

# **Expression of Interest to Become a HealthChain Leading SME**

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**Version no.2.0 (January 2024)**

## General details

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<b>Project Title</b>	Boosting value chains in Health at regional and EU level
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### Disclaimer

HealthChain project is funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Innovation Council and SMEs Executive Agency (EISMEA). Neither the European Union nor the granting authority can be held responsible for them.

## History of changes

Ver.	Date	Content
1.0	04/01/2024	First version
2.0	30/02/2024	Second version. The framework for the Intellectual Property Rights have been described in response to the questions received by the applicants. Page 17-18.

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# 1. Introduction

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This document explains the scope of the HealthChain call for Expressions of Interest to become a leading SME defining the terms and conditions and detailing the expected work to be performed by the selected SMEs (IT companies).

All the information is available at <https://healthchain-i3.eu/leading-sme/>

## 1.1. The I3 instrument

HealthChain is a European project funded by the [I3 Instrument](#) under Strand 2a. I3 provides advisory and financial support to innovation projects in joint smart specialisation areas on the road towards commercialisation and scale-up. Strand 2a focuses on increasing the capacity of regional innovation ecosystems in less developed regions to participate in global value chains, as well as the capacity to participate in partnerships with other regions.

## 1.2. Healthchain - Boosting value chains in Health at regional and EU level

HealthChain, is a project funded through the I3 Instrument that brings together the public and private sectors in the regional ecosystems to develop demand-driven digital health solutions through co-creation between Healthcare Organisations (HOs) and IT companies.

HealthChain proposes an innovation model that is demand-driven, co-creative, geared to adoption and ecosystem enabled to complement current instruments. The project aims to develop health solutions meeting existing needs that will improve the quality of the health services for the citizens.

HealthChain builds up on top of five regional ecosystems from different EU countries: **Murcia (Spain), Centro (Portugal), Western (Slovenia), Primorsko-Goranska (Croatia)** and **East Netherlands (The Netherlands)**. The interregional component provides a unique opportunity to cross-fertilise actual instruments and facilitate the market uptake of the solutions developed.

### 1.2.1. Healthchain Ecosystem Regions

HealthChain model will be implemented and validated in 5 regional ecosystems based on local quadruple-helix connections from different EU countries. Each region brings together the same structure of roles:

- Healthcare organisation (HO) with the role of Challenge identifier that proposes the needs and pilots the co-creation of the proposed solutions in their premises.
- IT Companies (Solvers) with the role of solvers with expertise in IT/digital technology.

- Regional Ecosystem Supporter (ES) as business support experts for the IT companies but also leading the connection between cross-border regions.

Within HealthChain, each healthcare organisation is already co-creating one or two innovative solutions with the regional IT companies from the consortium. Additionally, two challenges have been proposed following a demand-driven approach by the healthcare organisations to be solved by two SMEs outside the consortium. Therefore, through this Expression of Interest, HealthChain is looking for 10 regional SMEs that will be leading the development of the solutions to tackle the challenges proposed by the healthcare organisations. The 10 challenges are described in section 2.4.

Healthchain Ecosystem Regions at a glance:

