



Whitepaper: **iRaise Education Programme**

**A Practical Case Of Industry
Alliance For Education To Boost
High Value Care Transformation
Through Innovation Adoption**

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With acknowledgement

iRaise Education Programme:



iRaise Alumni representatives:



iRaise Industrial and Institutional Alliance - I3A:



Supported by:



How to cite this report: Alessandrello R., Meis U., Traver V. et al. (June 2022): White Paper: iRaise Education Programme - a practical case of industry alliance for education to boost high value care transformation through innovation adoption

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Introduction



Industry invests in research and development for several reasons as aiming to improve processes and business activities, increase in efficiency, achieve better results in a competitive market or transfer the generated knowledge into practice and into market and this is when innovation comes onto the stage. Unfortunately such investments are not always a guarantee that the developed innovations, the developed knowledge reaches the market.

This document describes how I3A supports the adoption of innovation in healthcare systems through iRaise Education Programme. I3A stands for iRaise Innovation Institutional & Industry Alliance.

iRaise is an education programme that targets multidisciplinary teams of professionals from healthcare organizations and provides them with the skills and knowledge to tackle their unmet needs, frame the possible solutions and pick the right vehicle that best fits them towards adopting innovation while guaranteeing future sustainability and high value care delivery. iRaise, short name of “Upskilling Professionals for efficient and fast Adoption of Innovation in Health care Settings”, started in 2020 with the brand name of UP-raIHSe and with co-funds from EIT Health that continued during 2021 edition and now is moving on a self-funded basis. A solid consortium of public and private entities experienced in different aspects and phases of innovation adoption is behind iRaise (Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Universitat Politècnica de València (UPV), Instituto Pedro Nunes (IPN), Servicio Madrileño de Salud (SERMAS), European Health Management Association (EHMA), RISE Sweden Research Institutes, TicBioMed) that counts with the



support of EIT Health, established in 2015, as a ‘knowledge and innovation community’ (KIC) of the European Institute of Innovation and Technology (EIT). The idea behind the EIT Health KIC is that innovation flourishes best when the right people are brought together to share expertise. The so called ‘knowledge triangle’ owes its shape to the collaboration of business, research and education aiming at the creation of the optimal environment for the generation of innovation.

On the other hand, I3A is the link between industry and the iRaise programme. I3A is intended to serve as vehicle for industry to establish new ways of collaboration, to increase efficiency in the adoption of innovation and, overall, to make a positive impact on society.



This document proposes a path for collaboration between the market of education programs for practitioners in innovation adoption and industry players. Thanks to the experience of iRaise lectures, mentors and the I3A community, the participating teams are shown the path to follow once they have identified the challenges they want to address, going through the definition of the relevant unmet needs behind the identified challenges and the selection of the most appropriate vehicle to enable the development of the innovation aimed to ultimately address the defined needs and eventually to be adopted.

The structure of the document is as follows:

Section 1 describes, from a more theoretical point of view, the possibilities for the adoption of innovation through education programmes such UP-rAIHse and iRaise, and the way the knowledge transfers from an academic programme into practice, taking real cases as examples of challenges and problems to solve.

Section 2 offers a detailed explanation of iRaise methodology, objectives and goals, as well as its impact in both sides, demand and market. The paper presents an overview of different important aspects of education, innovation, and links between healthcare organizations and industry as based on iRaise partners' experience. iRaise Education Programme and I3A hope that this white paper represents the first seed for a fruitful collaboration between the two.

Section 3 offers a detailed selection of the results and impact of the two past editions: UP-rAIHse held in 2020 and iRaise held in 2021. Results, impact and outcomes of the programme are measured by taking into consideration both of the past editions and through ad-hoc defined indicators, demographics of the iRaise participants and their unmet needs

This paper showcases iRaise as a successful case study of collaboration between public and private entities, collaborations focused on boosting the adoption of innovation in healthcare through an education programme.



