews and invitations to co-creation workshops. They will be invited to provide use cases to be used for the piloting phase. They will help assess the efficiency of the solutions through their cooperation with the healthcare sector during the pilots. They will also be able to benefit from the tools developed as a way to ensure that the dialogue between the two parties is simplified and efficient and the route for implementation and adoption will be clarified. 779 / 1,000 characters

Target group	Sector and geographical coverage	Its role and needs
Large enterprise	The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector. 88 / 500 characters	Within this target group we understand Technology/ Solution providers, AI developers: As AI decision making tools are (or should be) developed in collaboration between the technology provider and the user, large companies, as the main providers in the AI industry for the medical field, will be invited for interviews and review of the developed solutions. They will help assess the efficiency of the solutions through their experience of cooperation with the healthcare sector and will be invited to propose use cases for being tested in the pilots. They will also be able to benefit from the tools developed as a way to ensure that the dialogue between the two parties is simplified and efficient. Finally, they will have access to the results of the project and be able to disseminate these within their own organisations. 826 / 1,000 characters

3.4 Project objective

Your project objective should contribute to:

Resilient economies and communities

The overall objective of the project is “To increase the alignment of AI innovation with the needs of clinicians and the healthcare system by developing collaboration and knowledge for clinical and technical experts in hospitals and SMEs and advance AI, so that healthcare professionals can be better supported in incorporating AI into their delivery of care, thus strengthening the resilience of both the healthcare system and society as a whole”.

The sub-objectives of the project are to:

- Propose a better framework for fast tracking from concept/idea to prototype to validation and adoption in the healthcare sector of AI-based clinical diagnostic applications (new medical devices);
- Develop sustainable collaboration models for co-development of new medical devices between clinicians and SMEs: providing insight on intellectual property rights issues, using public-private collaboration agreement models, identifying and addressing regulatory barriers to aid approval of those AI-based diagnostics medical products;
- Facilitate and improve the transformation of a clinical need into a medical device. Ensuring the relevance of the new medical device, in some cases involving patient organisations with focus on patient empowerment;
- Estimate the value created by the solution (health economics) for supporting adoption in healthcare;
- Create and consolidate a network of development and test bed facilities: based on this consortium, we plan to consolidate transnational collaboration between hospital partners in the BSR region for early testers and adopters (and provide local references for sales for the industry);
- Secure a safe environment for clinicians to test new AI-based services and medical devices.

Our partnership intends to provide active support to hospitals by building bridges between AI developers and clinicians, by creating tools on how to develop and validate an algorithm in accordance with clinical requirements and testing this approach through piloting.

1,995 / 2,000 characters

3.5 Project's contribution to the EU Strategy for the Baltic Sea Region

Please indicate whether your project contributes to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (EUSBSR).

(•) Yes ( ) No

Please select which Policy Area of the EUSBSR your project contributes to most.

PA Health

Please list the action of this Policy Area that your project contributes to and explain how.

With regards to PA health, the project will mostly support Action 3: Increasing stakeholder and institutional capacity to tackle regional health challenges.
One of the aims of the project is to increase the uptake of digital solutions by strengthening capacity in the health sector, and foster learning through networking, knowledge-brokering and training activities. The goal is to further enhance the skills and knowledge of regional healthcare stakeholders to develop and utilise digital tools that contribute to the health and social well-being of citizens in the Baltic Sea Region. This will be realised thanks to providing solutions that will help healthcare institution in getting more easily aquainted with contracting and collaborative processes necessary for the development and implementation of AI decision making tools.

834 / 1,500 characters

If applicable, please describe which other Policy Areas of the EUSBSR your project contributes to and how.

Regarding the PA Innovation, Action 2: Digital innovation and transformation, the project will tackle digital transformation and emerging digital technologies such as AI and data driven technologies in the healthcare sector. It will support the development of common standards for interoperable public and private solutions, not directly tackling the question of access to data but merely providing a status on the current initiatives to facilitate this access, which is ongoing at national and interregional level. Part of the project is aimed toward Action 3: Co-creative innovation, by helping business and public service providers to develop opportunities to co-create and test new solutions and services together with the public health sector.
Overall, the project will promote knowledge sharing and institutional capacity building on digitalisation to facilitate digital transformation and bridge digital divides in the healthcare sector of the Baltic Sea Region.

969 / 1,500 characters

3.6 Other political and strategic background of the project

Strategic documents
The Project will contribute to the EU Communication "Fostering a European approach to Artificial Intelligence" (https://digital-strategy.ec.europa.eu/en/library/communication-fostering-european-approach-artificial-intelligence) namely by supporting the development of a European Approach to AI, linking the healthcare sactor with european companies to support the EU leadership in AI, as welll as mapping the opportunities offered by AI for the sector.
453 / 500 characters
The CAIDX project will also contribute the Horizon Scanning Assessment Report – Artificial Intelligence of the International Coalition of Medicines Regulatory Authorities (ICMRA) (https://www.icmra.info/drupal/sites/default/files/2021-08/horizon_scanning_report_artificial_intelligence.pdf), namely by the implementation and follow-up of the recommendation on AI.
366 / 500 characters
The CAIDX project will also contribute in applying the conclusions of the Statement of the Central Commission for the Preservation of Ethical Principles in Medicine and its Border Areas (Central Ethics Commission) at the German Medical Association "Decision Support for Medical Practice through Artificial Intelligence" : https://www.zentrale-ethikkommission.de/cdss2021. The project will work on the questions and conclusions linked to data security, ethics and capacity of the medical staff .
496 / 500 characters

3.7 Seed money support

Please indicate whether your project is based on a seed money project implemented in the Interreg Baltic Sea Region Programme 2014-2020.

( ) Yes (•) No

3.8 Other projects: use of results and planned cooperation

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
Digital & Innovations Skills Helix in Health (DISH) (dishproject.eu) 68 / 200 characters	ERASMUS+ Sector Skills Alliances 32 / 200 characters	The DISH project has as its main objective to provide healthcare professionals with digital skills, innovation readiness and implementation / change management skills, in order to ensure that digital solutions in the healthcare sector are implemented, applied and exploited to their full potential. The methodology and the tools developed in this project for planning on-the-job-training and change management to introduce digital tools in the clinical workflow will be adapted and fine-tuned for the implementation of clinical AI-driven algorithms in the diagnostic workflow. 576 / 1,000 characters
CARE-AI 7 / 200 characters	Interreg DE-DK 14 / 200 characters	The Care-AI network project promotes the development of AI in the elderly care sector, where an increasing number of older people and a decreasing labour force put massive pressure on the sector. The network invites relevant research institutions, elderly care organisations, companies, and other relevant stakeholders to participate, share and co-create knowledge, ideas and experiences about digital and AI solutions focusing on elderly care. The cross-border network collaboration identifies current, urgent and potential future needs and challenges related to the digitalisation of elderly care to increase its quality. Moreover, the Care-AI network project provides the opportunity to strengthen partnerships and develop new projects ideas for demand-driven AI solutions. Through the DLSC, the CAIDX project will work with the (closing) Care-AI project, the foreseen follow-up project and seek their expertise, and input. 932 / 1,000 characters
AI Trial Nation 15 / 200 characters	Danish National funding 23 / 200 characters	These Danish organisations have from August 2021 to March 2022 established a working group to identify the most important elements in the incorporation of artificial intelligence in the healthcare sector from a cross-sectorial approach. By using a multidisciplinary perspective, they were able to outline the biggest challenges imposed by the acquisition of AI solutions within the Danish healthcare sector. At the same time, they have addressed roads for the development and implementation of medical devices that use artificial intelligence, have identified the identified the challenges to success and have developed generic knowledge of what it takes for artificial intelligence to be implemented and used in the clinic. Key notes and inspiration from the Danish landscape will be used in the execution of the present project, taking into account the commonalities and differences that characterises the healthcare sector within this partnership. 955 / 1,000 characters

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
BBDiag (6 / 200 characters)	Horizon 2020, MSCA-ITN-2020 (28 / 200 characters)	The Marie-Curie network BBDiag has developed and applied novel nanoparticle and blood based biomarkers for Alzheimer's diagnosis in several contexts of use (primary care, specialised care, research) and developed machine learning models on predictive accuracy of combinations of biomarkers. The derived algorithms and markers are available as use cases for CAIDX, and are currently also leveraged in the follow up Marie-Curie network CombiDiag, starting in summer 2022. (470 / 1,000 characters)

3.10 Horizontal principles

Horizontal principles	Projects's direct impact
Sustainable development	neutral
Non-discrimination including accessibility	neutral
Equality between men and women	neutral

4. Management

Allocated budget 10%

4.1 Project management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the project management as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the project management, e.g. external entity supporting the lead partner in the management of the project, advisory board, steering committee, any other relevant working groups, etc.

The lead partner will call for procurement of a management (and financial) support provider to support administration and coordination of the partnership. In addition, the project will have an advisory board to provide additional expertise (letters of support attached) , ensure strategic positioning, cover all aspects of the topics, and extend the reach of the project to a larger group. To ensure proper coordination and monitoring of activities, monthly calls will be organised.

483 / 500 characters

4.2 Project financial management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the financial management and control as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the financial management, e.g. external entity supporting the lead partner, positions planned for financial management, involvement of special financial experts (e.g. for public procurement), etc.

The lead partner will procure a financial (and management) support provider to facilitate the administrative processes. Each partner in charge of hiring external expertise will oversee their own procurement but with the supervision of the external support service provider and the LP.

284 / 500 characters

4.3 Input to Programme communication

☑ **Please confirm that you are aware of the obligatory inputs to Programme communication that must be submitted along the pre-defined progress reports, as described in the Programme Manual.**

If relevant, please describe other important aspects of project communication that you plan to introduce, e.g. a communication plan, opening and closing events, social media channel(s) etc.

The project will develop a specific communication plan aiming at structuring the dissemination together with the transferring activities.

137 / 500 characters

4.4 Cooperation criteria

Please select the cooperation criteria that apply to your project. In your project you need to apply at least three cooperation criteria. Joint development and joint implementation are the obligatory ones you need to fulfill in your project.

