Co-funded by the European Union

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# BP2023 Pitching Days

## Guidelines for applicants – Cut Off 3

# 1 PURPOSE

The purpose of the Pitching Days is to decide which proposals will progress further in the evaluation process of the EIT Health Flagships BP2023 call, to be finally included in EIT Health's BP2023 portfolio. Being selected to move forward to the Pitching Days means you and your team will have the opportunity to present your proposal to an Evaluation Board and to receive valuable feedback on your project from experts in your field of interest. Each pitch will be evaluated based on the key areas highlighted in the call document: New models to deliver Healthcare, Facilitating the uptake of Digital Medical Devices & Diagnostics, Harnessing the full potential of health data for Innovation.
The jury will have access to the short proposal and all information submitted on the platform by each team before the Pitching Days.

In this document, you will find all the information you need about logistics for the Pitching Days, presentation requirements and evaluation criteria.

# 2 USEFUL INFORMATION

**Dates**: 10-12 July 2023

**Location**: Hybrid Zoom session. A panel of 3 experts will meet face-to-face at EIT Health's Co-location Center (CLC) premises. Applicant teams will present online to the experts.

**Participants**:

On the Team side (4 people max, online via Zoom):

- the Activity Leader presence is mandatory;
- 4 relevant consortium members maximum, from at least 2 entities, including the Activity Leader;

*Note: no professional presenter should be invited unless this representative will participate actively in the project*

On EIT Health side at the CLC (7-8 people, max):

- the CLC Managing Director will chair the session;
- the panel of 3 independent experts will evaluate the proposals;
- 1 CLC staff member will join as rapporteur;
- 2-3 staff members may join as observers for learning purposes (either online or in-person);

**Session structure:**

The pitching session will have a duration of 40 minutes + 30 minutes of experts' discussion and scoring (applicant team will be asked to leave) and will follow the structure below. The session will be recorded for audit purposes only and stored for 3 months.

| Time | Content | Recorded |
|---|---|---|
| 5 min | Introduction | Yes |
| 15 min | Presentation | |
| 20 min | Q&A | |
| Closed session: Proposal presenters leave the call | | |
| 30 min | Discussion & Scoring | No |

- The chair will launch a quick *tour de table* where all attendants will briefly introduce themselves (5');
- The chair will then give the floor to the presenter to pitch the proposal (15');
- After 15 minutes, presenter will be asked to conclude the presentation and reviewers will start the Q&A session (20');
- The partners will be invited to leave the call by the chair just after the Q&A session. Partners will be automatically disconnected by the rapporteur if they do not leave the call right after the Q&A session;
- All observers will leave the session after the panel discussion is concluded.

**Session etiquette:**

- Please, connect 10 min before and wait in the lobby until you are invited to enter;
- Make sure your name and your institution are visible when connecting to the video call;
- Please mute yourself when you are not speaking;
- If you disconnect during the presentation, please join the meeting again using the same dial-in/link sent by EIT Health. If you still face problems, reach out to the CLC contact provided in the email invitation;
- Please respect the rules of participation as well as your role and responsibilities.

**Results notification:** Results will be notified by e-mail on 20 July 2023.

# 3 EVALUATION PANELS

## DMD Panel



**Aline Noizet** is the founder of Digital Health Connector, a boutique consulting focused on digital health. She also works for nina capital, a healthtech pan european venture capital firm. Connector by heart, she is a very active actor in the health and innovation sector with a strong international network and is on top of the latest digital health trends and technologies. With more than 10 years working in the digital health space, Aline has been supporting more than 500 startups and corporations over the years. Past roles include program manager at Bayer G4A Accelerator, business development director at health 2.0, chief international officer at Barcelona Health Hub. Aline holds a Master of Arts (English) from Lyon University and a MBA from ESADE. https://www.linkedin.com/in/aline-noizet-84212622/



**Agnieszka Gaczkowska** (MD, MBA) graduated from the Medical University of Warsaw, Faculty of Medicine and completed her MBA in healthcare (Kozminski University in Warsaw). She worked as a teaching fellow in the Medicine and Neuroscience Department at Singularity University, which is part of the NASA Ames Research Park in Mountain View, USA. There, she was responsible for medical projects focusing on new technologies. Since 2013, she has been an expert in the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA - Currently HADEA) of the European Commission and a guest lecturer at Maastricht University. In 2018 she graduated from The Execuitve Program at The Amsterdam School of Creative Leadership (THNK). For the last few years, Agnieszka has been involved in medical startups such as Nightly App and HigoSense. Currently, she runs a family-owned business - a primary and ambulatory care clinic and advises Sundose which produces smart supplements. She is passionate about healthcare innovations and their impact. https://www.linkedin.com/in/agnieszka-gaczkowska-34297b18/



**Carmen Ceinos Kohn** has been acting as a Consultant mainly in Spain, working for national and regional ministries in definition and follow up of strategies for innovation, mainly in Health care sector. She has a broad experience in communication and dissemination of R&I results through the organization of international conferences and workshops. She has been training in topics related with dissemination strategies and tools, at EU level. The combination of her knowledge of the design, review, and evaluation of R&D programmes and, at the same time, her active involvement in the implementation of those programmes in the public sector gives her a broad view of both EU policies and the perspective of organisations (public and private, users, industrials, service providers, researchers) that actively benefit from these policies.