1 Adoption of innovation. An approach.



There are several vehicles leading to the practical development and deployment of solutions addressing identified unmet needs, as:

- The demand side pursues internal development to ultimately internally deploy and maintain the developed innovative technologies
- The demand side gives solution to the identified unmet needs through own development that ultimately commercially exploit
- The demand side partners with suppliers to develop novel solutions addressing the identified unmet needs. Such partnership can be done through research and innovation actions or procuring pre-commercial solutions.
- The demand side contracts suppliers to develop novel solutions addressing the identified unmet needs through public procurements of innovation procedures
- The demand side enters in partnership with industry who bears risk and management responsibility, and remuneration is linked to performance and achieved outcomes
- The demand side enters in partnership with industry, whose remuneration is linked to performance and achieved outcomes, and with intermediary who mobilize capital and bears the financial risk

Pre-commercial procurement (PCP), public procurement of innovation (PPI), public private partnership (PPP) and social impact bonds (SIB) are demand-side innovation policy risk-sharing tools that European Commission (EC) and member states are using since the past

decade to foster innovation in different sectors, including healthcare. The main goal behind these tools is to stimulate the market to generate new products and services to address the unmet needs identified by the demand. The aim of this section (and the white paper) is to show that to make these tools work it is necessary to have a triple combination of: unmet needs well defined, the right vehicle to develop the innovation addressing the identified needs and skilled professionals to develop and implement these tools.

The aim of the white paper is to show that innovation adoption is possible if: unmet needs are well defined, the right vehicle to develop the innovation is selected to address the identified needs and skilled multidisciplinary professionals are dedicated to the definition of the needs and selection of the vehicle.

Definition of innovation: from “new” to “adoptable”

There is no only one definition of innovation. It is maybe a word that has different meanings but all of them suggest the same: something new that does not exit.

In the fourth century, Latin writers coined the word “in-novo”, which means renewing (return to the original or pure soul), in line with other

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014L0024&from=en>

² <https://www.oecd-ilibrary.org/docserver/9789264239012-en.pdf?expires=1642093922&id=id&accname=guest&checksum=B21DBA161E40FCBAE030BEEFB97CA447>

Christian terms of the time – rebirth, regeneration, reformation. Revolution and renewing are the two poles of a spectrum of meanings that define innovation in the following centuries. Renewing points to the past (return to the old, changing or renewing the old) and revolution points to the future (introducing something new, entirely new)¹. Over the centuries the term “innovation” went through conceptual shifts and during the twentieth century its idea was enriched with thoughts, dreams, imagination and the concept of process of sequential activities from research to service.

Merriam-Webster, considered a reference dictionary, defines “innovation” as follows:

Essential Meaning of innovation

1: a new idea, device, or method

She is responsible for many innovations in her field.

the latest innovation in computer Technology

2: the act or process of introducing new ideas, devices, or methods

Through technology and innovation, they found ways to get better results with less work.

the rapid pace of technological innovation

This definition give us a general understanding about innovation, starting from something “new” that should, somehow, be introduced in a process, which later on became “necessary”.

Besides, another definition of “innovation” can be found in the Directive 2014/24/EU from the European Parliament and of the Council², and there it is stated that innovation represents “the implementation of a new or significantly improved product, service or process, including but not limited to production, building or construction processes, a new marketing method, or a new organisational method in business practices, workplace organisation or external relations inter alia with the purpose of helping to solve societal challenges or to support the Europe 2020 strategy for smart, sustainable and inclusive growth”.

Other definitions can be taken into consideration, more related to innovation as driver of change within organisations or business-oriented entities, as for example the Frascati Manual³ definition from OECD, such as: “it has to do with putting new or significantly improved products on the market or finding better ways (through new or significantly improved processes and methods) of getting products to the market. R&D may or may not be part of the activity of innovation, but it is one among a number of innovation activities. These activities also include the acquisition of existing knowledge, machinery, equipment and other capital goods, training, marketing, design and software development. These innovation activities may be carried out in-house or procured from third parties”.