Cooperation criteria	
Joint Development	☑
Joint Implementation	☑
Joint Staffing	☐
Joint Financing	☑

5. Work Plan

Number	Work Package Name
1	Preparing solutions

Number	Group of Activity Name
1.1	Facilitating development and adoption: development of a Collaboration Contracting Toolbox
1.2	Supporting development of quality AI clinical applications: developing a collaboration framework
1.3	Creating conditions for adoption and implementation through change management
1.4	Creating conditions for development of new solutions: Secure data structures, models, and sources

Number	Work Package Name
2	WP2 Piloting and evaluating solutions

Number	Group of Activity Name
2.1	Contracting framework piloting
2.2	Collaboration framework piloting
2.3	Piloting of supporting tools for adoption and implementation through change management

Number	Work Package Name
3	WP3 Transferring solutions

Number	Group of Activity Name
3.1	Dissemination and communication
3.2	Capacity building and training activities
3.3	Outreach activities: Activity road show

Work plan overview

Period:	1	2	3	4	5	6	Leader
WP.1: Preparing solutions							**PP10**
A.1.1: Facilitating development and adoption: development of a Collaboration Contracting Toolbox							PP10
D.1.1: Collaborative contracting and procurement Toolbox		D					
A.1.2: Supporting development of quality AI clinical applications: developing a collaboration framework							PP5
D.1.2: Collaboration framework report		D					
A.1.3: Creating conditions for adoption and implementation through change management							PP1
D.1.3: Handbook for Adoption and Implementation based on Change Management support			D				
A.1.4: Creating conditions for development of new solutions: Secure data structures, models, and sources							PP9
O.1.4: Recommendations and examples for Secure data structures, models, and sources				O			
WP.2: WP2 Piloting and evaluating solutions							**PP1**
A.2.1: Contracting framework piloting							PP9
O.2.1: Impact report and finalised contracting tools				O			
A.2.2: Collaboration framework piloting							PP12
O.2.2: Finalised collaboration framework solution					O		
A.2.3: Piloting of supporting tools for adoption and implementation through change management							PP3
O.2.3: Change management guide					O		
WP.3: WP3 Transferring solutions							**PP6**
A.3.1: Dissemination and communication							PP5
A.3.2: Capacity building and training activities							PP6
O.3.2: Training activities toolbox				O			
A.3.3: Outreach activities: Activity road show							PP4

Outputs and deliverables overview

Code	Title	Description	Contribution to the output	Output/ deliverable contains an investment

D 1.1	Collaborative contracting and procurement Toolbox	The Collaborative contracting and procurement Toolbox will consist of an exhaustive and inspiring set of forms, contracts and models to be used in establishing public-private collaboration between AI providers and medical centres, which are easily adaptable to their individual needs. Based on the preparatory and development work performed, the toolbox will cover the following topics: (a) IPR, equity, licensing; (b) Purchasing, procurement, payments, procurement inability, pitfalls and barriers; and (c) Reimbursement. It will also contain consent models and data providers contracts that can be used to ensure regular access to data in conformation with national laws, privacy and ethics regulations. The toolbox will serve as a guide for creating specific interfaces between hospitals whom identify unmet clinical needs, and companies involved in creating AI solutions. Companies may be previously established in the sector or those entering the medical sector. They will be able to provide AI applications developed following industry and regulatory standards. These deliverables are meant to facilitate early dialogue between parties, define unmet clinical needs and an AI-based development pathway, as well as define roles and contributions and establish clear milestones for each party.	O2.1: Impact report and finalised contracting tools	
D 1.2	Collaboration framework report	We will establish guidelines (suitable for both healthcare institutions and service providers) for collaborative development of AI diagnostics solutions, thus providing assurances that AI technology created for the healthcare sector will meet all clinical requirements for safety and robustness. The guidelines will include clinical, technical and regulatory requirements/tasks (such as assessment of clinical relevance, algorithm selection and design, clinical verification plan, regulatory aspects in development phase, evidence generation/testing and validation, value demonstration, technical requirements incl. data security and integration into hospital data architecture and workflow, etc). This guidebook will be built on a structure supporting different phases of development, narrative contents about various clinical and technical requirements and will include a checklist for quick reviewing of AI solution development to facilitate collaboration between hospitals and AI solution developers (based on the more complete Development Guide) and facilitating planning of the process. The guidelines will be provided in a format that will follow standard project management processes that are followed in industry and therefore will conform to existing standards in the field. The guidelines will be ready for piloting for WP2.	O2.2 : Finalised collaboration framework solution	
D 1.3	Handbook for Adoption and Implementation based on Change Management support	The deliverable will take a form of a draft handbook, and a training material repository that will be piloted in GoA 2.3 and finally disseminated in specific training sessions and complemented by tutorials to increase adoption in GoA 3.2. The handbook provides a structure and a starting point for accompanying and organising change management implementation on AI diagnostics applications including organisation and execution of training and capability building (adapted to the target groups important for the implementation process). It consists of tools and a methodology to guide the user through the implementation process of new diagnostic methods. The implementation process makes use of a triple helix approach developed in the ERASMUS+ project “Digital & Innovation Skills Helix in Health (DISH)”. The tools will provide a module based on organisation and healthcare professional perspective and how to facilitate shared decision making for better adoption. We will propose a template for the definition of change in workflows and procedures, inspiration material to stimulate motivation for changes and long-term sustainability of introduction of new technologies and their impact on society both from an economic and societal perspective.	O2.3: Change management guide	
O 1.4	Recommendations and examples for Secure data structures, models, and sources	The output are recommendations, guidelines and data mapping of data sources. An overall team of representatives from the target and working groups will form a working group to author the recommendations (according to BRIDGE-Wiz guideline strategy). As this output will be a repository of existing knowledge, it will not be piloted. The integrity of subjects that provided data to the full dataset needs to be protected, and protection needs to be general and neutral to purpose. Also, the generation of datasets for AI will need a protection against vigilant attacks. In addition, working with AI requires access to data with as little bias as possible. Lastly, the General Data Protection Regulation (GDPR) - a framework of laws that strictly regulates the use of data to protect the integrity of subjects – requires data to be pseudonymised. This embodies the state of the art in Data Protection by Design and by Default. - Summarising previous experiences – Scientist perspective (AI scientists, scientists who have used AI in process development and scientists that have used AI for building predictive models); - Cyberthreat recommendations; - Guidelines for the creation of unbiased and evaluation of bias of created data lakes; - Strategies for the delivery of datasets with minimal risk of breach of subject’s integrity; - Map of accessible or available data sources.		

O 2.1	Impact report and finalised contracting tools	Hospitals have several levels of regulations: from a legal point of view, collaboration with industrial partners need to address state aid issues, purchasing rules and a CE marked product. Access to patient data is a very sensitive subject and is strictly controlled by a different set of rules, applications need to be submitted to ethical authorities and the GDPR needs to be respected. However restrictive interpretation of these rules impedes the potential that lies within the AI knowledge. Best practices in this field need to be created for the exploitation of the full potential of AI. The solution will tackle the complete contracting activities. We will compile in a report the collected feedback from the pilots on contracting framework, based on the impact and the usability of the tools. This feedback will be integrated in the final tools to make them ready for transfer and dissemination. The purpose of this is to have facilitated the initiation of several collaboration agreements, using the CAIDX tools and matching acknowledged clinical needs among the partners, in a transnational perspective, anticipated access to data during the execution of a further development in collaboration between several partners and integrated basic rules for purchasing of a final AI-based clinical test. The final solution will comprise: (a) IPR, equity, licensing; (b) Purchasing, procurement, payments, procurement inability, pitfalls and barriers; and (c) Reimbursement. It will also contain consent models that can be used to ensure regular access to data.		
O 2.2	Finalised collaboration framework solution	Based on the feedback collected on the use cases involved in the pilots, best practice and pitfalls met during this pilot will be compiled and integrated in the final set of tools. The final goal is to outline examples of streamlined processes that facilitate and provide an efficient collaboration frame and can be reused as standard for future collaborations. Clear guidelines regarding the framing of AI development will be formulated and shared between the use case providers, the clinicians and all the consortium partners and be prepared for larger dissemination. Good advice on successful collaboration will be shared and hurdles to avoid will be outlined. Clinical guidelines related to developed AI-based clinical tools will be discussed between specialists across the consortium and a plan for further dissemination will be discussed. Use case results will be presented to all participating partners to be used as inspirational cases for future collaborations.		
O 2.3	Change management guide	Based on the feedback collected through the piloting of the use cases, we will provide a handbook comprising of standards in the form of guidelines, a review tool for recommendation of implementation, examples for training materials for clinical staff, models for analysing workflow impact, and best practices examples to facilitate cultural changes in the hospital sector regarding introduction of new technologies based on AI. As the purchasing decision is key for final adoption and implementation, we expect to reinforce our understanding of the barriers for such adoption and provide solutions that will ease the understanding, communication and assessment of any new diagnostic tools based on AI that are submitted to the decision makers. We aim at finding similarities across countries that will enable a set of tools to be used in a transnational context. Eventual national considerations may be underlined, especially linked to health economic aspects and reimbursement issues.		
Work package 1				
5.1 Preparing solutions		This output will consist of a series of training activities organised to increase users' trust in the solutions developed by CAIDX project and will focus on the delivery of practical applications for the developed tools. These trainings will support the implementation of change management tools. The Training toolbox will be hosted in the project website developed by GoA 3.1 and will contain tutorials, specific self-paced online courses, recorded webinars, slide decks, about the CAIDX tools and their use, and link with		
5.2 Aim of the work package				
O 3.2	Training activities toolbox			

The aim of this work package is to prepare solutions to help address the identified challenge. You can either develop entirely new solutions or adapt existing solutions to the needs of your target groups. Prepare your solutions in a way that you can pilot them in Work Package 2. Consider how you involve your target groups in preparation of the solutions.
Organise your activities in up to five groups of activities to present the actions you plan to implement. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1	PP 10 - Innovation Skane
Work package leader 2	Please select

5.4 Work package budget

Work package budget	30%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care. 259 / 500 characters	This target group is actively represented by several partner organisations and are already committed to the project. The project will organise interviews and workshops within their own organisations and with other stakeholders to specify the needs and expectations that will be translated into the preparatory solutions related in particular to staff and management of hospitals and medical centers. Other subsidiary target group representatives will be approached and associated to increase the pool of input and ensure variety between the different organisations (standard hospitals vs University hospitals, clinician's vs general practitioners, etc.). Inputs will be collected and integrated in the co-creation process of the solutions preparation. 751 / 1,000 characters
2	Business support organisation Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. With focus on life science or proposing application for the healthcare sector. 159 / 500 characters	Business support organisation are also represented within the partner organisations and will be actively participating in this work package. They will provide expertise through their knowledge of the barriers existing for the development and adoption of AI applications in the medical field and will serve as a relay between the industry and the public healthcare sector throughout the whole project. They will be participating in interviews and workshops and will help to compile input and thus will gain further knowledge on the main challenges that the project intends to tackle. Their political role will also be important in eventually addressing the remaining issues with policy makers. 693 / 1,000 characters
3	Higher education and research institution Denmark, Finland, Sweden, Germany, Poland and BSR as a whole, in particular looking at education, training and research on AI, and AI in healthcare. A lot of research is done on new modelling for AI applications but few of the research findings are able to be implemented into real clinical settings. This project will bring the research institutions closer to understanding the actual clinical needs and challenges to be addressed and how to tackle them optimally. 465 / 500 characters	As part of the quadruple-helix ecosystem, research institutions and academia, providing highly specialised AI expertise, are relevant actors for the collaborations to be covered in the solutions toolbox. They will participate in interviews and co-creation workshops for the definition of the solutions to be piloted. During these activities, they will be invited to provide input and expertise to ensure that our solutions answer the specific needs of the healthcare sector, and that academic needs are also considered. The final solutions will provide tools that will be able to be implemented in their further work. Their access to a network of clinical expertise will be improved by the opportunity to enter into early dialogue with clinical experts. 753 / 1,000 characters
4	Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients. 157 / 500 characters	SMEs are representatives of the "industry" and as such will be approached for their expertise as "providers" for "hospitals and medical centres" through the business support and network organisations' active role in the partnership. They will be invited to participate in interviews and co-creation workshops for the definition of the solutions to be piloted. During these activities, they will be invited to provide input and expertise to ensure that while solutions answer the specific needs of the healthcare sector, the needs of the private companies are also considered. The business support organisations will have the responsibility to maintain a regular dialogue with the SMEs throughout the development phase to ensure that the solutions proposed accurately reflect the reality of industrial requirements. 815 / 1,000 characters
5	Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector. 88 / 500 characters	Large enterprises are representatives of the "industry" and as such will be approached for their expertise as "providers" for "hospitals and medical centres" through the business support and network organisations active in the partnership. They will be invited to interviews and to participate in co-creation workshops for the definition of the solutions to be piloted. During these activities, they will be invited to provide input and expertise to ensure that the solutions will answer the specific needs of the healthcare sector but also that the needs of the private companies are taken into consideration. The business support organisations will have responsibility to maintain a regular dialogue with the enterprises through all the development phase to ensure accuracy of the solution proposed to the reality of the industrial requirements. 848 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
1.1	**Facilitating development and adoption: development of a Collaboration Contracting Toolbox**
1.2	**Supporting development of quality AI clinical applications: developing a collaboration framework**
1.3	**Creating conditions for adoption and implementation through change management**
1.4	**Creating conditions for development of new solutions: Secure data structures, models, and sources**