- **Murcia, Spain:** Servicio Murciano de Salud (SMS) is the regional healthcare provider, in charge of public healthcare in Murcia. Manages 9 health areas, with a total of 10 public hospitals, more than 280 primary care centres and medical offices and 3 specialized centres. It provides healthcare to 1.5 million people. The IT companies that are already co-creating an innovative solution with SMS are Evidenze (formerly Pulso) and Aicrum. Ticbiomed, as the regional cluster on digital health, will provide support on the scale up of the solution co-created.
- **Centro, Portugal:** Centro Hospitalar e Universitário de Coimbra (CHUC) is the largest health institution in Portugal, consisting of the Coimbra University Hospital, the General Hospital, the Coimbra Pediatric Hospital, two Maternity Hospitals and a Psychiatric Hospital. CHUC is jointly co-creating a digital infrastructure with Promptly. Instituto Pedro Nunes will be fully involved not only in the regional support, but also in the overall definition of the business support strategy for all the HealthChain partners, with a special focus on the internationalisation.
- **Western, Slovenia:** The Surgical Centre Rožna Dolina (KSRD) is the first private surgical clinic in Slovenia. It was designed as a self-paying hospital that offers its patients higher standards of care and accommodation. During the years of operation, they also obtained concessions from the Ministry of Health for its activities. KSRD is co-creating a solution together with Health Lord supported by Parsek technical and business expertise. Slovenian Innovation Hub (SIH EEIG), as Digital Innovation Hub, will make sure to bring on board all the regional Ecosystem.
- **Primorsko-Goranska, Croatia:** Klinički bolnički centar Rijeka (KBCRI) is one of five clinical hospital centers in Croatia and it is the main one in this region. The medical services provided cover three counties, for approximately 600,000 inhabitants. KBCRI is currently co-creating two solutions, one of them with Rinigard, and the other one with Verso Altima Group. Sustainable Solutions (GIU) will coordinate the overall regional activities while ensuring the

monitoring of the quality of the implementation of the HealthChain planned actions.

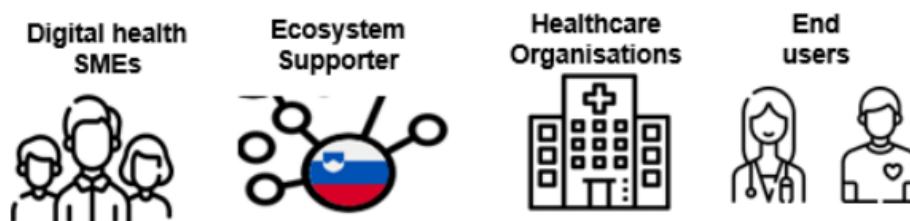
- **East Netherlands (The Netherlands):** Rijnstate is a top clinical teaching hospital in the Netherlands and offers inpatient and outpatient services in 29 medical specialties, as well as emergency care, with a special focus on oncology, immunology, vascular care, and vulnerable elderly. Rijnstate is co-creating a solution with Philips and other Dutch IT company. Oost NL – East Netherlands Development Agency, as the regional development agency, will oversee the regional activities while focusing on enlarging the HealthChain Community of Practise (CoP).

### 1.2.2. Main objectives

1. Establish and validate a value-chain model that interconnects regional stakeholders to promote demand-driven innovation and resulting in systematically co-created digital health solutions geared for adoption.
2. Boost the competitiveness of the IT companies with mature solutions, facilitating the scaling and uptake of their solutions at local, European and international level.
3. *Support a wider pool of third-party SMEs with less mature health solutions (TRLs 6-7) to co-develop and pilot solutions under real-world conditions.*
4. Create a sustainable Community of Practice of EU regions, that sustainably maintain and exploit the proposed value-chain model with their own resources beyond the duration of the project.
5. Promote the digital transformation of healthcare organisations by improving the delivery of valuable, user-friendly and cost-effective services to patients and citizens.

### 1.2.3. Expected outcome

- Innovative investments across borders (TRL 6-9) for digital health solutions, for the acquisition of skills in digital transformation.
- 15 digital health sub-projects, interlinking five regional ecosystems each with 1 Healthcare Organisation, IT companies (3 to 4), 1 regional Ecosystem Supporter.



