



European wide Innovation
Procurement in Health and Care

EURIPHI

23 June 2020

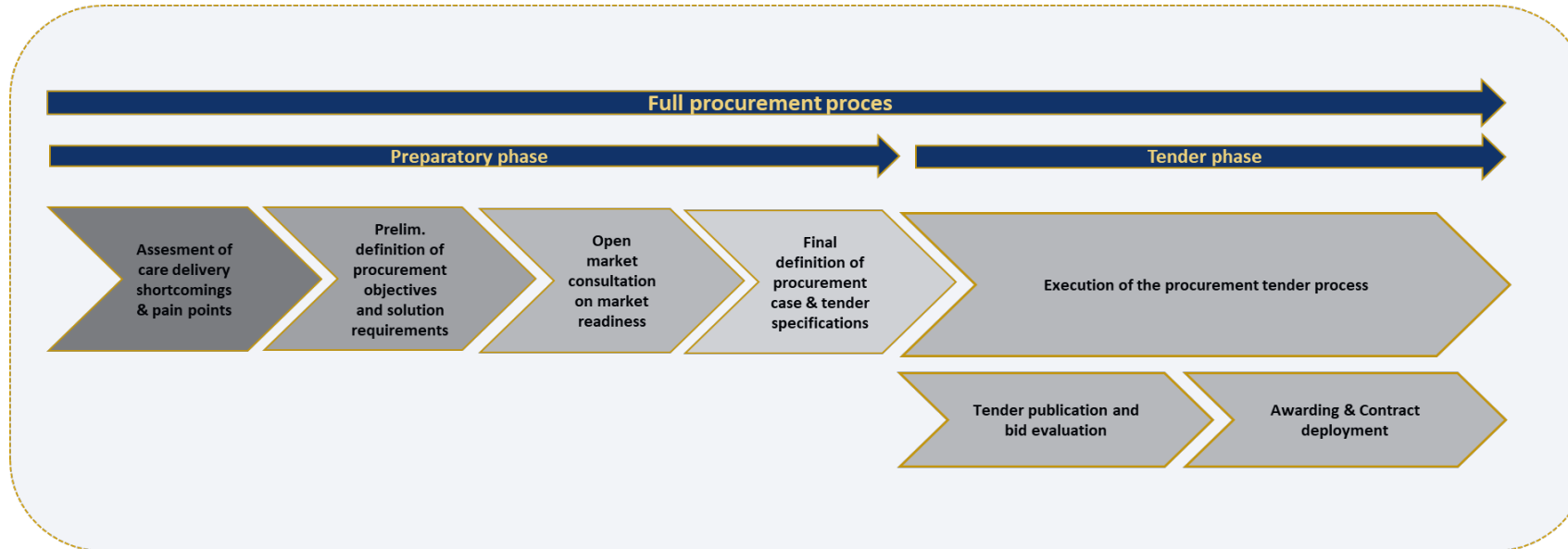
General meeting



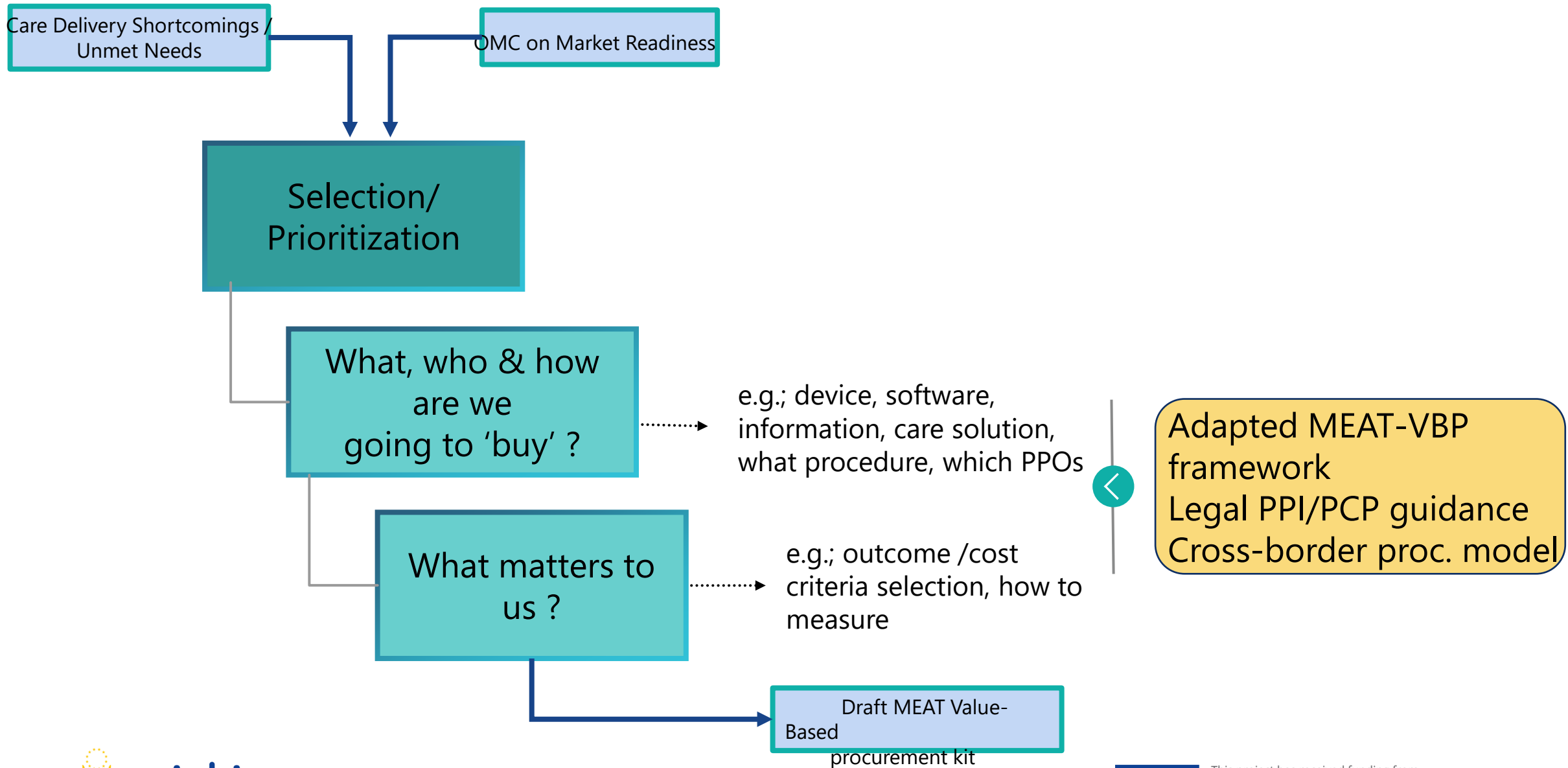