WP 1 Group of activities 1.1

5.6.1 Group of activities leader

Group of activities leader PP 10 - Innovation Skane

A 1.1

5.6.2 Title of the group of activities

Facilitating development and adoption: development of a Collaboration Contracting Toolbox

89 / 100 characters

5.6.3 Description of the group of activities

The goal of this GoA is to prepare a contracting framework for the public-private collaboration to be piloted in WP2. It encompasses a range of collaboration forms related to collaborative R&D and innovation partnerships, formal public-private partnership requirements, procurement processes, inspiration from open innovation practices and securing future possibilities for commercialization, implementation, and scaling. In the early stages of collaboration between clinicians and industry, it will provide hospitals with a toolbox covering topics such as (a) IPR, equity, licensing, (b) purchasing, procurement, payments, procurement inability, pitfalls, and barriers, and (c) reimbursement.

Activities planned:
1. Preparatory work (acquiring knowledge):
- Desktop research and state-of-the-art analysis covering current and prior collaborative contract practices. A literature analysis will be used to identify related work and will feed a project knowledge base.
- Legal review of current applicable frameworks and collaborative contract practices used by the partners of the consortiums and invited stakeholders, specifically covering the topics of IPR, royalties, access to data, patenting as well as relevant procurement and purchasing practices. National considerations will be highlighted in the process.
- Development of a template for semi structured interviews. Identification of interviewees within and outside of the partnership (15 in total).
- Conclusion in an internal report with interview guide.

2. Development of the solution:
- Individual interviews with experts and stakeholders of prior identified value chain: IT, contracting, clinical, and purchasing departments will be used to confront the literature analysis, identify best practices, and understand major barriers for faster and better development and adoption of AI applications in the medical field.
- Co-creation workshops to ensure that target groups and users, from industry and healthcare, are directly involved in the development of the collaboration framework. This will not be limited to project partners, but the partners will form the first group of participants (one workshop per partner country). Input from project advisory board (PAB) members will also be integrated.
- Out of those consultations, a draft toolbox and checklists for the selection of contracting routes will be presented for piloting, assisting in how to handle AI innovation projects, guiding towards different contracting routes, based on parameters such as TRL and considering the CIMIT Healthcare Innovation Cycle, and intended purchasing models.

The transnational dimension of the activities will be secured by 1) country differentiation of partners appointed to the task (regular transnational exchanges and meetings will be coordinated by the GoA leader), and 2) common transnational work in the form of discussion, co-creation and workshops, as well as exchange of practices will ensure transnational development of the solution.

3,000 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 1.1

Title of the deliverable

Collaborative contracting and procurement Toolbox

49 / 100 characters

Description of the deliverable

The Collaborative contracting and procurement Toolbox will consist of an exhaustive and inspiring set of forms, contracts and models to be used in establishing public-private collaboration between AI providers and medical centres, which are easily adaptable to their individual needs.

Based on the preparatory and development work performed, the toolbox will cover the following topics:
(a) IPR, equity, licensing;
(b) Purchasing, procurement, payments, procurement inability, pitfalls and barriers; and
(c) Reimbursement.

It will also contain consent models and data providers contracts that can be used to ensure regular access to data in conformation with national laws, privacy and ethics regulations.
The toolbox will serve as a guide for creating specific interfaces between hospitals whom identify unmet clinical needs, and companies involved in creating AI solutions. Companies may be previously established in the sector or those entering the medical sector. They will be able to provide AI applications developed following industry and regulatory standards.
These deliverables are meant to facilitate early dialogue between parties, define unmet clinical needs and an AI-based development pathway, as well as define roles and contributions and establish clear milestones for each party.

1,301 / 2,000 characters

Which output does this deliverable contribute to?

O2.1: Impact report and finalised contracting tools

51 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.1: Facilitating development and adoption: development of a Collaboration Contracting Toolbox						
D.1.1: Collaborative contracting and procurement Toolbox						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.2

5.6.1 Group of activities leader

Group of activities leader PP 5 - Turku Science Park Ltd

A 1.2

5.6.2 Title of the group of activities

Supporting development of quality AI clinical applications: developing a collaboration framework

97 / 100 characters

5.6.3 Description of the group of activities

The expectations and needs from healthcare professionals, particularly clinicians, are often not properly understood by the experts in charge of developing diagnostics tools. Therefore, the goal of this GoA is to prepare a solution aiming at accompanying and supporting collaborations between healthcare institutions and service providers in development of AI diagnostics solutions from a technical and clinical perspective, while also following regulatory requirements. The draft solution will be piloted and refined in WP2.
The draft 'Development Guide' will bridge the gap between the two groups of stakeholders and will take the form of a guidebook that provides structure and support for more efficient co-development of AI solutions in healthcare for better diagnostics, prognostics and other decision making. It will consist of:
- A description of development phases of AI solutions consisting of clinical, technical and regulatory requirements and tasks;
- A review tool (checklist) for clinical and technical requirements and validation route in algorithm development.

This guidebook will ensure that the AI technology has been properly designed and tested to provide accurate, reproduceable and trustworthy clinical data. This will help greatly in eventual clinical acceptance of the new technology.

The activities will consist of:

1. Preparatory work (acquiring knowledge):
- Literature review and case report analysis;
- Interview templates (per target group), summary and analysis of the results, preliminary structure of the guidebook;
- Selection of target group representatives for the interviews and workshops, based on listed target groups. The selection shall ensure that each target group and BSR country is covered.

2. Development of the solution based on the acquired knowledge and consultations:
- Interviews (5 per hospital partner) with hospital partner internal stakeholders including; clinicians, hospital data managers and IT staff, and data protection officers;
- Interviews (3 per partner country) with regulatory experts, companies and organisations offering data analysis and algorithm development services, in the regional/national ecosystem of the partner countries;
- Co-creation workshops (2 per country) to collect input, and to evaluate guide development into a workshop report as a base for the Development Guide.

3. Development of a draft for a Development Guide for the piloting phase, including clinical, technical and regulatory requirements/tasks (such as assessment of clinical relevance, algorithm selection and design, clinical verification, regulatory aspects in development phase, evidence generation/testing and validation, value demonstration, technical requirements incl. data security and integration into hospital data architecture and workflow, etc):
- Creation of a check-list for quick reviewing of AI solution development to facilitate collaboration between hospitals and AI solution developers (based on the Development Guide).

2,993 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 1.2

Title of the deliverable

Collaboration framework report

30 / 100 characters

Description of the deliverable

We will establish guidelines (suitable for both healthcare institutions and service providers) for collaborative development of AI diagnostics solutions, thus providing assurances that AI technology created for the healthcare sector will meet all clinical requirements for safety and robustness. The guidelines will include clinical, technical and regulatory requirements/tasks (such as assessment of clinical relevance, algorithm selection and design, clinical verification plan, regulatory aspects in development phase, evidence generation/testing and validation, value demonstration, technical requirements incl. data security and integration into hospital data architecture and workflow, etc).

This guidebook will be built on a structure supporting different phases of development, narrative contents about various clinical and technical requirements and will include a checklist for quick reviewing of AI solution development to facilitate collaboration between hospitals and AI solution developers (based on the more complete Development Guide) and facilitating planning of the process.
The guidelines will be provided in a format that will follow standard project management processes that are followed in industry and therefore will conform to existing standards in the field.
The guidelines will be ready for piloting for WP2.

1,337 / 2,000 characters

Which output does this deliverable contribute to?

O2.2 : Finalised collaboration framework solution

49 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.2: Supporting development of quality AI clinical applications: developing a collaboration framework						
D.1.2: Collaboration framework report						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.3

5.6.1 Group of activities leader

Group of activities leader PP 1 - Ideklinikken, Aalborg University Hospital, The North Denmark Region

A 1.3

5.6.2 Title of the group of activities

Creating conditions for adoption and implementation through change management

77 / 100 characters

5.6.3 Description of the group of activities

Adoption and implementation of AI diagnostics in hospitals requires support by change management methodology, as clinical workflows must be adapted to incorporate the new technology. Innovation skills, technology readiness, and individual and interprofessional team learning are needed to successfully implement these new clinical decision supporting tools.
The goal of this GoA is to provide AI developers and hospitals with a handbook of steps for how to successfully integrate AI solutions into the healthcare sector. The handbook will be enriched with capacity building and training materials in GoA 3.2.

This will focus on:
- Usability: a big challenge for widespread adoption of digital tools and components is their ease of use. Technology often evolves so quickly that any new knowledge acquired can be obsolete within several months. This, along with the need for continuously updated professional proficiency and the limited time of clinicians, means that usability becomes a key consideration.
- Economic benefit: each time a new technology is considered, an assessment must be made to show its benefits in objective terms. That means addressing key performance indexes to be monitored before and after the introduction of any innovative action.
- Security and data privacy: health data are of special sensitivity and there is a data scarcity about the real performance of existing digital tools. Measures based on an insufficient foundation raises risks of inappropriate control mechanisms. Comprehensive legal and governance requirements to ensure data are handled according to the highest EU and local standards can mitigate these.

The activities will be following the “Digital & Innovation Skills Helix in Health (DISH)” approach developed under this Erasmus project, and its underlying principles (shared decision making, multidisciplinary collaboration, change management (CM)).