In agreement with iRaise understanding, all these definitions are lacking an important part of the journey.



¹ Benoît Godin (2015) Innovation: A Conceptual History of an Anonymous Concept, Project on the Intellectual History of Innovation Working Paper No. 21, 2015, Science, Technology and Innovation : Intellectual and conceptual histories <http://www.csiic.ca/PDF/WorkingPaper21.pdf>

² <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014L0024&from=en>

³ <https://www.oecd-ilibrary.org/docserver/9789264239012->

Unmet need
definition

Problem
framing

Solution
designing

Vehicle
identification

Innovation is not only the new idea, concept or process, it is the how such novelty is being ultimately adopted by the demand side.

Adoption of innovation

Regarding the definition of what adoption of innovation is, iRaise proposes to use the demand-driven perspective, highlighting the importance of that the innovation should be conceptualized as solution to the need behind a given problem identified by the demand. This is why iRaise Innovation Adoption journey emphasizes the necessity to **defining the unmet needs behind a given identified problem**, then framing the problem and its **scope**, and then **determining the vehicle** that most appropriately address the pinpointed need. Across the whole journey it is key to count with a **multidisciplinary team** and involve all **different stakeholders** impacted by either the problem or the solution or both.

Innovation is ultimately adoptable only if developed and delivered in a way that addresses the initial identified unmet needs. If the initial identified unmet needs are not correctly identified and not correctly defined, the resulting innovation designed to address them will fail to be adopted.

High Value Care Transformation

According to EIT Health⁴ High value care (HVC) is the term used for the restructuring of health care delivery towards measurable outcomes that have high impact and matter most to patients. For this to occur, it is necessary to set standards for measuring the right outcomes and incentivising the health care industry to pay for outcomes rather than services.

In order to ensure that initial identified unmet needs are addressed by the adoption of an innovative intervention, it is necessary to set standards for measuring the right outcomes that have high impact and matter most to patients and incentivising the health care industry to pay for outcomes rather than services

Why collaboration between public and private entities in an education programme?

Less than 25% of public R&D grants results in a commercialization. Not always the R&D activities are thought or planned to be transferred to market, and, at the same time, not always the selection of vehicle to transfer the knowledge from research into market as goods, services or products is successful.

Less than 50% of public procurements do not achieve their goals⁵. Public procurement is understood as a tool to obtain goods and services from the market and many times the initial goals and objectives are hardly achieved.

⁴ <https://eithealth.eu/what-we-do/high-value-care-forum/>

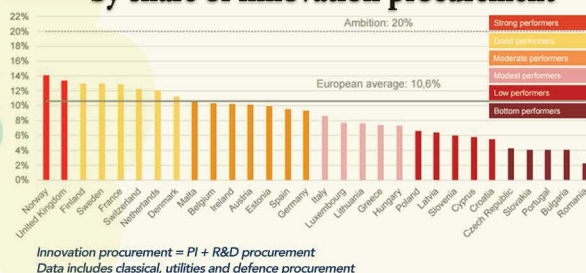
⁵ The Strategic Use of Innovation Procurement in the Digital Economy – Final Results (PwC, 2020) https://ec.europa.eu/newsroom/dae/document.cfm?doc_id=70027

<25% of public R&I grants result in commercialization

>50% public procurements **don't** achieve their goals

<<17% Public Procurement of Innovation out of total public procurement - in all EU countries

Ranking of European countries by share of innovation procurement



The Strategic Use of Innovation Procurement in the Digital Economy – Final Results (PwC, 2020)
https://ec.europa.eu/newsroom/dae/document.cfm/doc_id/70027

The reasons behind this non-success could be multiple: failure from the market to understand the real public administration needs, failure of the development and delivery of the solution based on market assumptions mismatching with public administration requirements, or the failure of the adoption because inefficient change management in the public administration. Adoption of innovation is a challenging phase that questions the current practices and whether they should be transformed by the innovations to be adopted. To be successful it is necessary to involve all stakeholders impacted by the innovation, but it is not so easy when reticence from clinicians or administration bodies appears. This is why iRaise value proposition is based on the idea that unmet needs should have a bottom-up perspective, should come from necessities found and worked from the bottom level of scale, and not vice versa.