**Figure 1. An ecosystem in HealthChain**



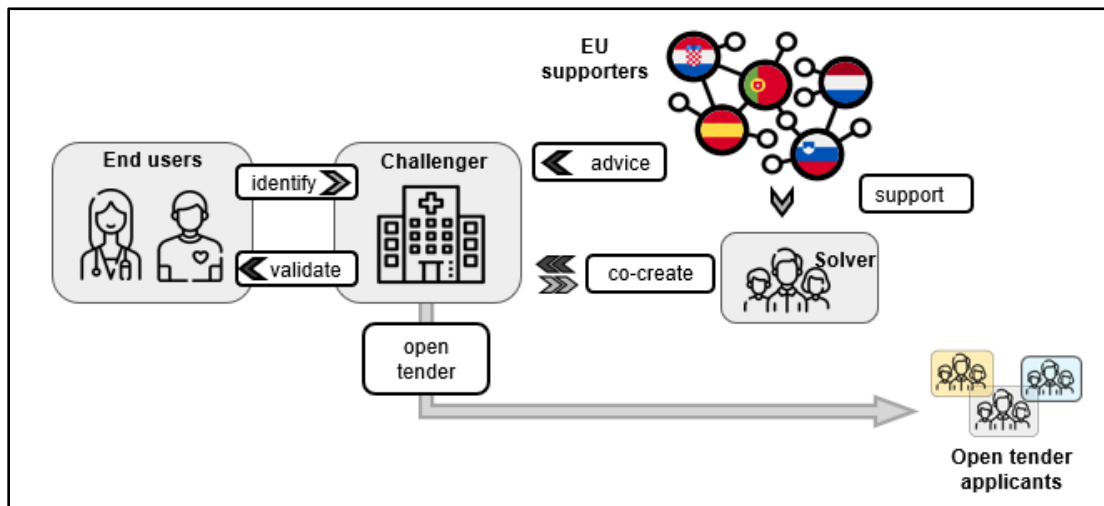
### 1.2.4. The Interregional Innovation Investments (I3) in HealthChain

The value chains forged in the 5 HealthChain regions are based on local quadruple-helix connections. The regional ecosystems are then interwoven via cross-border collaborations. Also, the combination of local and cross-border value chains is geared to untap further investments in digital health innovation where the public and private sectors from different countries can work together. By applying a demand-driven and co-creation approach, health entities' will increase the capacity to systematically identify and solve their needs while creating opportunities for private companies.

### 1.3. Award ten interregional couples of SMEs to solve a healthcare challenge

HealthChain proposes a model that is demand-driven, co-creative and geared to adoption. It aligns the regional stakeholders in solving the identified needs of the demand side (called Challengers) and their end-users.

1. The Challenger (the HO in this project) co-creates an innovative solution with Solvers (the IT suppliers).
2. Supporters (clusters and business associations in this project) deliver advice and support to Challenger and Solvers.
3. Since the Challenger commits to adopt the successful innovation, it launches an acquisition process in an open tender.



**Figure 2. The HealthChain model**

Each HO has selected two unmet needs involving end users. Each need must be solved by a team of two SMEs. The leading SME (leader) will be from the same country of the HO organisation proposing the need. This is to ensure know-how within the local context and avoid language barriers, which is key in healthcare as professionals and patients typically can only communicate in the local language. To foster the interregional component, the second SME (follower) from another

consortium region will team up with the leader to solve the challenge and gain market access to a new country. The leader is selected from a Call for Expressions of Interest and become partner of the HealthChain consortium, thus a grant beneficiary, with all related rights and obligations. The follower SME will be awarded through an open call using Financial Support for Third Parties (FSTP)<sup>1</sup>.

Co-creation is conducted under real-world conditions, in close collaboration with end users, and evaluated at the pilot's end. In addition, the SMEs will work on their go-to-market strategy and receive business support from their ecosystem support.

**HealthChain is looking for 10 leading SMEs. We will select a leading SME for each of the 10 challenges that will lead the co-creation of the solution to cover the unmet need identified by the healthcare organisation. Each Healthcare Organisation will jointly co-create the solutions with the selected 2 SMEs. The 10 IT companies will become full partners of the HealthChain Consortium, receiving tailored training and funding.**

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<sup>1</sup> [Cascade Funding Calls / Financial Support for Third Parties \(FSTP\)](#).