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## NMDH Panel



**Ane Fullaondo** holds a degree in Biology from the Autonomous University of Madrid (2005), PhD in Genetics and Molecular Biology (2009) and a MSc in research methods and evaluation of health services and health economics (2012) In 2015, she further specialised in Leadership and Transformation in Organisations and Health Systems before obtaining a 2nd degree on Efficiency in the production of health services. In 2018, she honed her skills applying the LEAN methodology for the improvement of care pathways at the School of Public Health of Andalusia (Spain). Currently she is the Scientific Director of the Biosistemak Institute where she has been involved in several European projects and published a number of scientific articles.

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**Leo Lewis** has a keen interest in rural health and wellbeing, vulnerable populations, innovation and transformation and is International Lead in the Bevan Commission, Wales's independent think tank, where she supports its Exemplars and Fellows to promote and share their initiatives internationally and learn from others across the world for the benefit of people living and working in Wales. Prior to this, Leo worked as a health informatician for more than 20 years in academic, NHS and UK government sectors and successfully led and managed a range of information and communication technology enabled health and social care service improvement and transformation projects. In 2013, Leo became a Senior Fellow in IFIC, leading IFIC's participation in a range of EU-funded integrated care projects and became Director of Research and Development prior to stepping away from a full-time position in mid-2021.



**Sarah Wamala Andersson** is a Professor of Health and Welfare Technology at Mälardalen University (MDU)in Sweden. Sarah founded and leads the PREVIVE research group where she conducts multidisciplinary research focusing on implementation, usability, policies, reimbursement models, real-world evidence to demonstrate value and effectiveness of digital health and welfare technology, as well as equity and ethical aspects of AI-based solutions. Prior to MDU, Sarah has served the Swedish Government as the Director General of the Swedish Public Health Institute and worked as: principal research scientist at a multi-national pharmaceutical industry, as Professor of Health policy at Karolinska Institute and as Director of the Department of Health Promotion and Disease management, Region Stockholm.

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## EHDS Panel



**Michel Barth** possesses extensive expertise in strategic and management consulting, which he has acquired through diverse assignments, including his tenure as a director at A.T. Kearney. Additionally, Michel has honed his skills in the field of innovation and healthcare, having served as an R&D manager in the automotive industry at Valeo and actively participating in pivotal innovative technological programs under French and European public funding. Over the past decade, Michel has been dedicated to working with clients in the healthcare sector, with a keen focus on leveraging the benefits of digital disruption and strategic innovation. Furthermore, Michel shares his knowledge and insights as a lecturer at multiple business and engineering schools.

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**Sauro Vicini** is an Executive Manager and Cluster Director of two regional industrial and research organizations: the Life Science & MedTech cluster in Emilia-Romagna Region and the Smart City's cluster in Lombardia Region in Italy. He graduated as a computer scientist with a MSc in Technology & Innovation Management held at Business School of the Bologna University. He started over 20+ years research activity, leading and collaborating on numerous European Projects (from FP6 to Horizon Europe) covering innovation areas such as Smart Cities, Digital Health, Blockchain, IoT, Artificial Intelligence, Machine Learning, Cloud Computing, data security, privacy-by-design, wearable technologies, living lab methodologies and semantic engines, mainly in the San Raffaele Scientific Institute of Milan (2006-2017) for well-being and disease prevention. During that time he also founded and led 4 startups to 3 successful exit and 1 failure. In 2012 Sauro founded the "City of the Future Living Lab", the Open Innovation Lab of the San Raffaele Hospital, looking over the concept of Co-Creation and defining a new methodology for the involvement of users in the design and development of innovative smart cities' services.

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**Teresa Meneu Barreira** is the LifeSciences Business Development Coordinator at T4S by VASS Group, an international advanced technology consultancy company working in supporting digitalization and technology deployment in diverse sectors. She is expert is supporting ehealth and pharma industry in implementing and deploying IT technologies In parallel, she has supported the European Commission and other international entities like IMI2, EIT Health or Enterprise Ireland, in evaluating projects in the areas of digital health, clinical studies, remote monitoring and innovation. Before joining T4S, Teresa was eHealth research coordinator in TSB at the Polytechnical University of Valencia (UPV), a leading Spanish research group in applied IT in health and social care. She is also founding partner of 2 spin-off SMEs. Teresa is a Telecommunications Engineer by the Polytechnical University of Valencia, MBA and master's in project management.