Less than 17% out of total public procurement across all European Union Countries are Public Procurement of Innovation. Even though there are programs to foment and implement public procurement of innovation by European Commission since 2009, public procurement of innovation still needs a further boost.

iRaise – an education initiative boosting high value care transformation by adopting innovation promoted by the demand in collaboration with the market

To reinforce this commitment with digital transformation, in September 2021, the EC set up the Health Emergency Preparedness and Response Authority (HERA), whose mission is to strengthen Europe's ability to prevent, detect, and rapidly respond to cross-border health emergencies, by ensuring the development, manufacturing, procurement and equitable distribution of key medical countermeasures⁶. While doing so the EC highlights that sustainable health technology innovation requires both push and pull strategies and

"As new technologies develop and the digital dimension of healthcare becomes broader, it will be important to ensure equal access to healthcare services and to safeguard universal health coverage. In addition, keeping the digital skills of both healthcare workers and patients up to date will require a conscious policy and investment effort."



⁶ https://ec.europa.eu/health/system/files/2022-02/2021_companion_en.pdf

iRaise wants to contribute positively to this identified need by the EC by implementing a programme to update the skills of professionals from healthcare organizations. To enrich the learning experience of the healthcare professionals, iRaise counts on I3A Community, made of key players from healthcare providers' innovation platforms, healthcare research centres, health communities, large enterprises, SMEs, industry associations and academy.

I3A Community goal is to foster the interaction, knowledge sharing and the common understanding between the course participants and I3A members, lowering the gap between the needs of the health care providers, citizens and patients and the adoption of innovative solutions to these needs.

It represents a move forward for iRaise community to: generate business support to I3A members; provide healthcare providers with necessary elements to assess market facilitators and barriers to satisfy their needs; transfer know how and sponsorship to the participating teams by sharing I3A experience in adoption of innovation and build trust between industry players and future adopters of their technologies.



2 Intervention



Why iRaise?

The iRaise programme is focused in the training of multidisciplinary teams of professionals from healthcare organizations for faster and better adoption of innovation. It's a transformation "ride" during which professionals are upskilled and empowered to drive their efforts towards this desired goal: adoption of innovation. Team multidisciplinary is essential to get it done, to analyse and scrutinize the unmet needs from the different perspectives, to correctly frame and design the necessary intervention to address the identified unmet needs and to pick the right vehicle to develop such intervention.

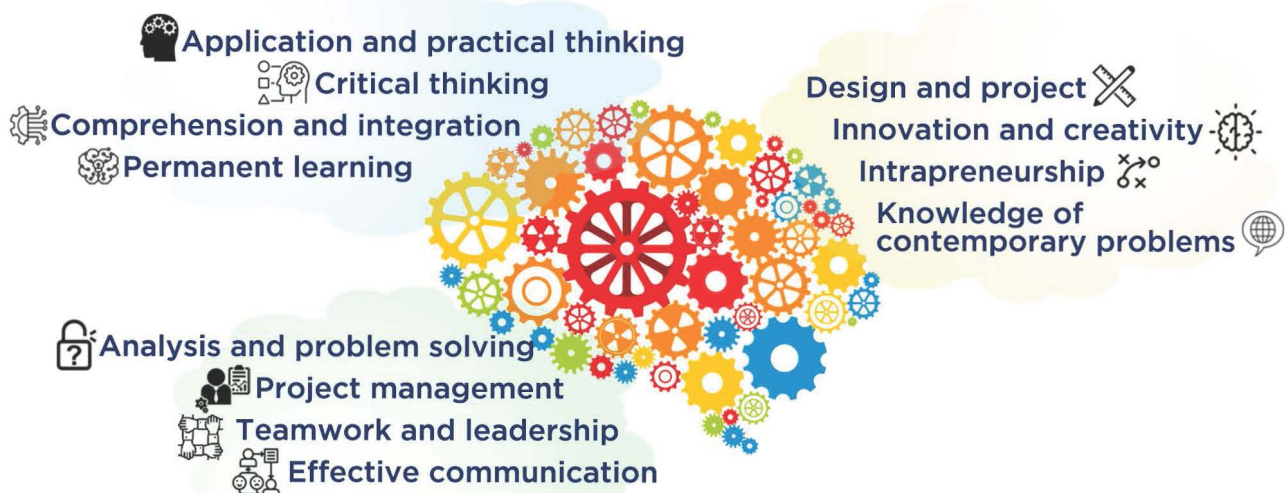
The driving force in this process makes the demand and supply to meet halfway, with a concrete goal on everyone's mind: to improve society health.

