IHI Patient Pool

Call for expressions of interest

Angelica VALENTE Scientific Officer 11.05.2023 • Online



Today's session

• Will cover:

- General introduction to Innovative Health Initiative (IHI)
- Patient Engagement and IHI Patient Pool
- How does IHI work
- IHI Patient Call of expressions of interest





Innovative Health Initiative

EU's new partnership in health between:

• the European Union represented by the European Commission &

• Healthcare industry associations:

- **COCIR** (medical imaging, radiotherapy, health ICT and electromedical industries)
- **EFPIA**, including **Vaccines Europe** (pharmaceutical and vaccine industries)
- EuropaBio (biotechnology industry)
- **MedTech Europe** (medical technology industry)











IHI's general objectives

- IHI is working to enable the integration of technologies, know-how, product, services, and workflows for people-centred healthcare.
- IHI does this by facilitating collaboration between the key players involved in healthcare research

i.e., universities, companies in the biopharmaceutical, biotechnology, digital health and medical technology sectors, small and medium-sized enterprises (SMEs), patient organisations, regulatory authorities, health care professionals/providers, health technology assessment bodies, and health care payers.

The partnership aims to help keep EU citizens in good health, and decrease the disease burden for patients, caregivers and healthcare professionals.



Patient Engagement & IHI Patient Pool

Patients'/caregivers' participation in IHI activities is to bring a unique perspective based on their real-life experience with a disease, supporting and enhancing early & meaningful patient engagement in IHI to achieve its objectives.

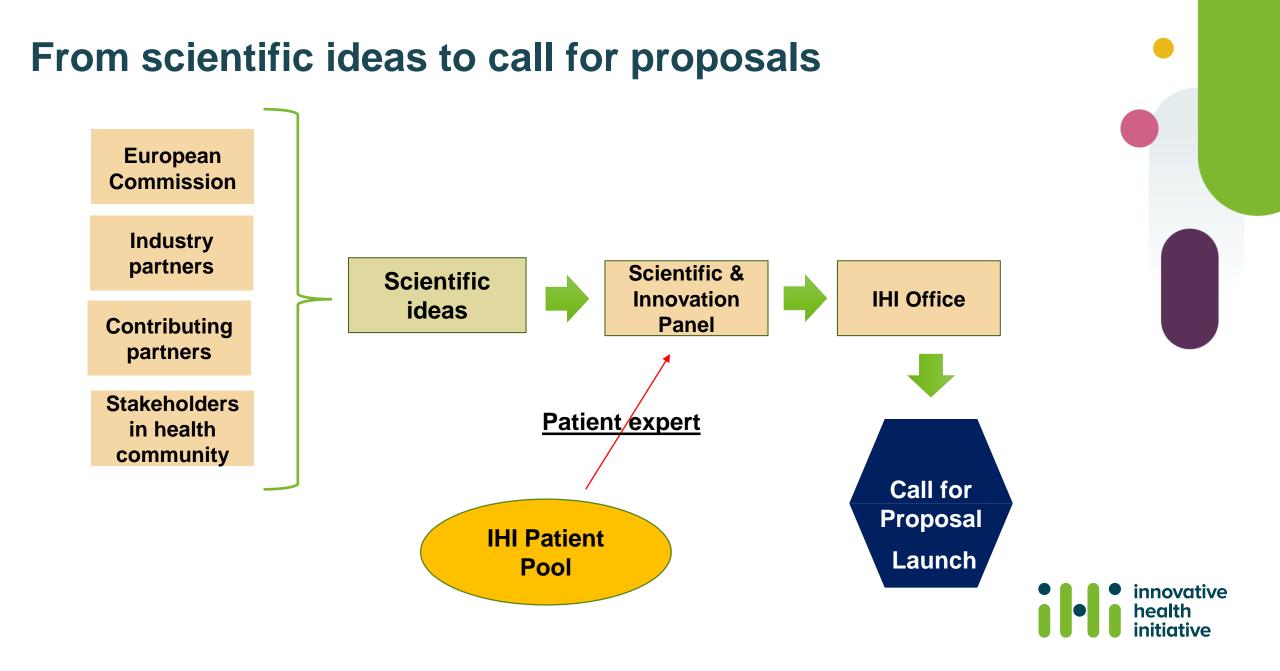
New call for expressions of interest

Purpose: select **patients/caregivers**, with a strong interest in fostering patient-centred innovation, to become **members of the IHI Patient Pool**