# 4 EVALUATION CRITERIA

As stated in the BP 2023 Call document (page 38), the evaluation criteria for Pitching Days will be as follows:

| | |
|---|---|
| **Project Excellence and Strategic Fit** | **50%** |
| **Implementation** | **10%** |
| **Impact and Sustainability** | **40%** |

The reviewers will use specific scorecards to evaluate the proposals. Those scorecards are annexed to this document.

# 5 THE PITCH

The duration of your pitch should not exceed 15 minutes. Please prepare the number of slides accordingly with succinct and coherent information for the jury (15-20 slides are recommended).

The jury is **not** expecting to have all the project details in the slides, but rather to see your team prepared to **answer** the questions during the Q&A session.

As a general recommendation, your pitch should follow the main structure of the short proposal template:

- **Project Excellence and Strategic Fit**
- **Implementation**
- **Impact / Outcome measures**

## Specific information requirements

**Facilitating the uptake of Digital Medical Devices & Diagnostics**

- Unmet need and description of the solution (extent of the problem and currently available solutions, clear explanation of how it addresses the problem and clarification of the type of your product/service);
- Strategic fit and ground for EIT Health involvement;
- Certification pathway, explaining any pre-identified markets with the corresponding certification needs;
- Impact (social, economic, health);
- Sustainability and scalability beyond project;
- Feasibility of the project;
- Team;
- KIC13: Number of citizens/patients that benefitted from solutions developed or implemented in KAVAs;
- At least one customized KPI linked to Patient Reported Outcome Measure (PROM);
- EITHE02.4: Innovations launched on the market with a sales revenue of at least 10 000 EUR documented - to be reported during the KAVA duration or within 1 year after completion.

**New models to deliver Healthcare**

- Unmet need and description of the solution (extent of the problem and currently available solutions, clear explanation of how it addresses the problem and clarification of the type of your product/service);
- Strategic fit and ground for EIT Health involvement;
- Outcome measures;
- Impact (social, economic, health);
- Sustainability and replicability beyond project. Plans of large-scale implementation on year 3;
- Feasibility of the project;
- Team - Identification of clinical partners. Please make sure the two clinical partners (from different countries) involved in the project are represented during the call and Q&A;
- KIC13: Number of citizens/patients that benefitted from solutions developed or implemented in KAVAs;
- At least one customized KPI linked to Patient Reported Outcome Measure (PROM).

**Harnessing the full potential of health data for Innovation**

- Unmet need and description of the solution (extent of the problem and currently available solutions, clear explanation of how it addresses the problem and clarification of the type of your product/service);

- Strategic fit and ground for EIT Health involvement;
- Use of registries and biobanks. You should identify the registry you are planning to use and provide information about the current access to data status;
- Impact (social, economic, health);
- Sustainability and scalability beyond project;
- Feasibility of the project;
- Team;
- KIC13: Number of citizens/patients that benefitted from solutions developed or implemented in KAVAs;
- At least one customised KPI linked to Patient Reported Outcome Measure (PROM);
- EITHE02.4: Innovations launched on the market with a sales revenue of at least 10 000 EUR documented - to be reported during the KAVA duration or within 1 year after completion.

*For any doubt or question, please be in touch with your local CLC contact (provided in the invitation email).*

# 6 ANNEXES

## Annex 1. DMD Innovation Project Proposal scorecard

| Criteria | Question | Help Text<br>Scoring 0-5 scoring (with 0.5 increments) |
|---|---|---|
| **Project Excellence and Strategic Fit (50%)** | Unmet needs | To what extent is the proposed solution addressing a clearly defined unmet clinical need relevant at European level, considering problem severity and people impacted)? |
| | Strategic fit and ground for EIT Health involvement | To what extent is this project aligned with EIT Health's (public funding) ambition and strategy (EIT Health goals, EIT Health Flagships)? |
| | Description of the solution | To what extent is there evidence that the suggested approach is unique/novel or better than the existing ones (e.g. 30% faster; 25% cheaper; 5x more accurate…) and has there been previous developments accomplished so far? |
| | Certification pathway | To what extent is the identified certification pathway that the project suggests to follow relevant to the target markets? |
| **Implementation and Feasibility (10%)** | Feasibility of the project | To what extent is there evidence that this project will be able to scale the solution/service into the market (or an additional one) 1 year after the end of the EIT Health funding period? |
| | Team | To what extent are the currently involved partners having clear and irreplaceable roles in driving the project forward and show commitment? And have applicants clearly identified the needs of additional partners' expertise?<br>Please consider:<br>Expertise: Synergies, complementarity, or previous experience in similar projects<br>Responsibility: Meaningful role of assigned personnel<br>Commitment: engagement plans within and after EIT Health funding |
| **Impact and sustainability (40%)** | Impact (social, economic, health) | To what extent is the impact (social, economic, health) generated by the proposed solution clearly described with realistic and achievable target values? |
| | Sustainability and Scalability beyond project | How would you rate the description on how will the project become sustainable beyond EIT Health funding? Please consider: business model elements like identified stakeholders (targeted user, payer, beneficiary etc.), defined revenue streams and other business plan elements such as product launch or market access with a feasible timeline. |