During iRaise education programme "ride", the industry can play a major role: creating a community complementary to the participating professionals and to the Alumni effectively linking the knowledge, experience and know-how generated from the market side with the one being acquired from the demand side.

To do so, iRaise intervention consists in a compendium of classes, mentoring sessions and breakfast with the key role players from I3A. This three-level of knowledge sharing and upskilling categories are completed with intensive homework and assignments teams use to develop their own unmet needs during an 11-weeks programme. Furthermore, all these activities are completed with a discussion forum, a platform with all materials and meetings with experts and relevant stakeholders.

During the course participants and teams go through a holistic journey towards the successful innovation adoption. The possibilities to interact with I3A members help them to understand better the ways of adopting and relevant use cases.

In 2021 edition, iRaise Education Programme planned and developed a community of communities including course participants, alumni, mentors, lecturers, and professionals of the industry, institutional entities and innovation networks and ecosystems.



Skills and tools

The goal of iRaise programme in terms of skills and tools is to provide a holistic view of the process of innovation adoption. Main soft skills acquired during the programme are as follows: presentation, objective-oriented, teamwork, practical thinking, analysis and problem solving, teamwork and leadership, design and project and innovation creativity. iRaise purpose is not to create innovation culture per se, but to create innovation evangelist in the healthcare organizations.

The role of mentors

One of the main assets of the iRaise programme is the mentors community, made by experts from public administrations, companies, healthcare sector, universities, etc. Each team is assigned with two mentors that help and guide each of the multidisciplinary participating teams through the journey of the course, putting their knowledge and experience to challenge the team on their case.



Content

With an 11-week programme, contents of the course were designed and are continuously updated to develop an ambitious programme that cope all the areas in adoption of innovation. Such as:

- Introduction to the course, learning outcomes and use of the platform (Available on video, no need to synchronous meeting)
- What is a need? Problem statements.
Meeting with project or Alumni in clusters
- How to implement change?
Activity with visual collaboration platform. Summary and questions
- Mission model canvas & what is a business case?
Meeting with project experts in clusters
- Methodologies for identifying barriers and enablers
Matchmaking by peers/clusters with 2 mentors per peer/cluster
- Portfolio of existing vehicles to address the challenge. Selection of the vehicle for each case.
Meeting with project experts in clusters
- Exploitation/adoption
Meeting with project experts in clusters
- Value based procurement studies & Social Impact Bonds
Meeting with project experts in clusters
- Mentor meeting
- Teams presentations & Graduation ceremony