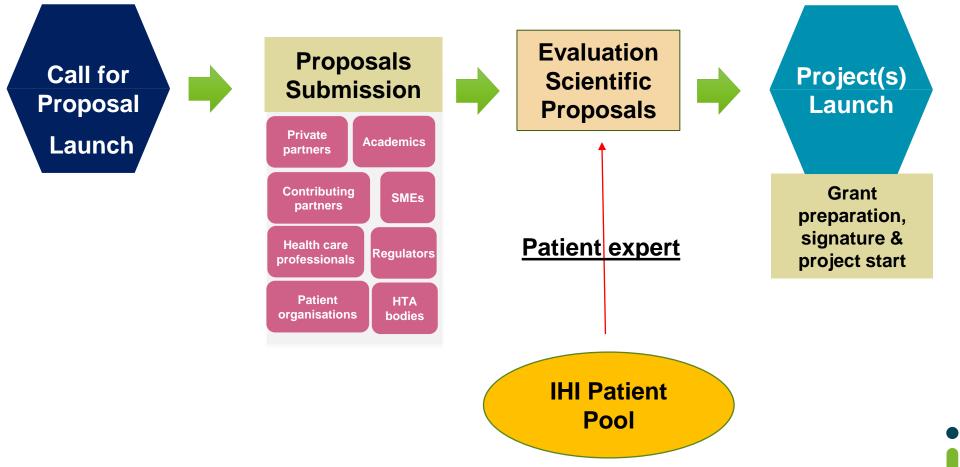


How does IHI work?



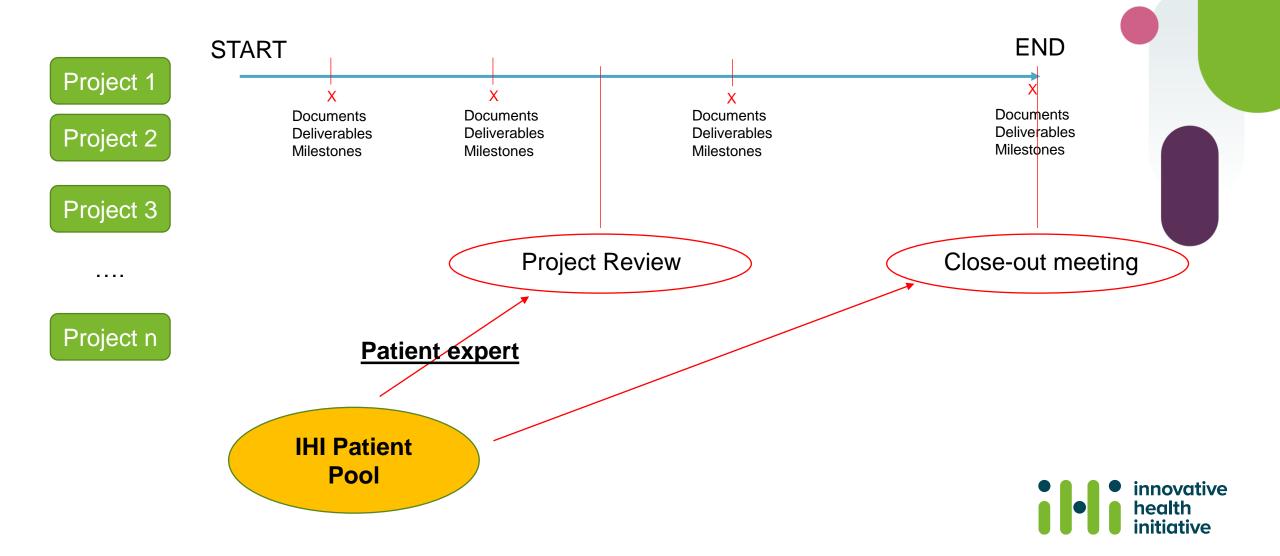


From call for proposals to launch of scientific projects





Scientific projects implementation & monitoring



Call for expressions of interest – IHI Patient Pool



Call for expressions of interest - Objectives

Select patients/caregivers to become members of the IHI Patient Pool

- Members of the IHI Patient Pool support IHI activities with their perspectives and experience:
 - participation in project close-out meetings, scientific events, webinars, or trainings organised by IHI alone or jointly with the IHI members or other EU bodies/initiatives, and <u>contribute to the</u> <u>discussions</u>
- When needed, **IHI may select members of the IHI Patient Pool** based on their knowledge and experience, and invite them to **act as patient experts** for:
 - participate in <u>panels/workshops</u> to provide advice on <u>scientific ideas</u> for future calls, or scientific portfolio strategy, annual scientific priorities, etc.
 - evaluation of scientific proposals
 - projects review

A member of the IHI Patient Pool who is invited to participate in an IHI activity, is always free to decide whether to accept the invitation.