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EURIPHI advancing Cross-Border Value Based PPI/PCP to innovate care delivery in Europe

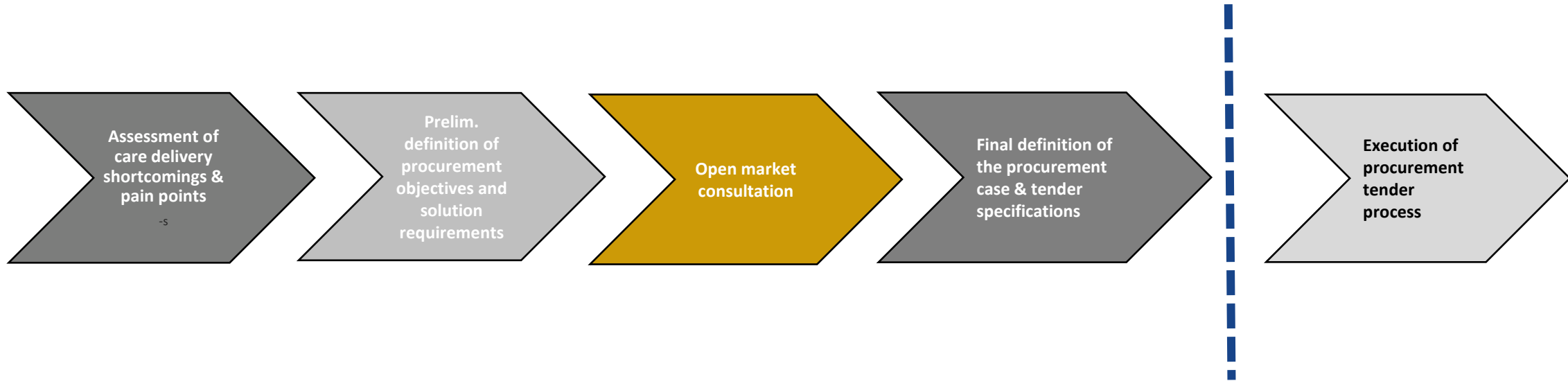
1. Preparatory phase in EU Value Based PPI/PCP