The tool will follow a 3-step approach (plan – implement – evaluate) from the perspective of both the organisation and the healthcare professionals, therefore facilitating a shared decision making process, encouraging the opportunity for all parties to be heard and provide contributions for better acceptance.

Based on the work started with the DISH project, we will:
- Organise a kick-off workshop with all project partners to present the approach and the DISH tools to be used for change management (online);
- Adapt the CM tools to AI decision support applications;
- Collect feedback at partner country level from experts in the field (5 experts’ interviews within each stakeholder group);
- Draft the AI specific tools for Change Management support: Finalise the draft tool based on the transnational collection of input and collection of needs for training material on change management. One of the purposes of training tools is to reach to different kind of end-users (hospital workers) to explain how the AI solutions work, how they impact their decisions and how to rely on them.

2,998 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 1.3

Title of the deliverable

Handbook for Adoption and Implementation based on Change Management support

75 / 100 characters

Description of the deliverable

The deliverable will take a form of a draft handbook, and a training material repository that will be piloted in GoA 2.3 and finally disseminated in specific training sessions and complemented by tutorials to increase adoption in GoA 3.2.

The handbook provides a structure and a starting point for accompanying and organising change management implementation on AI diagnostics applications including organisation and execution of training and capability building (adapted to the target groups important for the implementation process). It consists of tools and a methodology to guide the user through the implementation process of new diagnostic methods. The implementation process makes use of a triple helix approach developed in the ERASMUS+ project “Digital & Innovation Skills Helix in Health (DISH)”. The tools will provide a module based on organisation and healthcare professional perspective and how to facilitate shared decision making for better adoption.

We will propose a template for the definition of change in workflows and procedures, inspiration material to stimulate motivation for changes and long-term sustainability of introduction of new technologies and their impact on society both from an economic and societal perspective.

1,253 / 2,000 characters

Which output does this deliverable contribute to?

O2.3: Change management guide

30 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.3: Creating conditions for adoption and implementation through change management						
D.1.3: Handbook for Adoption and Implementation based on Change Management support						

5.6.7 This deliverable/output contains productive or infrastructure investment

☐

WP 1 Group of activities 1.4

5.6.1 Group of activities leader

Group of activities leader PP 9 - Region Skane

A 1.4

5.6.2 Title of the group of activities

Creating conditions for development of new solutions: Secure data structures, models, and sources

97 / 100 characters

5.6.3 Description of the group of activities

The goal of this GoA is to facilitate the development of secure, unbiased and pseudonymised data structures by:

1.Overall security strategy: The first step is to involve security strategies and collect previous experiences of data security breaches e.g. looking at secure data structures in a remote multi-user environment (such as Distributed Hash Table algorithms) to manage connected users sectioned databased structures in order to mitigate risks and severity of an invasion, and protection of physical server environments.

2. Scientific perspective: By interviewing AI scientists (2 per partner country) a state-of-the-art inventory of previous experiences will be created. This is key for generating recommendations to facilitate the AI platform. The aims of these activities are to summarise experiences, wins, challenges and visions/predictions/wishes of the future in a systemised way.

3. External, cyber-related threats: Established strategies for collecting health data securely in the EU will be explored, including analysing known cases of cyberattacks to EU based data structures, which will generate a checklist to facilitate establishment of secure data lakes. The work will be based on the ENISA report and its reference list review, and relevant expertise (2 per partner country) (information technology specialists, data scientists with AI experience, and bibliometrics specialist).

4. Mechanisms against biased data: Minimising bias will involve mechanisms for creation of data lakes without data loss and to generate complete datasets, weighing data against national/ international databases to establish datasets without patient consent (outlined in section 5). As in (3) the work will be based on ENISA and relevant expertise.

5. Integrity protection of subjects - Pseudonymisation strategies: As a subject's consent won't provide protection of the subject integrity, any use of data the integrity of the subject is only protected by anonymised or pseudonymised of data. Storage in ever-growing data lakes will require pseudonymisation that will make it possible to keep the data that is being collected to relate to the data that was generated earlier from the same subject. This requires a water-tight barrier for the research user to make a further connection to an actual individual. Thus, there needs to be a mechanism of an external, independent honest broker that handles the mechanisms of pseudonymisation. Therefore, a working group of pseudonymisation specialists, GDPR specialised lawyers and Health Database data architects will develop recommendations for strategies related to:
- Guidelines for honest brokers to provide data lakes without integrity breach of subjects;
- Providing feasible recommendations for pseudonymisation that protects subjects' integrity;
- A dictionary of identifiers multi-dimensional pseudonymisation data clouds for sharing;
- Mapping available and accessible data sources in the partner organisations.

2,973 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable

☐

O 1.4

Title of the output

Recommendations and examples for Secure data structures, models, and sources

76 / 100 characters

Description of the output

The output are recommendations, guidelines and data mapping of data sources. An overall team of representatives from the target and working groups will form a working group to author the recommendations (according to BRIDGE-Wiz guideline strategy). As this output will be a repository of existing knowledge, it will not be piloted.

The integrity of subjects that provided data to the full dataset needs to be protected, and protection needs to be general and neutral to purpose. Also, the generation of datasets for AI will need a protection against vigilant attacks. In addition, working with AI requires access to data with as little bias as possible. Lastly, the General Data Protection Regulation (GDPR) - a framework of laws that strictly regulates the use of data to protect the integrity of subjects – requires data to be pseudonymised. This embodies the state of the art in Data Protection by Design and by Default.

- Summarising previous experiences – Scientist perspective (AI scientists, scientists who have used AI in process development and scientists that have used AI for building predictive models);
- Cyberthreat recommendations;
- Guidelines for the creation of unbiased and evaluation of bias of created data lakes;
- Strategies for the delivery of datasets with minimal risk of breach of subject's integrity;
- Map of accessible or available data sources.

1,379 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care.	Hospitals and medical centers will benefit from guidelines and best practice templates, which will summarise the experiences of already established AI projects of the collaboration partners and pilots from WP2. 210 / 1,000 characters
Target group 2 Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients.	SMEs and industry parterns will benefit from guidelines and best practice templates on data handling design, clinically required data exchange interfaces and provided checklists. 178 / 1,000 characters
Target group 3 Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector.	Large enterprises Enterprises and industry parterns will benefit from guidelines and best practice templates on data handling design, clinically required data exchange interfaces and provided checklists. 203 / 1,000 characters

Durability of the output

The recommendations and examples for Secure data structures, models, and sources will be shared on the project website as well as partner channels. This will also be linked with the other solutions to play its role as an enabling and accompanying output. It will be disseminated and transferred broadly in WP3, and refered to in the training activities and roadshow. Potential updates of the material will be performed during the project and after its end for a minimum of 5 years to ensure access to up to date information.

527 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.4: Creating conditions for development of new solutions: Secure data structures, models, and sources						
O.1.4: Recommendations and examples for Secure data structures, models, and sources						

5.6.7 This deliverable/output contains productive or infrastructure investment

Work package 2

5.1 WP2 Piloting and evaluating solutions

5.2 Aim of the work package

The aim of this work package is to pilot, evaluate and adjust solutions. Plan one or several pilots to validate the usefulness of the solutions prepared in Work Package 1. Start Work Package 2 early enough to have time to pilot, evaluate and adjust solutions, together with your target groups. By the end of this work package implementation the solutions should be ready to be transferred to your target groups in Work Package 3.
The piloted and adjusted solution should be presented in one project output.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 1 - Ideklinikken, Aalborg University Hospital, The North Denmark Region

Work package leader 2 Please select

5.4 Work package budget

Work package budget 30%

5.4.1 Number of pilots

Number of pilots 3

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care. 259 / 500 characters	Within this WP, this target group will be involved at different levels to ensure broad engagement across institutions. We will engage clinical, management (decision makers), technical (IT) as well as legal staff to cover the complete chain of involved players, together or separately depending on their active role in the solution. We have identified within the partnership existing or upcoming collaborations (use cases) that will be used as piloting tracks. For each pilot, additional use cases will be identified at partner level as well to ensure relevance and diversity. We plan to secure engagement by focusing on use cases, i.e. prototype systems or tools from clinical research or projects that already have established initial clinical decision support using AI algorithms. Each target (sub)group will be invited to take part in meetings and dialogue with consortium partners where the solution will be presented and evaluated, and regular feedback will be compiled. 975 / 1,000 characters
2	Business support organisation Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. With focus on life science or proposing application for the healthcare sector. 159 / 500 characters	Business support organisations are active partners within this WP and will be actively involved to facilitate contacts with the industry (SMEs and Large enterprises). They will participate in the different feedback activities, facilitate communication between the medical sector and the IT/AI sector. They will also provide support in potential identification of industry providers cooperation for use cases that have not yet reached collaboration maturity and will be collecting feedback during the pilots from participants from the SMEs and large industries. 560 / 1,000 characters

	Target group	How do you plan to reach out to and engage the target group?
3	Higher education and research institution Denmark, Finland, Sweden, Germany, Poland and BSR as a whole, in particular looking at education, training and research on AI, and AI in healthcare. A lot of research is done on new modelling for AI applications but few of the research findings are able to be implemented into real clinical settings. This project will bring the research institutions closer to understanding the actual clinical needs and challenges to be addressed and how to tackle them optimally. 465 / 500 characters	Higher education and research institutions provides high competencies in data modelling and AI. Every participating university hospital has close collaboration with its local university and will invite AI expert to join in on use cases to provide expertise and sparring in the early technical phases of piloting. As they can at a later stage create spin outs and become a SME, their participation will collaborate to a better early dissemination at education level. 465 / 1,000 characters
4	Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients. 157 / 500 characters	SMEs as representatives of the “industry” will be involved in this WP through use cases at each partner’s level. They are a target group that will be reached through existing or upcoming collaborations in pilot use cases, and the project will therefore limit active recruitment to cases where use case maturity requires it, they will not be beneficiaries of the project in any financial way. Based on the application field, candidate AI tools will be matched between hospitals and SMEs to serve as use cases, and they will participate together with the partners from the consortium in a series of meetings and dialogue where the solution will be used and evaluated and feedback will be compiled. Their cooperation will be the basis for the piloting of solutions. 762 / 1,000 characters
5	Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector. 88 / 500 characters	Large enterprises as representatives of the “industry” will be involved in this WP through use cases at each partner’s level. They are a target group that will be reached through existing or upcoming collaborations in pilot use cases, and the project will therefore limit active recruitment to cases where use case maturity requires it, they will not be beneficiaries of the project in any financial way. Based on the application field, candidate AI tools will be matched between hospitals and enterprises to serve as use cases, and they will participate together with the partners from the consortium in a series of meetings and dialogue where the solution will be used and evaluated and feedback will be compiled. Their cooperation will be the basis for the piloting of solutions. 783 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
2.1	**Contracting framework piloting**
2.2	**Collaboration framework piloting**
2.3	**Piloting of supporting tools for adoption and implementation through change management**

WP 2 Group of activities 2.1

5.6.1 Group of activities leader

Group of activities leader PP 9 - Region Skane

A 2.1

5.6.2 Title of the group of activities

Contracting framework piloting

31 / 100 characters

5.6.3 Description of the group of activities

This GoA aims to test that the solutions developed under WP1 are providing a better and more comprehensive approach for co-creation of AI-based clinical diagnostics tools. Entering a collaboration agreement for developing clinical tests involving public hospitals requires proper legal infrastructure, rules and regulations to be addressed at an early stage. Early dialog and understanding of each partner's requirements is crucial in order to smooth the contracting phase of the process, and the keystone for future successful results.