## 2. Expressions of Interest

The key information about the expression of interest is summarised in the table below and further explained in the following sections:

<b>Who can become leading SME?</b>	<p>Small and medium-sized enterprises (SMEs)<sup>2</sup>.</p> <p>Other eligibility criteria may apply as described in section 2.3.</p> <p>SME must be located within the same country as the Healthcare Organisation proposing the need.</p>
<b>How to Express interest?</b>	<p>Fill in the proposal template and the budget breakdown. Then, upload them on the <a href="#">EU Survey online form</a> by completing the fields required.</p>
<b>Timeline to express interest</b>	<p>The expression of interest will be open until the 16<sup>th</sup> of February 2024 at 17:00 Central European Time (CET).</p>
<b>Funding available</b>	<p>Up to 81.320 EUR budget (70% reimbursed by the European Commission) per selected SME distributed in personnel costs, travel and subsistence and indirect costs. For more details, please refer to the budget section (3.4).</p>
<b>Number of leading SMEs</b>	<p>10 leading SMEs (2 leaders per region; a leader per challenge) will be selected and become partners of the HealthChain consortium.</p>

**Table 1. The expression of interest in a nutshell**

### 2.1. Objective of the expression of interest

The Expression of Interest aims to select and fund 10 SMEs to co-create pilots addressing the specific innovation needs identified by healthcare organisations. These companies will join the HealthChain project that offers funding support, expertise, and connections, to the co-creation and piloting of solutions in order to untap further investments in digital health innovation where the public and private sectors from different countries can work together and deliver better and more efficient services to citizens.

<sup>2</sup> Small and medium-sized enterprises (SMEs) will be prioritised over other type of companies, for proposals above the threshold.

## 2.2. Benefits to become a leading SME

Selected companies who become a leading SME will:

- Co-create and pilot an innovative solution for a challenge identified by a healthcare organization.
- Get business support from the ecosystem supporters and others IT companies within the consortium.
- Access funding up to 81.320 EUR (70% reimbursed by the European Commission).
- Network with other European SMEs and explore opportunities for forthcoming projects.

## 2.3. Who can express interest?

### 2.3.1. Type of beneficiaries and eligible countries

According to the I3 instrument rules<sup>3</sup>, to be eligible, the applicants must:

- be preferably Small and medium-sized enterprises (SMEs). Note that Small and medium-sized enterprises (SMEs) will be prioritised over other type of companies, for proposals above the threshold. However, other type of companies can also apply to the HealthChain Expression of Interest.
- be established:
  - within the same country as the Healthcare Organisation proposing the need: Spain, Portugal, Slovenia, Croatia and Netherlands.

### **Small and Medium-Sized Enterprises (SMEs) definition**

An SME will be considered as such if it complies with the European Commission Recommendation 2003/361/EC21 and the SME user guide. As a summary, SMEs are enterprises which:

- a) employ fewer than 250 persons; and
- b) have either an annual turnover not exceeding EUR 50 million or an annual total balance sheet not exceeding EUR 43 million.

Start-ups that do not have an annual turnover or balance sheets yet, are also considered eligible given that they fulfil the criteria (a) and (b) of section 2.3.1 at submission time.

In case an SME is awarded, it will remain eligible even if, at a certain point during the execution of HealthChain activities, it does not fulfil criteria (a) or (b) of section 2.3.1.

### **Eligible countries**

HealthChain is looking for SMEs based within countries **that are already represented in the HealthChain consortium**, i.e. Spain, Portugal, Slovenia, Croatia and Netherlands. The objective is to ensure know-how within the local context

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<sup>3</sup> [https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/i3/wp-call/2021/call-fiche\\_i3-2021-inv2a\\_en.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/i3/wp-call/2021/call-fiche_i3-2021-inv2a_en.pdf)

and avoid language barriers, which is key in healthcare as professionals and patients typically can only communicate in the local language.