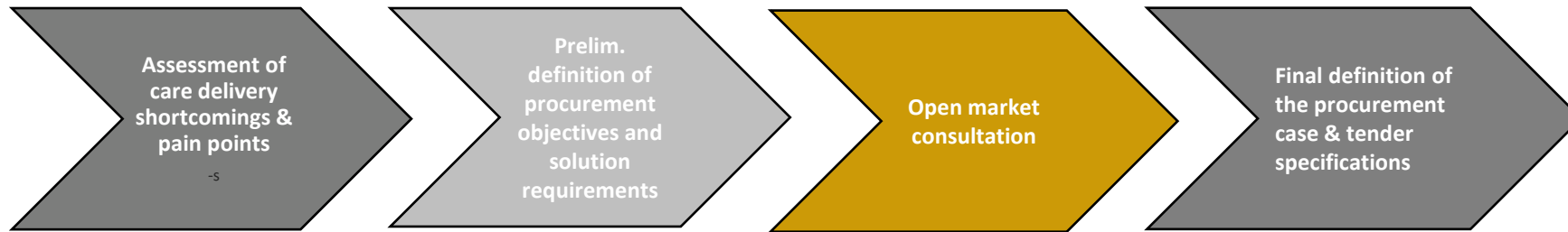
- Building blocks of a Value Based PPI/PCP Health Care approach
- Cross-border collaborative Procurement models
- Principles of cooperation and key learnings



Preparatory phase process steps



Building blocs



1. Description of the care delivery problem(s)/unmet need(s) (why)
2. Description of the subject matter and functional requirement (what)
3. PPOs' most important VBP-related awarding criteria from the (adapted) VBP framework (what matters)
4. Market readiness based on the OMC (who)
5. PPOs indicated interest per ICPO (who)
6. PPOs preferred procurement tender process (how)
7. Cross-border collaborative procurement model enabling localized decision-making (how) *

Public procurement

1. **EU Public Procurement Directive (PPD) governs the tender process of (most) healthcare public procurement and contracting bodies**
2. **EU's motive is to create an open, internal European market**
3. **EU and the PPD foster (cross-border) joint procurement to support efficient and effective procurement by:**
 - Joint response to common unmet health & social needs of European citizens
 - Dividing project leadership and -tasks among participants;
 - Exchanging know-how and market information;
 - Realizing increased demand volume and contract size:
 - Supporting the development of innovative solutions;
 - Opening up market/sales opportunities (in particular to start-ups and SMEs);
 - Lowering of prices as a result of increased buying power.

Constraints joint procurement (1)

1. Supply-side specifics and constraints

- Differences in national and regional product-, solution- & support offerings
- General lack of (supply) capacity to support full-size cross-border projects including the implementation of (innovative) solutions
- SMEs (often acting locally) lacking knowledge to access EU tenders and capacity to supply across borders – hindering participation in EU public tenders
- Creating excessive demand volume only to be delivered by limited number of suppliers - endangering competition
- Single supplier awarding impacting negatively on viability, g)

Constraints joint procurement (2)

1. Demand-side specifics and constraints

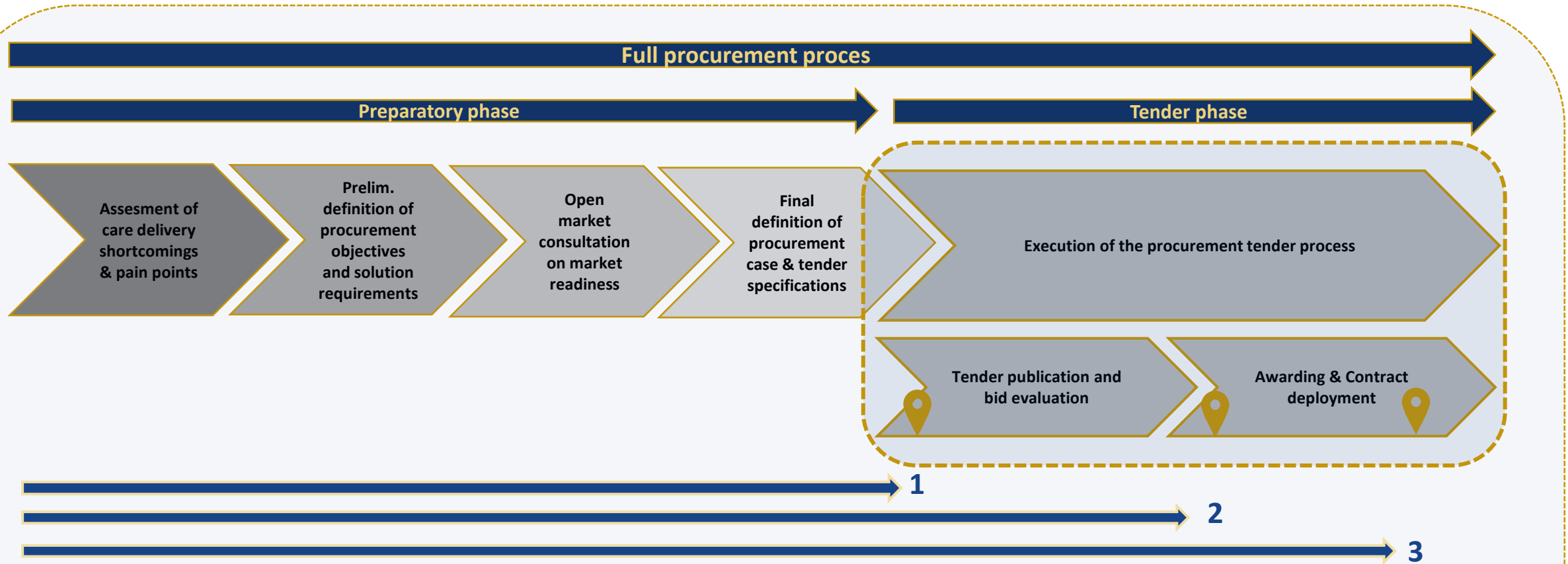
- Differences in context, exact (local) needs and prioritization by the participants in a joint cross-border project
- Differences in the national transposition of the PPD, local juridical regulations (contract law) and case law
- Difference in health care structure, payment & reimbursement models and organizational set-up
- Difference in language, culture e.g.
- Administrative burden