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Call for expressions of interest – Eligibility Criteria

- Individuals must be either
 - a patient with a chronic and/or lifelong illness/condition, or
 - a family member/informal carer of a patient with a chronic and/or lifelong illness/condition
- Be resident of one the following groups of countries:
 - Member States of the European Union
 - <u>Third countries associated to Horizon Europe</u>

Possess a working knowledge of English.

At least at an upper intermediate level or B2 (based on the <u>Common European Framework of</u> <u>References for Languages</u>), is necessary.



Call for expressions of interest – Compulsory information

Applicants must indicate which of the following disease area is most relevant to them:

- Cancer
- Cardiovascular disease
- Metabolic diseases (metabolic syndrome, etc.)
- Diabetes
- Mental disorders
- Neuro-psychiatric disorders and brain diseases including pain
- Neurodegenerative diseases
- Musculoskeletal disorders
- Respiratory diseases
- Aging related disorders
- Paediatric diseases
- Inflammatory and Immune (and auto-immune) system diseases
- Infectious diseases (bacteria)
- Infectious diseases (viral)

- Rare diseases
- Disability and rehabilitation
- Reproductive and fertility disorders (endometriosis, uterine fibroids, pelvic inflammatory disease, polycystic Ovary Syndrome, etc.)
- Eating disorders (obesity, anorexia, bulimia)
- Nutritional diseases
- Endocrine disorders
- Haematological (blood) diseases
- Rheumatological diseases
- Ophthalmological (eye) diseases
- Dermatological (skin) diseases
- Transplantation
- Other



Call for expressions of interest – Additional information

Applicants are invited to state in the application form, where relevant, if they possess any of the following:

1. Knowledge and/or experience in using **telemedicine** applications/tools, mobile medical apps, or any other digital, remote, wearable technologies in medical healthcare (i.e. consultation, monitoring treatment).

2. Knowledge and/or experience in **reporting patient** experience, preference, outcome, etc.

3. Being a member of a **patient organisation**.

4. Knowledge and/or experience of **patient engagement** and/or **patient involvement** activities and/or experience of participating in **health or patient-centric meetings** organised for example by companies, patients' organisations, scientific projects, EU initiatives/bodies (i.e. European Commission, European Medicines Agency, IMI/IHI, EU agencies, etc.) or any other national/international health organisations.

5. Knowledge and/or experience of **IMI/IHI and its activities** (i.e. evaluating proposals, reviewing projects, participating close out meetings and webinars, etc.);

6. Knowledge and/or experience of **research and innovation activities** and/or public-private partnerships.

7. Knowledge of **health industries**, namely the pharmaceutical, medical technology, imaging and diagnostics, biotechnology, digital health and vaccine industries.

8. Knowledge of ethics and/or regulatory processes and/or experience of working/interacting with different stakeholders in medicines/medical device development and evaluation such as health technology assessment (HTA) bodies, regulators, payers, medical practitioners, etc.

- Motivation Letter



The application will not be disqualified if the additional information section is incomplete.

Call for expressions of interest – Reimbursement & Transparency

- Members of the IHI Patient Pool who are invited to participate in IHI activities will be entitled to reimbursement and allowances for certain activities.
 - **Patient experts** for the <u>evaluation of proposals or project reviews</u> will have the same contract as all other scientific experts: fixed fee of €450 per working day, plus the reimbursement of travel, accommodation, and subsistence expenses in case of in-person meetings.

They will be requested to **register in the European Commission register of experts**. Names of patient experts **will be published** on the general <u>Horizon Europe 'Funding and</u> <u>Tenders Portal'</u> as for the other scientific experts.

• Speakers at an IHI JU in person event: reimbursement of travel, accommodation, and subsistence expenses in line with the applicable IHI JU rules.

Allowances may be increased for **patients with disabilities**. If a patient requires an accompanying person when travelling is needed, IHI JU will also pay travel expenses and accommodation/daily allowances to the accompanying person.