Selected companies become part of the HealthChain consortium. As a result, the consortium is enlarged with 10 additional partners.

### 2.3.2. Additional conditions

In addition, the following conditions apply:

- The applicants should not:
  - have convictions for fraudulent behaviour, other financial irregularities, unethical or illegal business practices.
  - have been declared bankrupt or have initiated bankruptcy procedures.
  - be under liquidation or an enterprise under difficulty accordingly to the Commission Regulation No 651/2014, art. 2.18.
  - be excluded from the possibility of obtaining EU funding under the provisions of both national and EU law, or by a decision of both national or EU authority.

## 2.4. 10 challenges proposed by HealthChain

Challenger	Region	Challenge acronym	Challenge short description	Full description
Servicio Murciano de Salud (SMS)	Murcia (Spain)	KéKontrol!	Interdialysis potassium level intensive monitoring	<a href="#">Link</a>
		PASPADOC	Empowering patients with chronic pain through digital solutions	<a href="#">Link</a>
Centro Hospitalar e Universitario de Coimbra (CHUC)	Centro (Portugal)	Reabilitar@mente	Effectiveness of cognitive rehabilitation programs for hospitalized elderly people	<a href="#">Link</a>
		RecoMed	Reconciliation of medication in digital format from the list of	<a href="#">Link</a>

			usual medications for patients admitted to the Plastic Surgery and Burns department	
Kirurski Sanatorij Rozna Dolina, Ljubljana (KSRD)	Western (Slovenia)	HIPRO	Improving patients' safety and empowerment after fast-track hip surgery	<a href="#">Link</a>
		MEPRO	Improving patient safety by assessing mental distress after surgery	<a href="#">Link</a>
Klinicki Bolnicki Centar Rijeka (KBCRI)	Primorsko-Goranska (Croatia)	FallPredict	Real-time patient monitoring during independent movements in the Hospital	<a href="#">Link</a>
		MedLink	Facilitating communication between specialists and family doctors in remote areas	<a href="#">Link</a>
Stichting Rijnstate Ziekenhuis (RST)	East Netherlands (The Netherlands)	Digicare-Aware	Creating awareness amongst healthcare professionals about the necessity and possibilities of remote patients monitoring and the Virtual Care Center	<a href="#">Link</a>
		DELSIS	Determining the extent of lifestyle support that a patient needs to	<a href="#">Link</a>

			stimulate their self-management	
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**Table 2. Challenges proposed by HealthChain**

## 2.5. How to express interest?

The Expression of Interest has been launched through the HealthChain project website comprising the 5 regional sub-calls to ease the open call management process.

To express interest, please submit the following information before the deadline:

- **Proposal template.** Download the Leading SME proposal template from the [HealthChain website](#) and fill in by including the information requested. You should submit a proposal to the expression of interest describing your solution to cover the unmet need and the scope of work that would need to be performed by the FSTP SME.
- **Budget breakdown.** A simplified budget template (Excel file) must be fulfilled by completing the budget breakdown which includes personnel costs, travel and subsistence and indirect costs. This template is also available in the HealthChain website.
- **Online form.** Once both the proposal template and the budget breakdown are fulfilled, access the EU Survey online form to complete the required fields and upload both documents: the proposal (in pdf format) and the simplified budget (Excel file).

Only proposals submitted through the EU Survey tool at <https://ec.europa.eu/eusurvey/runner/HealthChainFoISMES2023> and within the Expression of Interest duration will be accepted. Proposals submitted by any other means, will not be evaluated. Only the documentation included in the online form will be considered by evaluators. It will be composed by a proposal template with technical questions and a simplified budget document to be attached directly to the online form. The information provided should be actual, true and complete, and should allow the assessment of the proposal.