To achieve this goal, clinicians, industry representatives and scientists will be invited to submit use cases or (prototype) AI-based clinical decision support tools that will be used to pilot the contracting solution developed under GoA 1.1. A target of 15 use cases is planned to conduct the piloting at various partner sites and, in some cases, the same use cases will be shared between pilot sites.
A dedicated pilot manager from the consortium will be appointed to each selected use case. Their role will be to activate the tools developed, facilitate dialogue, spare with the team involved in the use cases, collect feedback and exchange with the other pilot managers and the WP and Goa leaders of WP2 in order to adjust the solutions as feedback is received.

Methodology:

Task 1) Selection and matching
Recruitment will begin as soon as the project is approved. Selection criteria will be developed in GoA 1.1. such as clinical areas or staff availabilities. When no standing relation exists, cases will be matched with appropriate commercial partners in an open and non-discriminative recruitment procedure. Each use case will have defined goals, taking into consideration how far the product/service development is, who will be participating as well as relevance and transferability of the results.

Task 2) Piloting

Piloting will be performed in cooperation between healthcare units and companies, guided by the CAIDX consortium. As use cases will need to have access to patients' data there are privacy concerns involved.
A working group will be created around each use case to support the solution's implementation and perform regular evaluation. This WG will also ensure communication between partners, compiling input from different locations on the same parts of the solution, and report on the effects of the tools (facilitate or harmonise the dialogue, provide a better fast track for going from PoP to PoC etc…).

Task 3) Solution finalisation

A report will be provided at the end of the piloting. It will compile the feedback collected from the use cases and state the results, challenges, and outcomes if any, as well as how this knowledge can either be transferred or further developed where applicable.

The content of the solution (models, checklists, framework) will be finalised and transferred in WP3.
This phase should not last more than 3 months, in order for the use cases to move on to the piloting in GoA 2.2.

2,988 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 2.1

Title of the output

Impact report and finalised contracting tools

45 / 100 characters

Description of the output

Hospitals have several levels of regulations: from a legal point of view, collaboration with industrial partners need to address state aid issues, purchasing rules and a CE marked product. Access to patient data is a very sensitive subject and is strictly controlled by a different set of rules, applications need to be submitted to ethical authorities and the GDPR needs to be respected. However restrictive interpretation of these rules impedes the potential that lies within the AI knowledge. Best practices in this field need to be created for the exploitation of the full potential of AI.

The solution will tackle the complete contracting activities. We will compile in a report the collected feedback from the pilots on contracting framework, based on the impact and the usability of the tools. This feedback will be integrated in the final tools to make them ready for transfer and dissemination. The purpose of this is to have facilitated the initiation of several collaboration agreements, using the CAIDX tools and matching acknowledged clinical needs among the partners, in a transnational perspective, anticipated access to data during the execution of a further development in collaboration between several partners and integrated basic rules for purchasing of a final AI-based clinical test.

The final solution will comprise:
(a) IPR, equity, licensing;
(b) Purchasing, procurement, payments, procurement inability, pitfalls and barriers; and
(c) Reimbursement.

It will also contain consent models that can be used to ensure regular access to data.

1,567 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care.	The toolbox will operate as the reference point (benchmark) while negotiating between technology and healthcare providers. The ready-to-use models will be implemented in appropriate hospital's innovation departments and, for companies, available through partners' networks e.g. clusters. 287 / 1,000 characters
Target group 2 Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients.	The toolbox will operate as the reference point (benchmark) while negotiating between technology and healthcare providers. The ready-to-use models will be implemented in appropriate hospital's innovative departments and, for companies, available through partners' networks e.g. clusters. 287 / 1,000 characters
Target group 3 Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector.	The toolbox will operate as the reference point (benchmark) while negotiating between technology and healthcare providers. The ready-to-use models will be implemented in appropriate hospital's innovative departments and, for companies, available through partners' networks e.g. clusters. 287 / 1,000 characters

Durability of the output

- We plan to integrate the developed toolbox on a specific website that will also be linked to existing platform aggregating tools dedicated for hospitals and/ or companies. This will ensure its continued usability and reduce the need for additional financing.
- Every partner is required to use its digital resources in order to maintain the availability of the developed toolbox.
- The toolbox will actively be spread, presented and transferred through roadshow activities to ensure uptake in hospitals and companies of the BSR region.

538 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.1: Contracting framework piloting						
O.2.1: Impact report and finalised contracting tools						

5.6.7 This deliverable/output contains productive or infrastructure investment

WP 2 Group of activities 2.2

5.6.1 Group of activities leader

Group of activities leader PP 12 - AUH Innovation, Aarhus University Hospital, Central Denmark Region

A 2.2

5.6.2 Title of the group of activities

Collaboration framework piloting

33 / 100 characters

5.6.3 Description of the group of activities

To ensure a smooth and efficient collaboration phase and increase the uptake of clinical AI diagnostics tests within hospitals, this GoA will ensure that a coherent development plan is in place already from the start of the project and that the solution meets all clinical requirements for being adopted in the hospitals. This includes a clearly outlined process with document templates for descriptions and information gathering where relevant.

The use cases, when seen as a prerequisite for further collaboration after their contracting phase, will move further into their co-development phase. At this stage, the main participants will be clinicians, around a use case submitted by a scientist or an industry representative, together with the pilot manager appointed by the consortium. The preliminary framework agreement will already be in place so this phase will consist of more technical and clinical assessment and development, focused on the accuracy of the diagnostic AI test to be developed and validated.

Task 1) Introduction of the solution:
As soon as the contracting phase has been completed, use cases will start using the draft developed collaboration solution (this will be happening case per case, not all at once, to increase efficiency). The solution will be presented to each use case, and the relevant tools used for each case will be selected (the framework should allow flexibility to answer a variety of specific needs if actual).

Task 2) Piloting:
Each use case will enter a collaboration to develop specific AI tools, at each step using the solution presented to them by the project. Partners will accompany the users to answer questions, identify barriers, facilitate cooperation and prepare a development plan that the use case will be able to follow in a long-term approach.

Task 3) Final evaluation and finalisation of the solution:
We cannot expect that all use cases will end with a transferrable AI tool at the end of the project, as this will depend on maturity and scope. But the progress made will allow to indicate the added value of the solutions. All use cases will evaluate the piloting in a debriefing interview with their pilot manager. The template for the interview guide will be developed prior to and in the early phases of the piloting. Task 3 also includes feedback on the tools tested by the piloting to allow their fine tuning and finalisation.
As a result of the piloting, the CAIDX tools will be improved and adjusted to the requirements and circumstances identified in the conditions as close to the real ones as possible.

Joint development and the piloting in different locations will allow for transnational relevance of the solution, providing input from different countries and situations. This will allow for the development of a solution that is adapted to the BSR environment as a whole, yet flexible enough to answer local needs by selection and filtering of the relevant parts of the solution as needed.

2,977 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable

O 2.2

Title of the output

Finalised collaboration framework solution

42 / 100 characters

Description of the output

Based on the feedback collected on the use cases involved in the pilots, best practice and pitfalls met during this pilot will be compiled and integrated in the final set of tools. The final goal is to outline examples of streamlined processes that facilitate and provide an efficient collaboration frame and can be reused as standard for future collaborations.
Clear guidelines regarding the framing of AI development will be formulated and shared between the use case providers, the clinicians and all the consortium partners and be prepared for larger dissemination.
Good advice on successful collaboration will be shared and hurdles to avoid will be outlined.
Clinical guidelines related to developed AI-based clinical tools will be discussed between specialists across the consortium and a plan for further dissemination will be discussed.
Use case results will be presented to all participating partners to be used as inspirational cases for future collaborations.

970 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care.	Models for collaboration between hospitals' clinical needs and AI-based support solutions contributed by companies will be made available and public from a centralised website platform. An unmet clinical need where large amounts of data require an AI solution will find easier development by utilising the template models instead of starting from scratch. The hospitals will find ground from strengths and possibilities, and take into consideration elements that will fast track the development of the AI solution within the hospital. 535 / 1,000 characters
Target group 2 Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients.	SMEs will gain a better and more detailed understanding of the rules that regulate hospitals and the clinical context. They will better know the areas where negotiation is possible and when discussion will not be met. Expectation for validation will be clearer and impact on statistical relevance for providing acceptable medical devices will be clarified and will be reused in future collaboration. As the legal frame will already be in place under GoA 2.1, they will b better equipped to move further on for eventual dialog and sales with the decision makers. 561 / 1,000 characters
Target group 3 Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector.	Large enterprises will contribute to a better and more detailed understanding of the rules that regulate hospitals and integration into clinical context, as well as pave the way for a proper development plan agreed between the working group from each user case. The expectations for validation will be clearer, impact on statistical relevance for providing acceptable medical devices will be clarified, integration in the daily routine of a hospital will be provided, and all material tested will be reused in future collaborations. As the legal frame will already be in place under GoA 2.1, they will be better equipped to move further on eventual dialogs and sales with the decision makers. 692 / 1,000 characters

Durability of the output

- We plan to integrate the developed framework solution on a project specific website that will also be linked to existing platform aggregating tools dedicated for hospitals and/ or companies. This will ensure its continued usability and reduce the need for additional financing.
- Every partner is required to use its digital resources in order to maintain the availability of the developed framework.
- The framework solution will actively be spread, presented and transferred through roadshow activities to ensure uptake in hospitals and companies of the BSR region.

571 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.2: Collaboration framework piloting						
O.2.2: Finalised collaboration framework solution						

5.6.7 This deliverable/output contains productive or infrastructure investment

WP 2 Group of activities 2.3

5.6.1 Group of activities leader

Group of activities leader PP 3 - BioCon Valley® GmbH

A 2.3

5.6.2 Title of the group of activities

Piloting of supporting tools for adoption and implementation through change management

88 / 100 characters

5.6.3 Description of the group of activities

Selected use cases used for piloting of GoA 2.1 and 2.2 will continue to be used for 2.3. The cases will be used as examples for addressing change management issues that constitute a barrier for adoption and implementation.

Adoption requires convincing all future involved users in the further process of implementation of new tools in the clinic. This adoption will be better accepted if it can positively address different aspects, such as: validity and solidity of scientific data, usability, health economic studies through mini heath technology assessments (mini HTA), description of the purchasing approach, and assessment on the overall impact on the organisation, security and data privacy risks.