Call for expressions of interest – Rules of engagement

- Once invited to contribute to a task/activity, patient experts should:
 - sign a declaration of <u>non-conflict of interest</u>,
 - act in their <u>personal capacity</u> for <u>short-term assignments</u> role on an occasional basis, with <u>no guarantee of a minimum assignment of tasks/activities</u> and the exact period during the year.
 - respect the confidentiality of the process and related documents
- Tasks/activities assigned may be carried out in person (IHI premises or where the event will take place) or remotely, using electronic communication tools (Webex, Teams, etc.)

The pool will remain active until 31 December 2026, subject to possible renewal by IHI JU

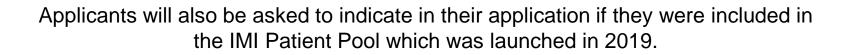


Call for expressions of interest – Application & Selection Procedure

 Patients/caregivers who want to be part of the IHI JU Patient Pool are invited to submit their expressions of interest via: <u>https://cloud.ihi.europa.eu/web/pool-of-patient-platform</u>

Deadline: 8th of June, 17:00 CEST / Brussels time.

- Expressions of interest must be completed in **English**.
- Only application submitted via the online application form will be accepted. All applicants will be requested to certify that the information contained in their application is correct and complete.
- Word version of the application form: to facilitate the process, applicants may download and use it to fill in the relevant information offline. Once ready, they can copy/paste each section in the online application form (<u>https://www.ihi.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023_WordForm.docx</u>) prior to formal submission.
- All applicants who meet the eligibility criteria and have provided in their application the compulsory information will be part of the IHI Patient Pool.





Call for expressions of interest – Data Protection

 All personal data will be dealt with in compliance with Regulation (EU) 2018/1725 of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC.

 For more information, candidates are invited to read the IHI JU Privacy Policy on Personal data protection: www.ihi.europa.eu/legal-notice-and-privacy



Important links



Important links

- Read all the **call-relevant material**:
 - https://www.ihi.europa.eu/about-ihi/who-we-are/ihi-patient-pool
 - <u>https://www.ihi.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/IHI_PatientPool</u>
 <u>CallApril2023.pdf</u>
- Link to apply online application form: <u>https://cloud.ihi.europa.eu/web/pool-of-patient-platform</u>
- To facilitate the application, use the **word document**: <u>https://www.ihi.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023_WordForm.</u> <u>docx</u>
- Ensure the eligibility criteria are met and all compulsory information requested in the call are provided
- Ensure that **all additional information** requested in the call are provided, when possibly, to allow the identification of the most suitable profile when patients'/caregivers' contribution to IHI activities is needed
- For any further information: **Patients@ihi.europa.eu**



Word document:

https://www.ihi.europa.eu/sites/default/fil es/uploads/Documents/About/PatientPo ol/PatientPool2023_WordForm.docx



Call for expressions of interest for the Innovative Health Initiative Patient Pool

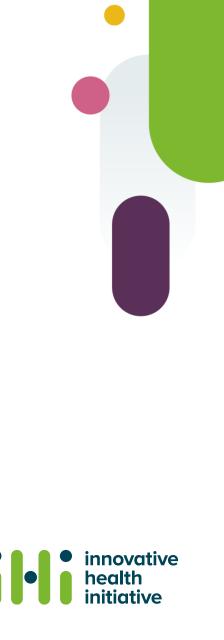
Important notice: If you want to submit an expression of interest to be part of the IHI Patient Pool, **you must** use this online form https://cloud.ihi.europa.eu/web/pool-of-patient-platform. The web form has 4 pages. Fields marked with an asterisk (*) are obligatory, and you must complete all obligatory fields in a page before moving on to the next page. You must complete the whole form in one go in order to submit it; you cannot save the form and come back to it later.

We therefore recommend you prepare your answers to the questions using **this word version of the form**. Once you are happy with your answers, you can simply copy and paste them into the online form and submit. We do not accept expressions of interest submitted via e-mail.