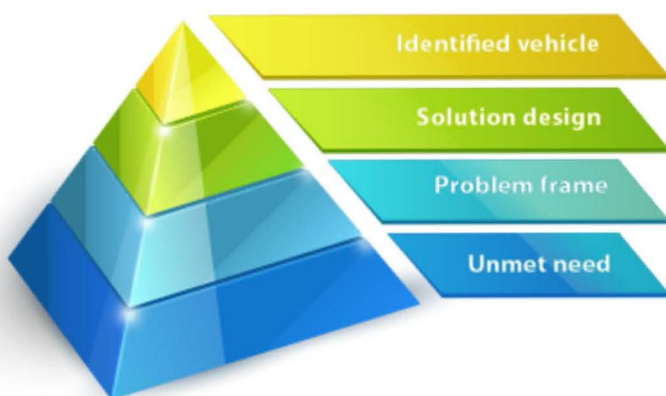
The iRaise innovation adoption rainbow

Innovation adoption journey

iRaise programme starts with already identified unmet needs to work out along the course. iRaise rainbow (image above) illustrates the journey that each team goes through to finally select the most appropriate vehicle to address their unmet need.

Selection of the vehicle

The crucial point of the iRaise programme is the focus on the selection of the vehicle. During the course, iRaise participants have the opportunity to know more in depth the different type of vehicles to develop innovation later on susceptible to be adopted.



Communication and Dissemination activities

The activities of communication, engagement and diffusion of iRaise are crucial both to reach wider audience, and to promote and magnify the impact of the programme. The main target audience of iRaise programme is, but not limited to, professionals from healthcare organizations interested in innovation, public procurement of innovation, risks sharing agreements and outcomes based contracts.

Different channels and social media are used to develop this strategy, such as official webpage, Twitter, LinkedIn and newsletters. To get more impact in such a networks, official accounts of Twitter and LinkedIn from iRaise programme are used (@iRaiseEu) but also the accounts of the course participants, mentors, lecturers, alumni, and the members of the consortium, both individually and organizational accounts.

During 2020 and 2021 editions, a social media strategy was initially developed in two phases: regular intensity and high intensity. Besides it, ad hoc campaigns advertising I3A Breakfast with the Industry and the Citizen Engagement Event were held.

3 Result & Impact



The iRaise programmes were co-funded by EIT Health during two editions: 2020 (UP-rAIHSe) and 2021 (iRaise). Here below some information of the demographics of the teams that took part during these two editions, some outcomes fruits of their participation and impact in their organizations:



Three of the challenges worked during 2020 edition are being addressed.

Bambino Gesù



Unmet Need

Our project H2.0 addresses the implanted shunt failure for children with hydrocephalus. Implanted shunt is the number one treatment and fails 50% of the time in the first 2 years. The failure's nonspecific symptoms lead to harmful interventions, yet can delay care when necessary.

Vehicle Selected

To address this unmet need, we created a novel three way partnership between our hospital, a patient association and a tech company to develop an innovative platform for families with children with hydrocephalus. This innovative solution provides direct communication between the families and the care providing team, remote symptom tracking, and image sharing, along with reporting and alert systems. The information input by the families allows for the care team to have a more fine-grained picture when evaluating possible shunt failures as well as feeds into a machine learning algorithm which will shed light on potential patterns and warning signs leading to a failure.

Implementation

We have completed alpha testing with our families and will begin beta testing shortly. Our biggest challenges have been predominantly due to the risk adverse nature of medical institutions and finding ways to navigate the many bureaucratic barriers that exist in order to "protect" institutions which slow down the "quick and agile" approach to innovation. We have also found that a lack of knowledge regarding innovation within the institution makes implementing new ideas and

approaches very challenging. Our greatest enablers have been our families who we included from the very outset of the project. Their input is invaluable and their feedback and encouragement has made facing the hurdles much more rewarding.

Walsall Healthcare NHS Trust – Hexitime



Unmet Need

The workforce hierarchies and fixation on budgets and paygrades and job titles in healthcare systems prevent people from sharing and collaborating with their skills and talents to improve health care services.

That causes workforce inequality, and our healthcare improvement work is poorer for it.