Cross-border collaborative procurement

Given the EU & PPD context of cross-border *joint* procurement and identified demand-/supply-side constraints,

up to which point in the full procurement process does it make sense to *collaborate* across borders ?

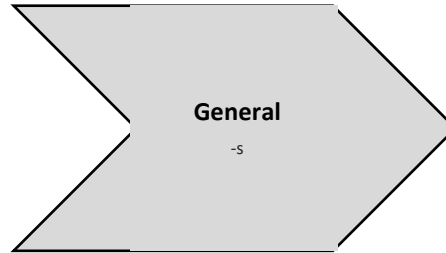
'Cross-border collaborative procurement model' enabling local decision making (1)



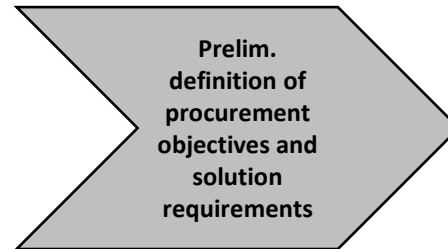
Preliminary consolidated key process learnings -preparatory phase



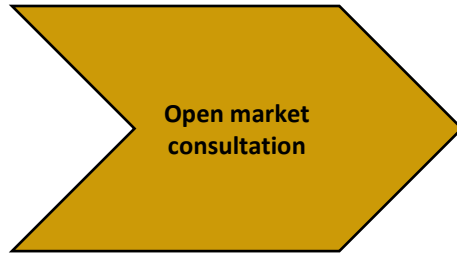
1. Multiple stakeholder involvement required
2. Involvement of end-user and patient
3. Mechanism to identify & prioritise unmet needs not in place
4. Common unmet needs; different prioritization across borders
5. Establishment of a network to align and set (regional) priorities



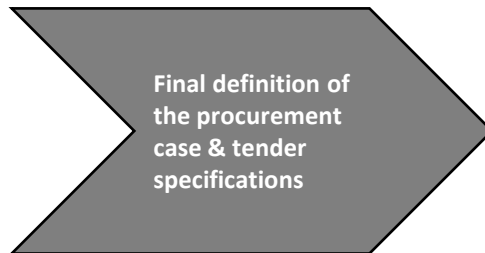
1. EURIPHI supportive in exchanging practises & building relationships
2. Positive consequences of cross-border collaboration
3. Cross-border collaboration means trans-national and trans-organisational
4. Transformation to VBP is crucial in gainiging better health outcomes
5. Cross-border VBP driver for innovative start- & scale-ups



1. VBP drives motivation to develop solutions with better health outcomes
2. Outcome data availability important necessity to enable sustainable shift towards VBP
3. Solutions on unmet needs typically transcend border of individual h/c providers
4. Strategic use of innovation procurement can help to tackle social/global challenges
5. MEAT-VBP framework provides solutions to solve patient's issues, instead of a product focus



1. Excellent opportunity for the (EURIPHI) partners to assess the market readiness on solutions to unmet needs
2. Excellent opportunity for suppliers to better understand h/c challenges and shortcomings
3. Market readiness provides important input to procurement procedure selection
4. Broad approach required to achieve a sufficient number of participants, including SMEs (TED-PIN+)
5. OMC to be well prepared when advanced in the preparatory phase



1. Funneled, collective approach leads to the procurement case definition answering 4 key questions: why, what, how, who
2. Supply & demand side constraints require safeguarding local decision-making
3. Project identified three modalities to safeguard this localised decision-making
4. Procurement procedures highly impacted by the assessed market readiness and selected cross-border modality
5. Full collaboration in the preparatory phase, applying the VBP framework and selecting a cross-border modality is of the essence in bringing positive consequences to both patients and health systems