# Annex 2. NMDH Innovation Project Proposal scorecard

| Criteria | Question | Help Text<br>Scoring 0-5 scoring (with 0.5 increments) |
|---|---|---|
| **Project Excellence and Strategic Fit (50%)** | Unmet needs | To what extent is the proposed solution adressing a clearly defined unmet clinical need relevant at European level (considering problem severity and people impacted), and takes a holistic perspective into account considering the whole healthcare pathway? |
| | Strategic fit and ground for EIT Health involvement | To what extent is this project aligned with EIT Health's (public funding) ambition and strategy (EIT Health goals, EIT Health Flagships)? |
| | Description of the solution | To what extent is there evidence that the suggested approach is unique/novel or better than the existing ones (e.g. 30% faster; 25% cheaper; 5x more accurate…) and has there been previous developments accomplished so far? |
| | Outcomes measures | To what extent is the identified metrics (process, clinical and PROMS/PREMS) that the project suggests to measure relevant to the identified target group (patients or citizens)? |
| **Implementation and Feasibility (10%)** | Feasibility of the project | To what extent is there evidence that this project will be able to scale the solution/service into the market (or an additional one) 1 year after the end of the EIT Health funding period? |
| | Team | To what extent are the currently involved partners having clear and irreplaceable roles in driving the project forward and show commitment? And have applicants clearly identified the needs of additional partners' expertise?<br>Please consider:<br>Expertise: Synergies, complementarity, or previous experience in similar projects<br>Responsibility: Meaningful role of assigned personnel<br>Commitment: engagement plans within and after EIT Health funding |
| **Impact and sustainability (40%)** | Impact (social, economic, health) | To what extent is the impact (social, economic, health) generated by the proposed solution clearly described with realistic and achievable target values? |
| | Sustainability and Replicability beyond project | How would you rate the potential for sustainability of the proposed approach in the form of a VBHC contract and its replicability, meaning that it should be possible to implement the results of the project in multiple healthcare settings based on the results of the project? |

# Annex 3. EHDS Innovation Project Proposal scorecard

| Criteria | Question | Help Text<br>Scoring 0-5 scoring (with 0.5 increments) |
|---|---|---|
| **Project Excellence and Strategic Fit (50%)** | Unmet needs | To what extent is the proposed solution addressing a clearly defined unmet clinical need relevant at European level, considering problem severity and people impacted)? |
| | Strategic fit and ground for EIT Health involvement | To what extent is this project aligned with EIT Health's (public funding) ambition and strategy (EIT Health goals, EIT Health Flagships)? |
| | Description of the solution | To what extent is there evidence that the suggested approach is unique/novel or better than the existing ones (e.g. 30% faster; 25% cheaper; 5x more accurate…) and has there been previous developments accomplished so far? |
| | Use of Health Registries and Biobanks | To what extent is the identified biobank or health registry data that the project suggests to use relevant to the clinical validation proposed and in line with EHDS ambitions for secondary use of health data? |
| **Implementation and Feasibility (10%)** | Feasibility of the project | To what extent is there evidence that this project will be able to scale the solution/service into the market (or an additional one) 1 year after the end of the EIT Health funding period? |
| | Team | To what extent are the currently involved partners having clear and irreplaceable roles in driving the project forward and show commitment? And have applicants clearly identified the needs of additional partners' expertise?<br>Please consider:<br>Expertise: Synergies, complementarity, or previous experience in similar projects<br>Responsibility: Meaningful role of assigned personnel<br>Commitment: engagement plans within and after EIT Health funding |
| **Impact and sustainability (40%)** | Impact (social, economic, health) | To what extent is the impact (social, economic, health) generated by the proposed solution clearly described with realistic and achievable target values? |
| | Sustainability and Scalability beyond project | How would you rate the description on how will the project become sustainable beyond EIT Health funding? Please consider: business model elements like identified stakeholders (targeted user, payer, beneficiary etc.), defined revenue streams and other business plan elements such as product launch or market access with a feasible timeline. |