Vehicle Selected

We created a social enterprise that delivers Software as a Service (SaaS). We developed the world's first professional timebank to address the problem. A timebank is a marketplace where people trade their time as a currency, on the basis that 1hour = 1 credit. You can use ours at <https://hexitime.com/> . It supports any users interested in healthcare improvement to trade the skills they want to trade to improve services. It gives them access to free skills and resources so that money or profession is not a barrier to service improvement. Uniquely, it also reimburses participants with time when they help people, creating a collaborative gifting ecosystem to improve services.

Implementation

The enterprise is now 2 years old and doubling its revenue every year. It has won 7 innovation awards and grown in users and outputs every month since its launch. It has members from across the UK NHS and has started to attract users from around the world. The biggest struggle with the innovation is

explaining to potential users and customers what timebanking is and how the digital time currency works because it is so different to their normal experience in healthcare. But we find that when people get involved and see the benefits for themselves they become great advocates and bring in their colleagues. This following of enthusiastic and happy users and customers has become a great enabler to growing and spreading the innovation.

EPIQUICK - Regional Health Service of Murcia (Spain)



Unmet need

Diagnosing epilepsy is challenging in many ways. The most valuable tool, electroencephalogram (EEG), is complex: it is not easy to perform in an emergency setting, and even more difficult to interpret for a non-expert neurologist or neurophysiologist (usually unavailable in the Emergency Department). Overdiagnose and misdiagnose of epilepsy in the ER generates an economic burden, in addition to the impact on patient's lives. An easy, fast and reliable tool that provides epilepsy diagnostic aid after seizure's onset is an important unmet need that we envisioned to address from the Regional Health Service of Murcia.

Vehicle selected

To do so, we conducted a preliminary market consultation and applied for a regional/national funding (co-financing) derivative of European funding "Next-Generation Europe", in order to launch an innovation public procurement. We found that state-of-the-art was, indeed, very far from commercialization in diagnostic-aid algorithms for epilepsy, whereas wireless electrode caps already exist in the market.

Implementation

We developed a partnership between the Technological University of Cartagena (UPCT) and Health Service of Murcia (SMS) that was able to push forward the development of an epilepsy diagnostic-aid algorithm based on EEG signal, reaching TRL 4 by the end of the project. We are facing now a public tender in order to choose a company for prototype design, validation and certification. UPCT, SMS and the company will be partners for industrial property. European funding has been a powerful enabler for the project's achievement.



Survey to course participants (iRaise edition 2021)

At the end of each course, a survey is sent to iRaise participants to evaluate the course, the contents, mentors and activities.

The following scores were obtained surveying 2021 iRaise participants by using a Likert-type scale going from 1 (strongly disagree) to 5 (strongly agree)

Question	Score
This course enhanced my knowledge to identify unmet needs	4,36/5
This course enhanced my knowledge to how to gain Stakeholder engagement	4,29/5
This course enhanced my knowledge to frame the targeted problem area(s)	4,36/5
This course enhanced my knowledge to how to define Financial vehicle	3,57/5
I will use (AND/OR have already used) the knowledge I received from the course in my professional work.	4,29/5
Overall punctuation	4,17/5

Work with the I3A

The I3A community was founded at the beginning of 2021 with the purpose to link iRaise participants, lecturers, mentors and alumni with the Industry and institutional innovation networks and ecosystems. This community looks for collaboration among important industry players such as technologies companies, start-ups, MedTech industry associations and other key private players. Thanks to this collaboration, iRaise and I3A can keep up to speed on the ultimate trends in innovation, what problems or solutions have been identified while delivering innovation or due to regulation, public procurement, etc.

To avoid potential conflicts of interest or contamination of future procurement processes, iRaise adheres to the COCIR Code of conduct⁷ and MedTech Europe Code of Ethical Business Practice⁸.