To address this, active participation of management and healthcare professionals at department level (users) and at organisation level (those responsible for implementation) will be required. The material developed in WP1, GoA 1.3, will be activated and a dedicated representative group comprising of users and those responsible for implementation will be gathered around the use case, to test the review and recommendation tools developed under 1.3. The relevant parts of the DISH project approach used in the GoA 1.3 will be used for implementation in the piloting of GoA 2.3.

At the beginning of the pilot, a recommendation of each use case will be prepared, coordinated by the pilot manager, and will be submitted to the management of the participating site and its dedicated decision sharing group, for further decision on eventual implementation. A report on the contracting phases and the collaboration phase will be included and a recommendation from the purchasing department and data internal authorities will be submitted.

Furthermore, a preliminary report on impact for change management will be submitted for the decision sharing group to analyse and complement. This GoA will provide us the opportunity to clarify management considerations for the purchasing and implementation of such AI decision making tools and compare that based on decisions from hospital to hospital and from country to country. It will also enhance the difference between the expected changes linked to the new AI solution compared to the input collected by the dedicated decision sharing group.

Based on the inputs collected through this pilot, partners will build a portfolio of proposal for training services and a series of tutorial activities that will increase users' trust in the solutions developed and provide a series of templates for recommendation, review and impact for change management tools.

2,608 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 2.3

Title of the output

Change management guide

24 / 100 characters

Description of the output

Based on the feedback collected through the piloting of the use cases, we will provide a handbook comprising of standards in the form of guidelines, a review tool for recommendation of implementation, examples for training materials for clinical staff, models for analysing workflow impact, and best practices examples to facilitate cultural changes in the hospital sector regarding introduction of new technologies based on AI.

As the purchasing decision is key for final adoption and implementation, we expect to reinforce our understanding of the barriers for such adoption and provide solutions that will ease the understanding, communication and assessment of any new diagnostic tools based on AI that are submitted to the decision makers.

We aim at finding similarities across countries that will enable a set of tools to be used in a transnational context. Eventual national considerations may be underlined, especially linked to health economic aspects and reimbursement issues.

988 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care.	Within hospitals, this pilot will contribute to a better understanding of barriers and challenges from the hospital actors and the necessity for addressing and assessing new technologies from a multidisciplinary perspective. The target group will span from project managers, hospitals' management level, innovation units, clinicians and other healthcare professionals, economists and quality manager. The project aim is to spread a broader understanding of the innovation impact on the organisation and how each actor can contribute to the development of innovative societies and resilient economies. 600 / 1,000 characters
Target group 2 Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients.	Via this work, we will provide SMEs with a better understanding of the nature of the material that decision makers in hospitals need to be presented in order to make purchasing and implementation decisions. Understanding the workflow in a hospital is complex, and we aim at proposing a simple canvas for entering into dialog with its clinical partners in order to include those considerations in the early stages of the collaboration and ensure better success for the final developed product. 492 / 1,000 characters
Target group 3 Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector.	Via this work, we will provide enterprises with a better understanding of the nature of the material that decision makers in hospitals need to be presented in order to make purchasing and implementation decisions. Understanding the workflow in a hospital is complex, and we aim at proposing a simple canvas for entering into dialog with its clinical partners in order to include those considerations in the early stages of the collaboration and ensure better success for the final developed product. 499 / 1,000 characters

Durability of the output

Through this project, we expect to create and promote increased competences in AI within the management department at hospitals.
In places where Innovation or development support are present, they will be used as amplifiers of this pilot output, as they will guarantee that the project outputs are implemented after the project is closed and contribute to a long-term change management support and culture for innovation and new technologies.
- We plan to integrate the dChange management guide on a project specific website that will also be linked to existing platform aggregating tools dedicated for hospitals and/ or companies. This will ensure its continued usability and reduce the need for additional financing.
- Every partner is required to use its digital resources in order to maintain the availability of the guide.
- The guide will actively be spread, presented and transferred through roadshow activities to ensure uptake in hospitals and companies of the BSR region.

983 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.3: Piloting of supporting tools for adoption and implementation through change management						
O.2.3: Change management guide						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

Work package 3

5.1 WP3 Transferring solutions

5.2 Aim of the work package

In Work Package 3, communicate and transfer the ready solutions to your target groups. Plan at least one year for this work package to transfer your solutions to the target groups, considering their respective needs. Select suitable activities to encourage your target groups to use the solutions in their daily work.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1	PP 6 - EATRIS
Work package leader 2	PP 3 - BioCon Valley® GmbH

5.4 Work package budget

Work package budget	30%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care. 259 / 500 characters	First (GoA 3.1), we aim to disseminate the CAIDX tools by presenting them in workshops, congresses and events. We will engage with healthcare providers through national and international MD associations, to establish fruitful communication. On one hand, we will facilitate the uptake of CAIDX tools from these end-users, on the other hand, we will retrieve their feedback. Then by participating in the training activities (3.2), clinicians and healthcare providers will not only learn about the CAIDX tools, they will also get guidance in using and applying them. They will increase their knowledge on AI and data-related topics and gain awareness around critical points such as quality in data generation and management. Finally, through the participation in roadshow activities (3.3) transfer will be reinforced by in situ demonstration and testing of the solutions. The helpdesk will support and streamline adoption and implementation of the tools in the healthcare providers workflow. 988 / 1,000 characters
2	Business support organisation Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. With focus on life science or proposing application for the healthcare sector. 159 / 500 characters	Through the participation of several BSOs in the consortium, we will be able to target activities and material for them to use and disseminate among their members. BSOs are often used as information providers and sparring partners for industry and therefore are close to the needd of those companies. The knowledge and material developed under this consortium will be disseminated at national and regional level through both BSOs from the consortium and other BSOs. They will organise events and dissemination through their other activities 541 / 1,000 characters
3	Higher education and research institution Denmark, Finland, Sweden, Germany, Poland and BSR as a whole, in particular looking at education, training and research on AI, and AI in healthcare. A lot of research is done on new modelling for AI applications but few of the research findings are able to be implemented into real clinical settings. This project will bring the research institutions closer to understanding the actual clinical needs and challenges to be addressed and how to tackle them optimally. 465 / 500 characters	To bridge the gap between data and the clinical field, the training activities organised in GoA 3.2 will focus on training data scientist and bioinformaticians in the application of clinical decision-making solutions developed in the project and make them more aware about the challenges and the needs of the clinical setting. 327 / 1,000 characters
4	Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients. 157 / 500 characters	Training towards people working in industry will build capacities in the private sector by presenting the tools developed in the CAIDX project and showing why they are relevant for their daily work. 198 / 1,000 characters
5	Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector. 88 / 500 characters	Training towards people working in industry will build capacities in the private sector by presenting the tools developed in the CAIDX project and showing why they are relevant for their daily work. 198 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
3.1	**Dissemination and communication**
3.2	**Capacity building and training activities**
3.3	**Outreach activities: Activity road show**

WP 3 Group of activities 3.1

5.6.1 Group of activities leader

Group of activities leader PP 5 - Turku Science Park Ltd

A 3.1

5.6.2 Title of the group of activities

Dissemination and communication

31 / 100 characters

5.6.3 Description of the group of activities

The main objective of this GoA is to ensure the visibility and impact of the project, and the uptake of project outcomes from different stakeholders/end-users. Communication and dissemination activities will come as supporting measures to increase and facilitate transfer of the solutions.

The dissemination strategy will be completed by the GoA leader with support of Danish Life Science Cluster (PP13) and BioCon Valley (PP3) during the first period of the projects, and a concrete activity plan with timetable and relevant actions will be created. All partners will participate in implementation of the dissemination plan.

To ensure that the project will have a strong and long-lasting impact, the most relevant target groups to be reached will be identified. The target groups include hospitals, SMEs, research organisations, patient associations, business development organisations, innovation support organisations, buyers/payers, regulators, etc. The dissemination strategy aims to target the most efficient channels, so the goals and results of the project will be discussed and presented in handpicked events, both locally and internationally. The different channels will be:

Project's website: the main channel for dissemination
A website will be set up by the GoA leader with the support of Danish Life Science Cluster and BioCon Valley to disseminate the project content and outputs.

Partners' websites:
All partners will add a project description and contact details to their website.

Presentations in conferences and webinars, both local and international:
A general project presentation will be prepared. The presentation will be modified for specific occasions/target groups.

Webinars:
At least three webinars will be arranged to share the outputs and promote the tools created during the project. The content of the webinar will be designed with other partners.

Networking and partnering:
Partners will promote the project in their daily contacts and participate in relevant partnering events to introduce the project.

Articles and newsletters:
Articles will be published at the project's and partner organisations' websites. The articles and news will also be sent to relevant contacts to share.

Social media:
LinkedIn profile will be created by the GoA leader for sharing the project's goals and activities. All partners will provide posts to the profile, and also share them.

Digital marketing campaigns during the last half of the project:
LinkedIn campaigns to promote the outputs will be initiated after the outputs have been finalised.

2,570 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.1: Dissemination and communication						

WP 3 Group of activities 3.2

5.6.1 Group of activities leader

Group of activities leader PP 6 - EATRIS

A 3.2

5.6.2 Title of the group of activities

Capacity building and training activities

42 / 100 characters

5.6.3 Description of the group of activities

In this GoA, partners will perform capacity building activities to support target groups in identifying and adopting the best suited solutions for their own needs, established within the project. This GoA build on work from GoA 1.3 and 2.3, actively focusing on disseminating change management and increasing capacity.
To ensure on the ground adoption and sustainable implementation of innovations in the clinical context needs change management and capacity building, partners will build a portfolio of training services by organising a series of training and tutorial activities that will increase users' trust in the solutions developed. The training activities will focus on the delivery of practical applications for tools developed in the CAIDX project.

Online training modules offers a cost-effective way to provide high quality, accessible, interactive training at all levels. Therefore, we will provide target groups with a training toolbox including tutorials, specific self-paced online courses, live courses, recorded webinars, workshops to deliver knowledge around the tools developed in the project and allow their use in practice. The aim is to provide tutorials, explaining to key stakeholders, how they can use the CAIDX tools and why they are relevant for their daily work.

To complement the activities, we will develop relevant communication material and a collection of different kinds of information around the training opportunities to raise awareness of target groups about the available training tools.

EATRIS will lead the content aggregation and definition of training activities, while consortium partners will be solicited to provide the content of the modules and regularly review its relevance. We will develop content with the close cooperation of key stakeholders in the network of the partners, to ensure that the training toolbox and the communication material provide an answer to the needs of the target groups.

DLSC, BCV and TScP will support the dissemination and delivery of the capacity building activities within their networks, and those activities will be further boosted by LSCOPH using the following means:
- Use of nation-wide network of Oncological Healthcare providers,
- Established contact with Polish Clinical Trials Network, primary healthcare centres, and several universities and research institutes.

In summary, the activities of this GoA will consist of:
- Determining the content and format of the training activities for the specific target groups and training toolbox development;
- Identification of already available online material relevant for the CAIDX project, their promotion and complementation with new collection of information about the new solutions developed;
- Development and dissemination of communication material around training activities;
- Finalisation and dissemination of the training toolbox on platforms.