## 2.6. Selection of leading SMEs

The HealthChain consortium, led by its coordinator, [Ticbiomed](#), will evaluate and select the best leading SMEs based on the following criteria:

- **Excellence (30%):** extent that proposed solution is ambitious, has innovation potential, and is beyond the state of the art, enhancing the innovation capacity and the integration of new knowledge & the implementation of such innovations to the market.
- **Alignment (25%):** the extent to which the solution is aligned with the targeted challenge, notably its compulsory requirements.
- **Exploitation commitment (20%):** extent to which the proposal demonstrates that the SME is committed to exploit the solution beyond the project, developing a dedicated commercialization strategy.

- **Implementation & value for money (25%):** appropriateness of the pilot planning and budget associated with each phase. Appropriateness of the resources to implement the pilot and experience of team members in the challenger’s sector.

HealthChain will score each award criterion on a scale from 0 to 5 (decimal and centesimal point scores may be given):

0 = Proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.

1 = Poor: criterion is inadequately addressed or there are serious inherent weaknesses.

2 = Fair: proposal broadly addresses the criterion, but there are significant weaknesses.

3 = Good: proposal addresses the criterion well, but a number of shortcomings are present.

4 = Very good: proposal addresses the criterion very well, but a small number of shortcomings are present.

5 = Excellent: proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

For each criterion, the minimum threshold is 3 out of 5 points. The overall default threshold, considering the sum of the individual scores is 12. That means if a proposal receives less than 3 in one criterion or less than 12 in the overall score it is automatically rejected.

The 10 selected proposals to become leading SME will be invited to sign the Grant Agreement and Consortium Agreement. The Grant Agreement is the contract between the HealthChain partners and the granting authority, that sets the framework for the grant and its terms and conditions, in particular concerning deliverables, reporting and payments. The Consortium Agreement is the internal contract among the HealthChain partners.

## 2.7. Timeline to express interest

	Date
<b>Deadline to express interest</b>	16 <sup>th</sup> of February 2024 at 17:00 Central European Time (CET).
<b>Communication of results</b>	March 2024
<b>Grant Agreement and Consortium Agreement signature</b>	March 2024

**Table 3. Expression of Interest Timeline**



## 3. Becoming a leading SME

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### 3.1. Work to be done by a leading SME

- **Understanding the challenge requirements and co-creating a solution.** Each leading SME should be able to closely work with a Healthcare Organization (HO) and the follower SME for the co-creation of the innovative solution to cover the unmet need previously identified by the challenger.
- **Participating in the selection of the follower SME.** The leading SME will have to develop a plan of activities to be developed by the follower SME, disseminate the call for follower SMEs, attracting suitable applicants, and participate in the selection process, following competitive calls transparency principles.
- **Deploying the pilot.** Once the solution is developed, the team of SMEs should pilot their TRL 6-7 technology within the HO premises under real-world conditions, in close collaboration with end users, and evaluated at the pilot's end.
- **Develop a go-to-market strategy.** Selected SMEs should develop a go-to-market strategy with the support of HealthChain experts.

### 3.2. Support services received

SMEs will get expert support on business modelling and market insights, and the access to networks and resources. This support is led by the ecosystem supporters (Ess), complemented by the consortium companies, in particular [Philips](#) (The Netherlands) and [PARSEK](#) (Slovenia).

SMEs are not expected to commercialise their solution during the pilot lifetime, they are asked to gather market intelligence at (inter)national level, draft a business model canvas, validate their main hypothesis and consider these wider insights in the design of their solution. The ESs also lead, in collaboration with the IT companies, the delivery of expert support on business modelling, access to private funding, and go-to-market strategy.

This support is delivered in recorded master-class type of sessions, and at least 3 one-to-one sessions led by an ES assigned to them, who track progress and solve questions. Their advancements and go to market strategy are part of the FSTP report delivered at pilot end.