Within I3A community, ITEMAS acquired a key role. ITEMAS is the Spanish innovation platform for healthcare promoted by the Carlos III Health Institute (ISCIII), where “the promotion of innovative ideas from health professionals comes to generate value for the system”. ITEMAS is currently playing the neutral role of selection potential interested teams from healthcare organizations to gain scholarships from the industry members of I3A to participate to iRAISE Education Programme.

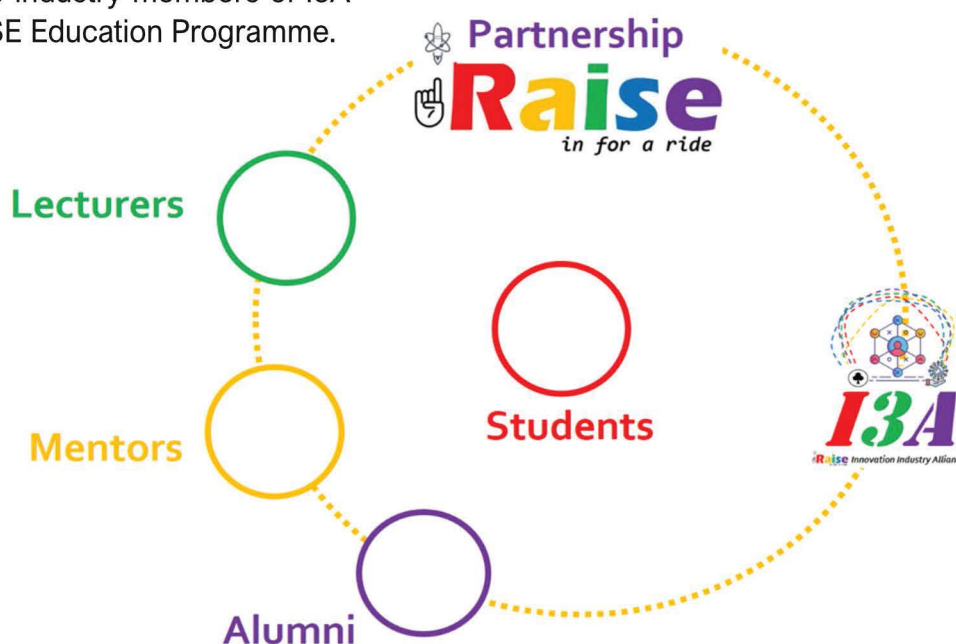
Breakfast with the I3A experts

During the 2021 edition of iRaise, three breakfast were held online with industry experts.

Those breakfast took place online during three Wednesdays of the month of November, a virtual space of one-hour and a half where iRaise participants could meet with different experts from I3A:

- First seminar: Lluís Blanch (as Coordinator of ITEMAS)
- Second seminar: Carles Sisternas (FENIN Director in Catalonia), Javier Selva (FENIN Technical Adviser), Carmen Aláez (FENIN Deputy Secretary-General)
- Third seminar: Anaïs González (Innovation & Solutions Architect, GE Healthcare (Spain & Portugal))

At the end of course survey, this experience of the breakfasts with experts was very well valued by all iRaise participants.



⁷ https://www.cocir.org/fileadmin/4.1_Business_and_Innovation/Code_of_Conduct/COCIR_Code_of_Conduct_2020.pdf

⁸ <https://www.medtecheurope.org/resource-library/medtech-europe-code-of-ethical-business-practice/>

Conclusions



Industry is key to enable the transformation in the healthcare delivery.

Without the industry the healthcare organization will not be able to adopt high value care models. The sustainable adoption of demand driven innovation has to take into account what to measure and when to ultimately add value to the overall healthcare delivery and the patients.

iRaise can act as catalyser to boost high value care transformation through innovation adoption via educational activities addressed to multidisciplinary teams. Therefore, iRaise is an open opportunity to the industry to tight the collaboration with the demand, support the demand upskilling and empowerment to create a fertile ground for innovation adoption and to understand the demand constraints and barriers when boosting such adoptions.





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