2,901 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 3.2

Title of the output

Training activities toolbox

27 / 100 characters

Description of the output

This output will consist of a series of training activities organised to increase users' trust in the solutions developed by CAIDX project and will focus on the delivery of practical applications for the developed tools. These trainings will support the implementation of change management tools.

The Training toolbox will be hosted in the project website developed by GoA 3.1 and will contain tutorials, specific self-paced online courses, recorded webinars, slide decks, about the CAIDX tools and their use, and link with external resources relevant for the implementation of the CAIDX solutions.

The aim is to raise awareness on the relevance of the solutions developed within the project, as well as provide guidance in using and applying them.

In addition, the training toolbox will integrate all relevant material from different sources, becoming a collaborative output and ensuring its sustainability.

917 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. We will first address mainly public hospitals, as they provide quite similar structural approaches, within their organisations as driven by European guidelines for patient care.	By participating in the training activities, clinicians and healthcare providers will not only learn about the CAIDX tools, but they will get guidance in using and applying them to their daily work. In addition, they will increase their knowledge around AI and data-related topics and gain awareness around critical points such as the importance of quality in data generation and management. To bridge the gap between data and the clinical field, the training activities organised in GoA 3.2 will focus on training data scientist and bioinformaticians in the application of clinical decision-making solutions developed in the project and make them more aware of the challenges and the needs of the clinical setting. 715 / 1,000 characters
Target group 2 Business support organisation Denmark, Finland, Estonia, Germany, Poland, Sweden, and the BSR area as a whole. With focus on life science or proposing application for the healthcare sector.	Business support organisations involved in the project will mostly act as multipliers, further transferring the training materials and ensuring strong participation of a variety of stakeholders in particular SMEs and enterprises. 229 / 1,000 characters
Target group 3 Higher education and research institution Denmark, Finland, Sweden, Germany, Poland and BSR as a whole, in particular looking at education, training and research on AI, and AI in healthcare. A lot of research is done on new modelling for AI applications but few of the research findings are able to be implemented into real clinical settings. This project will bring the research institutions closer to understanding the actual clinical needs and challenges to be addressed and how to tackle them optimally.	There is a need for awareness around the key clinical questions and around data management and digital medicine solutions in higher education and research institutions. Through training activities, we will tackle these needs as researchers should be involved in the development of AI-based diagnostics, together with data scientists and clinicians. 349 / 1,000 characters
Target group 4 Small and medium enterprise The BSR area as a whole, for the companies developing and providing AI application for the healthcare sector related to diagnostic and treatment of patients.	Training towards people working in industry will build capacities in the private sector by presenting the tools developed in the CAIDX project and showing why they are relevant for their daily work. The training tools will be available freely, and presented during events, therefore also supporting capacity of private companies. 329 / 1,000 characters
Target group 5 Large enterprise The BSR area as a whole and beyond. Proposing AI applications for the healthcare sector.	Training towards people working in industry will build capacities in the private sector by presenting the tools developed in the CAIDX project and showing why they are relevant for their daily work. The training tools will be available freely, and presented during events, therefore also supporting capacity of private companies. 329 / 1,000 characters

Durability of the output

Online training modules are cost-effective and provide high quality, accessible and sustainable material. The output of GoA 3.2 (online courses, live courses, recorded webinars and workshops, collection of information of the CAIDX tools, training toolbox) will be hosted in a dedicated website developed in GoA 3.1 and will stay available after the project lifetime. In addition, links to this platform will be available on the partners' websites.
The partners will also ensure a broad dissemination of the training material through their own communication channels.

566 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.2: Capacity building and training activities						
O.3.2: Training activities toolbox						

5.6.7 This deliverable/output contains productive or infrastructure investment

WP 3 Group of activities 3.3

5.6.1 Group of activities leader

Group of activities leader PP 4 - Tartu BT Park OÜ

A 3.3

5.6.2 Title of the group of activities

Outreach activities: Activity road show

40 / 100 characters

5.6.3 Description of the group of activities

In this GoA, we will develop outreach activities to support target groups in adopting the solutions for their own needs, established within the project.

We will organise roadshow activities, e.g. info days and events at clinical centres, hospitals, and academic medical centres, to raise awareness of the tools developed by CAIDX amongst the target groups, to show them their added values and to facilitate the tools adoption. The roadshow will allow us to pressure test the tools prior to dissemination within the EU via the EATRIS network. We are envisaging 1 occurrence per partner country, preferably in conjunction with specialised events, and participation in at least 2 BSR regional events.

In addition, we will also develop a helpdesk to provide end-users with technical assistance and troubleshooting the implementation of the tools. This helpdesk will be open during the entire project lifetime. In order to make this service sustainable, the helpdesk activities will be embedded within the already established and open running EATRIS Innovation Helpdesk. This platform helps life science researchers access essential tools and resources from the EATRIS community.

By participating in the roadshow activities, clinicians and healthcare providers will not only learn about the CAIDX tools, but they will get guidance in adopting them. In addition, the helpdesk will streamline the adoption and implementation of the tools in the healthcare providers' workflow.

In summary, the activities of this GoA will consist of:
- Definition and organisation of roadshow activities;
- Establishment of a helpdesk to support the CAIDX solutions' further adoption;
- Embedding of helpdesk activities within the EATRIS Innovation Helpdesk Platform.

1,749 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.3: Outreach activities: Activity road show						

6. Indicators

Indicators

Output indicators				Result indicators		
Output indicators	**Total target value in number**	**Project outputs**	**Please explain how the solution presented in this output serves the target group(s).**	**Result indicator**	**Total target value in number**	**Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.**
RCO 84 – Pilot actions developed jointly and implemented in projects	3	N/A	N/A	**RCR 104 - Solutions taken up or up-scaled by organisations**	5	We can group the solutions developped in CAIDX in 3 groups: - development solutions (O.2.1: Impact report and finalised contracting tools; O.2.2: Finalised collaboration framework solution) - implementation solution (O.2.3: Change management guide); and - support and knowledge solutions (O.1.4: Recommendations and examples for Secure data structures, models, and sources; O.3.2: Training activities toolbox). With regards to development solutions, we expect hospitals and medical centres, SMEs and large entreprises to take up the solution s in their standard day-to-day activities when contracting or developing collaboratively AI diagnostics and decision making tools. This means that they will be able to use the solution as common reference frameworks that can support their work step by step, increase their dialogue (understand each other better). They will be able to use the solution according to their needs (use parts of the models for examples) and enrich it with their own material, making it fit for their own purpose, but still within the same common framework. The implementation solution is focused towards hospitals and medical centres. We expect them to use the solution (change management) in order to facilitate their own changes within their organisation. This tool can be adapted to accompany other possible changes in organisations. Support and knowledge solutions will be ressources to be used when needed to accompany other solutions and can be enriched locally. We expect business support organisation to share and disseminate all solutions within their network to facilitate the cooperation within their network, as well as facilitate access to knowledge and training. Universities and research institutions will be able to present the solutions in their training activities as a reference that can be followed, or to enrich their own materials.All of those solutions will support increased capacity within and outside the partnership. 1,996 / 2,000 characters
		O.1.4: Recommendations and examples for Secure data structures, models, and sources	Access to information regarding AI and data is sometimes difficult for hospitals but also for SMEs (it is easier for large entreprises), specifically looking at requirements on Secure data structures, models, and sources. Missing background knowledge in impending the adoption and uptake of AI diagnostics and decision making tools. This output will provide entities with limited access to and knowledge on those very technical aspects of data. This will facilitate the adoption of the other tools as well by providing technical input necessary for contracting and collaboration and generally increase capacity in this field in particular for hospitals. It will serve the private sector as well by providing clearly the specific expectations of the healthcare sector. 771 / 1,000 characters			
		O.2.1: Impact report and finalised contracting tools	The contracting process (encompassing numerous steps) is arduous for both parties (buyer and provider), especially in a field with limited experience. The solution will provide the target groups with tools to be implemented and used in their contracting process, allowing it to become a standard to follow, and being flexible enough to answer their specific national or institutionnal requirements. The solution will simplify the whole process and possibly speed it as well (for some steps), ensuring a beter understanding between both parties, and facilitating the aquiring of AI diagnostics and decision making tools. 624 / 1,000 characters			

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).	Result indicator	Total target value in number	Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.
RCO 116 – Jointly developed solutions	5	O.2.2: Finalised collaboration framework solution	When developing solutions between hospitals and SMEs or large entreprises, collaboration is often difficult. The solutions aims at facilitating the collaboration and therefore development of fit for purpose tools. The solution will help both parties understanding each other better, mapping their specific needs, the possibilities offered and limitations as well as the baseline requirements in terms of security, regulation and ethics. The solution will comprise checklists, guidance and models for the cooperation to be used flexibly whole or in parts to adapt not only to each country and organisation, but also to each development project, depending on their needs and maturity. The solution will help target groups in better collaboration and therefore better end products. 780 / 1,000 characters			
		O.2.3: Change management guide	The Change management guide will help the target groups (in this case healthcare centres and hospitals) adopting AI diagnostics and decision making tools, by providing them with the necessary tools to implement change throughout their organisations. Aquiring solution is one thing, but for AI to be used to its full potential in the health sector, target groups needs support for implementation within their own organisation through change. The solution will help them map the needs, specify the explicit change required, evaluate it and react accordingly. Thanks to this solution, target groups will be able to be actors of their own change, at their own rythm and according to their specificities. The impact of this solution will be easier implementation of contracted and co-developed solutions. 801 / 1,000 characters			

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).
		O.3.2: Training activities toolbox	The training activities toolbox is nota stand alone solution but an accompanying one, collecting existing and new training material, both on the subject of AI diagnostics and decision making tools and on the solutions developed in the project with the aim of helping target groups in adopting them. The training toolbox aims at strongly building capacity further for each of the institution that will use it, building on the capacity increase of each of the single solution and linking them together. The target groups will benefit from increased understanding and be trained on the contracting, collaborative development and implementation of AI diagnostics and decision making tools. The training toolbox will reinforce the overall adoption of other solution and increase uptake. 786 / 1,000 characters