Personal Details

Title *	() Mr	() Mrs	() Ms	() Mx	() Dr	() Professor
Family name *		-				
First name *						
Gender *	() Male	()Fe	male () Non-bin	ary ()F	Rather not say
Address (including street	name and num	iber, post	code an	d city/reg	ion) *	
Country of residence *						
Phone number *						
E-mail address *						
Nationality *						
Date of birth *						
Occupation						
_evel of education *						
	() Post	graduate	educatio	on		
	() High	er educat	tion (Univ	ersity)		
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() Post-secondary education





Bold collaborations, transforming health

IHI Patient Pool

IHI Patient Pool



	Application form: Call for patients and caregivers 2023
Personal details Language skills Profile Declaration	
Personal details	
Title *	Select +
Family name *	
First name *	
Gender *	Male Female Non-binary Rather not say
Address (including street name and number, post code and city/region) *	
Country of residence *	Select -
Phone number *	
E-mail address *	
Nationality *	
Date of birth *	
Occupation	
Level of education *	Select -
Were you a member of the IMI2 JU patient pool established in 2019? *	Yes No
I am a *	Patient Family member/informal carer of a patient
Please indicate your disease/condition area of interest *	Select +
Please provide additional information on your disease/condition area of interest. For example here you can indicate a specific disease/condition eg.	
type 1 diabetes, Alzheimer's disease, Crohn's disease etc. *	

	Application form: Call for patients and caregivers 2023	
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* Select *		
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		→ Next

Innovative Health Initiative (IHI) - IHI Platform - Copyright 2023 IHI JU



Personal details Language skills Profile Declaration
Skills related to IHI's activities. Phase note that the information you provide in this section will enable the IHI Programme Office to identify the most suitable person for each task/assignment
1. Knowledge and/or experience in using telemedicine applications/tools, mobile medical apps, or any other digital, remote, wearable technologies in medical healthcare (i.e. consultation, monitoring treatment). *
Yes No
If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.
4000 characters remaining.
2. Knowledge and/or experience in reporting patient experience, preference, outcome, etc. *
Ves No
If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.
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4000 characters remaining.
3. Being a member of a patient organisation. "
Ves No
If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.
4000 characters remaining.
4. Knowledge and/or experience of patient engagement and/or patient involvement activities and/or experience of participating in health or patient-centric meetings organised for example by companies, patient organ national/international health organisations. *
Yes No
If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

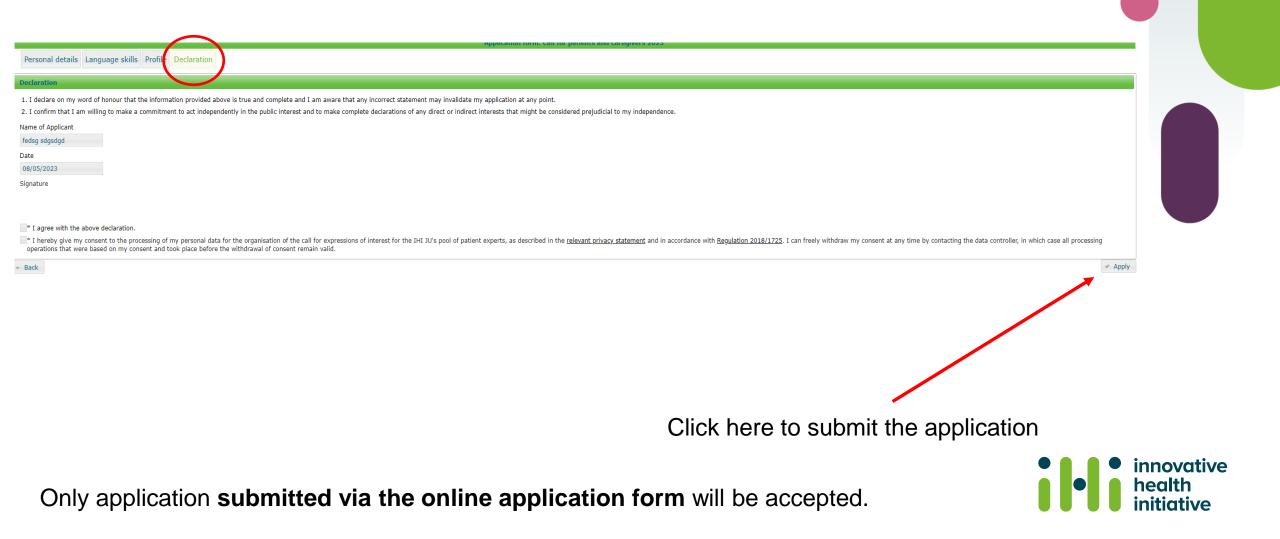
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5. Knowledge and/or experience of IMI/IHI and its activities (e.g. evaluating proposals, reviewing projects, attending close-out meetings and webinars, etc.). *

🔵 Yes 📃 No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.







Thank you for your attention

For any further information: Patients@ihi.europa.eu

ihi.europa.eu





S MedTech Europe from diagnosis to cure





Co-funded by the European Union