### 3.3. Activities to be funded

#### 3.3.1. Pilot co-creation

Leading SME is expected to jointly collaborate with the follower SME for period of 12 month to implement the solution/pilot to address the Challenge presented by the Challenger, notably by:

- Implementing a round of co-creation sessions bringing together healthcare organisation and SMEs personnel, for co-developing a joint solution.
- Piloting the co-created solution in a real environment to test its functionality and assess its effectiveness.
- Development of a go-to-market strategy and participating in business support sessions.

### 3.4. Budget of a leading SME

The selected leading SMEs that will become partners, will receive the below budget of 81.320 euros, funded 70%.

The proposed breakdown is the following, but modifications are possible if the selected SMEs deem it necessary and the HealthChain coordinator agrees:

- 72.000 EUR budget for personnel costs.
- 4.000 EUR budget for travel and subsistence.
- 5.320 EUR budget as indirect costs (7% flat rate over direct costs).

As in all EU project, to be considered eligible the costs in all the categories must be fully paid to receive an overall payment of the 70% of the budget.

A prefinancing payment will be made available to the awarded SME by the start of the implementation.

COSTS PER WORK PACKAGE											
	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons  a1 - a2	A.4 SME owners  a3	C. Purchase costs					D. Other cost categories  D.1 Financial support to third parties  d1	E. Indirect costs  e = flat-rate * (a1 + a2 + a3 + a5 + b + [c1a + c1b + c1c] + c2	Total	70% funding
			C.1 Travel and subsistence  c1	C.1 Travel  c1a	C.1 Accomodation  c1b	C.1 Subsistence  c1c	C.2 Equipment  c2				
LSME 1	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 2	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 3	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 4	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 5	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 6	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 7	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 8	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 9	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
LSME 10	72.000,00		4.000,00	1.680,00	1.280,00	1.040,00			5.320,00	81.320,00	56.924,00
	720.000,00		40.000,00	16.800,00	12.800,00	10.400,00			53.200,00	813.200,00	569.240,00

Figure 3. Budget breakdown

### 3.5. Intellectual Property Rights

The ownership of results is regulated by contract, the consortium agreement. The general rules are that each party retains ownership of the Intellectual Property Rights attached to their background (what they bring to the project), and, regarding the foreground (what is generated during the project), the results are owned by the party

that generates them. For joint results, the terms of Intellectual Property Rights must be mutually agreed. In addition to the consortium agreement, a Pilot Action Plan will be signed upon by the Leading SME, follower SME and the Healthcare Organization prior to the co-creation process, detailing the scope of work, expected results and ownership of those results.

As a rule, Healthcare Organizations are not interested in the Intellectual Property Rights to commercialise the solution, but to explore potential benefits arising from their involvement in the co-creation process. For instance, in the event of a successful pilot, if the Healthcare Organization decides to continue utilizing the solution beyond the HealthChain project, to benefit from a preferential pricing. This acknowledgment stems from the clinical insights contributed by the Healthcare Organization to enhance the solution. This will be discussed case by case. Check each challenge description for the specific conditions per region.

### 3.6. Implementation timeline

The tentative timeline for the co-creation process would be the following:

	Date
<b>Selected leading SMEs sign Grant Agreement and enter the project</b>	March 2024
<b>FSTP Call open to recruit follower SME</b>	March to May 2024
<b>FSTP Call – Evaluation of follower SMEs proposals</b>	June 2024
<b>Selected following SMEs sign Sub-grant Agreement</b>	July to August 2024
<b>Leading SME and follower SME sign co-creation Agreement and develop a Pilot Action Plan with the healthcare organization and ecosystem supporter</b>	September to October 2024
<b>Pilot deployment</b>	September 2024 to August 2025 (12 months)

**Table 4. Implementation Timeline**

Times may vary depending on the project implementation.

## 4. Additional information

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All the information is available at <https://healthchain-i3.eu/leading-sme/>  
If you need further information, please contact the HealthChain coordinator.

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