Output indicators		Result indicators			
Output indicator	**Total target value in number**	**Result indicator**	**Total target value in number**	**Please describe what types of organisations are planned to actively participate in the project. Explain how this participation will increase their institutional capacity. These types of organisations should be in line with the target groups you have defined for your project.**	
RCO 87 - Organisations cooperating across borders	21	**PSR 1 - Organisations with increased institutional capacity due to their participation in cooperation activities across borders**	30	Project partners and associated organisations	Hospitals and healthcare centres (Aalborg University Hospital's Innovation Department (DK) Aarhus University Hospital (DK), Innovation Skåne (SE), Region Skåne (SE), Turku University Hospital (FI), Lower Silesian Centre of Oncology, Pulmonology and Hematology (PL), Rostock University Medical Centre (DE)) will actively participate in the development of the solutions and piloting them. Clusters, networks, and business support organisations will be active in supporting the establishment of links with stakeholders in the field of digital health, including other hospitals, industry representatives, SMEs, but also patient organisations together with innovation organisations: Turku Science Park Ltd (FI); BioCon Valley® GmbH (DE); EATRIS (NL); the Danish Life Science Cluster (DK); Tartu Biotechnology Park (EE); Wroclaw Technology Park (PL). They will provide their own expertise in terms of regulations, change management support, capacity building and training. In addition associated organisations will be active in supporting the project implementation by providing them with necessary external expertise through the project advisory board. One Associated organisation will not be an active PAB member. Those represent Regional authorities, Universities and research organisations as well as investors. 1,325 / 1,500 characters
				Other organisations	In addition to the partner and associated organisations, the project aims at involving an additional 9 organisations within the projects, either SMEs and large entreprises working with partners during the piloting (in some case one company can be involved in multiple pilots). They will not be direct or indirect beneficiaries of the project but will have increased institutional capacity through their (indirect) participation in the project activities in particular the piloting phase. 490 / 1,500 characters

7. Budget

7.0 Preparation costs

Preparation Costs

Would you like to apply for reimbursement of the preparation costs?	Yes

Other EU support of preparatory cost

Did you receive any other EU funds specifically designated to the development of this project application?	No

7.1 Breakdown of planned project expenditure per cost category & per partner

No. & role	Partner name	Partner status	CAT0 - Preparation costs	CAT1 - Staff	CAT2 - Office & administration
1 - LP	Ideklinikken, Aalborg University Hospital, The North Denmark Region	Active 22/09/2022	24,000.00	264,335.85	39,650.38
2 - PP	Wroclaw Technology Park	Active 22/09/2022	0.00	59,640.68	8,946.10
3 - PP	BioCon Valley® GmbH	Active 22/09/2022	0.00	181,440.00	27,216.00
4 - PP	Tartu BT Park OÜ	Active 22/09/2022	0.00	84,129.00	12,619.35
5 - PP	Turku Science Park Ltd	Active 22/09/2022	0.00	132,300.00	19,845.00
6 - PP	EATRIS	Active 22/09/2022	0.00	209,214.78	31,382.22
7 - PP	Lower Silesian Centre of Oncology, Pulmonology and Hematology	Active 22/09/2022	0.00	43,516.00	6,527.40
8 - PP	Hospital District of Southwest Finland	Active 22/09/2022	0.00	108,000.00	16,200.00
9 - PP	Region Skane	Active 22/09/2022	0.00	227,995.18	34,199.28
10 - PP	Innovation Skane	Active 22/09/2022	0.00	195,562.74	29,334.41
11 - PP	Rostock University Medical Centre	Active 22/09/2022	0.00	221,760.00	33,264.00
12 - PP	AUH Innovation, Aarhus University Hospital, Central Denmark Region	Active 22/09/2022	0.00	197,070.47	29,560.57
13 - PP	Danish Life Science Cluster	Active 22/09/2022	0.00	75,409.62	11,311.44
Total			24,000.00	2,000,374.32	300,056.15

No. & role	Partner name	CAT3 - Travel & accommodation	CAT4 - External expertise & services	CAT5 - Equipment	Total partner budget
1 - LP	Ideklinikken, Aalborg Univ	39,650.38	145,000.00	0.00	512,636.61
2 - PP	Wroclaw Technology Par	8,946.10	12,600.00	0.00	90,132.88
3 - PP	BioCon Valley® GmbH	27,216.00	8,500.00	0.00	244,372.00
4 - PP	Tartu BT Park OÜ	12,619.35	0.00	0.00	109,367.70
5 - PP	Turku Science Park Ltd	19,845.00	38,600.00	0.00	210,590.00
6 - PP	EATRIS	31,382.22	22,100.00	0.00	294,079.22
7 - PP	Lower Silesian Centre of	6,527.40	0.00	0.00	56,570.80
8 - PP	Hospital District of South	16,200.00	26,000.00	0.00	166,400.00
9 - PP	Region Skane	34,199.28	30,000.00	0.00	326,393.74
10 - PP	Innovation Skane	29,334.41	10,000.00	0.00	264,231.56
11 - PP	Rostock University Medic	33,264.00	0.00	0.00	288,288.00
12 - PP	AUH Innovation, Aarhus	29,560.57	11,000.00	0.00	267,191.61
13 - PP	Danish Life Science Clust	11,311.44	0.00	0.00	98,032.50
Total		300,056.15	303,800.00	0.00	2,928,286.62

7.1.1 External expertise and services

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value
1. Ideklinikken. Aalb	Project management	CAT4-PP1-D-0	Support for project management (30 / 100 characters)	No	N/A	130,000.00
1. Ideklinikken. Aalb	National control	CAT4-PP1-F-0	FLC costs (9 / 100 characters)	No	N/A	15,000.00
2. Wroclaw Technol	Specialist support	CAT4-PP2-E-0	Identification, development and integration of legal frameworks (63 / 100 characters)	No	1.1 1.2	12,600.00
3. BioCon Valley®	National control	CAT4-PP3-F-0	FLC costs (9 / 100 characters)	No	N/A	3,000.00
3. BioCon Valley®	IT	CAT4-PP3-B-0	CM Tool development (20 / 100 characters)	No	1.3	2,500.00
3. BioCon Valley®	Events/meetings	CAT4-PP3-A-0	Organisation of local workshops (31 / 100 characters)	No	1.3	3,000.00
5. Turku Science P	Events/meetings	CAT4-PP5-A-0	CAIDX events, participation in networking events, workshops and catering (72 / 100 characters)	No	1.2 3.1	28,600.00
5. Turku Science P	Specialist support	CAT4-PP5-E-0	Regulatory expert services/support for regulatory requirements part (67 / 100 characters)	No	1.2	10,000.00
6. EATRIS	National control	CAT4-PP6-F-0	FLC costs (9 / 100 characters)	No	N/A	6,000.00
6. EATRIS	Communication	CAT4-PP6-C-1	External graphic design (23 / 100 characters)	No	3.1	8,000.00
6. EATRIS	Events/meetings	CAT4-PP6-A-1	Venue & catering for F2F training meetings (1 full day n.30 participant per year) (81 / 100 characters)	No	3.2	8,100.00
8. Hospital District	Events/meetings	CAT4-PP8-A-1	Facilitating, catering and conference rental for workshops (58 / 100 characters)	No	1.2	11,000.00
8. Hospital District	Specialist support	CAT4-PP8-E-1	Legal document translation and legal contract expertise for piloting (in Finnish) (81 / 100 characters)	No	1.2 2.2	15,000.00
	Total					303,800.00

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
9. Region Skane	Specialist support	CAT4-PP9-E-1	Legal support and review of development of management of sensitive data, and review of framework. 97 / 100 characters	No	1.4	30,000.00	
10. Innovation Skan	Specialist support	CAT4-PP10-E-	Legal support in development of contractual tools, and review of framework 74 / 100 characters	No	1.1	10,000.00	
12. AUH Innovation.	National control	CAT4-PP12-F-	FLC costs 9 / 100 characters	No	N/A	8,000.00	
12. AUH Innovation.	Events/meetings	CAT4-PP12-A-	Logistics and catering for workshops etc 40 / 100 characters	No	2.1 2.2	2,500.00	
12. AUH Innovation.	Communication	CAT4-PP12-C-	Production and distribution of communication/dissemination material 67 / 100 characters	No	3.1	500.00	
	Total					303,800.00	

7.1.2 Equipment

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
Please select	Please select	CAT5-PP--01	0 / 100 characters	Please select		0.00	
	Total					0.00	

7.1.3 Infrastructure and works

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
Please select	Please select	CAT6-PP--01	0 / 100 characters	Please select		0.00	
	Total					0.00	

7.2 Planned project budget per funding source & per partner

No. & role	Partner name	Partner status	Country	Funding source	Co-financing rate [in %]	Total [in EUR]	Programme co-financing [in EUR]	Own contribution [in EUR]	State aid instrument
1-LP	Ideklinikken, Aalborg University Hospital, The North Denmark Region	Active 22/09/2022	DK	ERDF	80.00 %	512,636.61	410,109.28	102,527.33	For each partner, the State aid relevance and applied aid measure are defined in the **State aid section**
2-PP	Wroclaw Technology Park	Active 22/09/2022	PL	ERDF	80.00 %	90,132.88	72,106.30	18,026.58	
3-PP	BioCon Valley® GmbH	Active 22/09/2022	DE	ERDF	80.00 %	244,372.00	195,497.60	48,874.40	
4-PP	Tartu BT Park OÜ	Active 22/09/2022	EE	ERDF	80.00 %	109,367.70	87,494.16	21,873.54	
5-PP	Turku Science Park Ltd	Active 22/09/2022	FI	ERDF	80.00 %	210,590.00	168,472.00	42,118.00	
6-PP	EATRIS	Active 22/09/2022	NL	ERDF	80.00 %	294,079.22	235,263.37	58,815.85	
7-PP	Lower Silesian Centre of Oncology, Pulmonology and Hematology	Active 22/09/2022	PL	ERDF	80.00 %	56,570.80	45,256.64	11,314.16	
8-PP	Hospital District of Southwest Finland	Active 22/09/2022	FI	ERDF	80.00 %	166,400.00	133,120.00	33,280.00	
9-PP	Region Skane	Active 22/09/2022	SE	ERDF	80.00 %	326,393.74	261,114.99	65,278.75	
10-PP	Innovation Skane	Active 22/09/2022	SE	ERDF	80.00 %	264,231.56	211,385.24	52,846.32	
11-PP	Rostock University Medical Centre	Active 22/09/2022	DE	ERDF	80.00 %	288,288.00	230,630.40	57,657.60	
12-PP	AUH Innovation, Aarhus University Hospital, Central Denmark Region	Active 22/09/2022	DK	ERDF	80.00 %	267,191.61	213,753.28	53,438.33	
13-PP	Danish Life Science Cluster	Active 22/09/2022	DK	ERDF	80.00 %	98,032.50	78,426.00	19,606.50	
Total ERDF						2,928,286.62	2,342,629.26	585,657.36	
Total						2,928,286.62	2,342,629.26	585,657.36	

7.3 Spending plan per reporting period

	EU partners (ERDF)		Total	
	Total	Programme co-financing	Total	Programme co-financing
Preparation costs	24,000.00	19,200.00	24,000.00	19,200.00
Period 1	375,000.00	299,999.97	375,000.00	299,999.97
Period 2	480,000.00	384,000.00	480,000.00	384,000.00
Period 3	520,000.00	416,000.00	520,000.00	416,000.00
Period 4	520,000.00	416,000.00	520,000.00	416,000.00
Period 5	520,000.00	416,000.00	520,000.00	416,000.00
Period 6	489,286.62	391,429.29	489,286.62	391,429.29
Total	2,928,286.62	2,342,629.26	2,928,286.62	2,342,629.26