



Spotlight Session: Real-world Transformation – Successes, Pitfalls and Lessons Learned from THCS funded projects

Tuesday, 29 September - 11:00–12:00 CET

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



Co-funded by the
European Union

- Welcome to the Learning Week. During sessions, please remember:
- The sessions are being recorded.
- Microphones are muted and cameras are off.
- Please get involved! Use the chat for your questions, observations and comments.
- For additional information go to: <https://knowledgehub.thcspartnership.eu/>



#transformationdigitaltechnologies #digitalinteractions #chronicwounds #integratedcare #AI



Meghan Bradway is a researcher at the Norwegian Centre for E-Health Research, in Tromsø



Sandamini (Sasha) Wanigasooriya is a researcher at University College Dublin whose work centres on digital health innovation and implementation.



Co-funded by the
European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

What does transformation of health and social care systems look like in practice?

This learning session brings together THCS-funded projects to share real-world experiences, discussing achievements, barriers, and lessons learned from health and social care system transformation initiatives.

What you will gain:

- Better understand the realities of implementing health and social care innovations.
- Recognise the critical success factors for achieving sustainable system transformation, transferability and scalability.
- Apply lessons learned from THCS-funded projects to your own work.
- Strengthen your knowledge of implementation, transferability, and scaling of innovative solutions.
- Connect with a European community committed to improving health and care systems.



Co-funded by the
European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

[Home](#) / [Capacity building](#) / 📢 Save the Date - THCS Learning Week 2026: “Transforming Health and Social Care: Meaning, Models and Measurement”

Date published: 14/07/2026

Date amended: 11/09/2026

📢 Save the Date - THCS Learning Week 2026: “Transforming Health and Social Care: Meaning, Models and Measurement”

THCS
TRANSFORMING HEALTH
AND CARE SYSTEMS

THCS Learning Week

From 28 September to 2 October

10 sessions | **1 hour each** | **Engaging & collaborative**

SAVE THE DATE

[< Previous](#)

September 2026

[Next >](#)

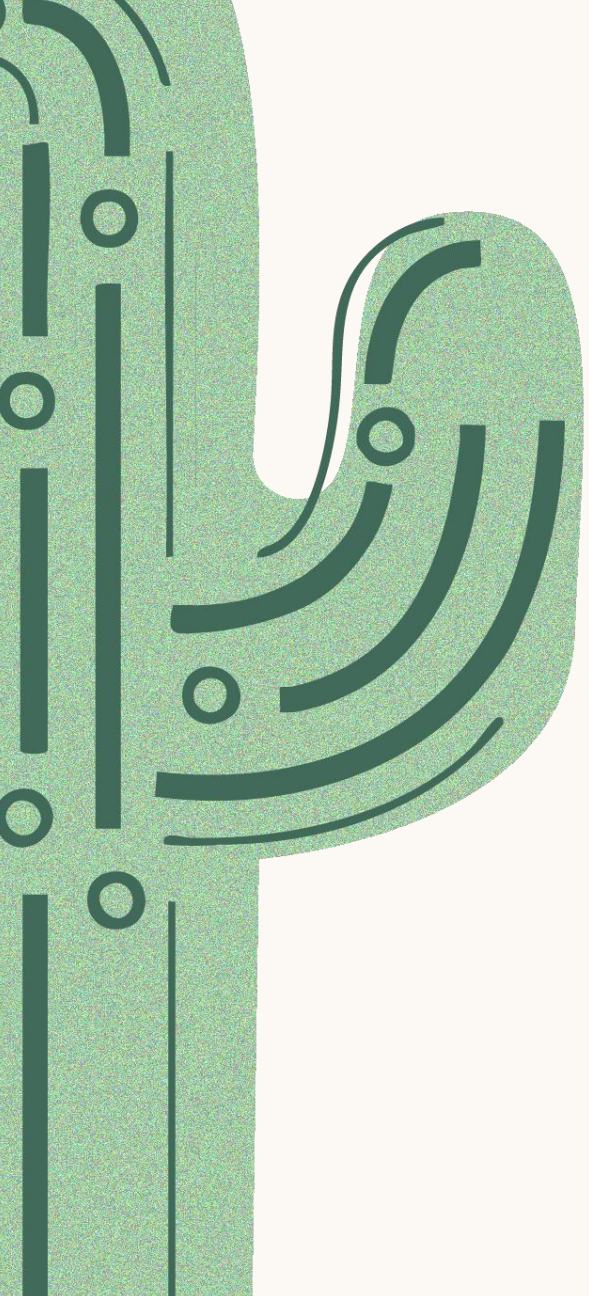
Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1 .	2	3	4	5	6
7	8 .	9	10 .	11 .	12	13
14 .	15 .	16 .	17	18	19	20
21	22	23 .	24 .	25	26	27
28 .	29 .	30 .				

Learning Week 2026

- Thank you for joining this session.
- The session recordings will be hosted on the Knowledge Hub:

<https://knowledgehub.thcspartnership.eu/>





DIGITAL CACTUS

All roads lead to power sharing

Thematic network of how digital health impacts
patient-provider relationship

Presentation by Meghan Bradway

Norwegian Center for E-health Research,
University Hospital of North Norway

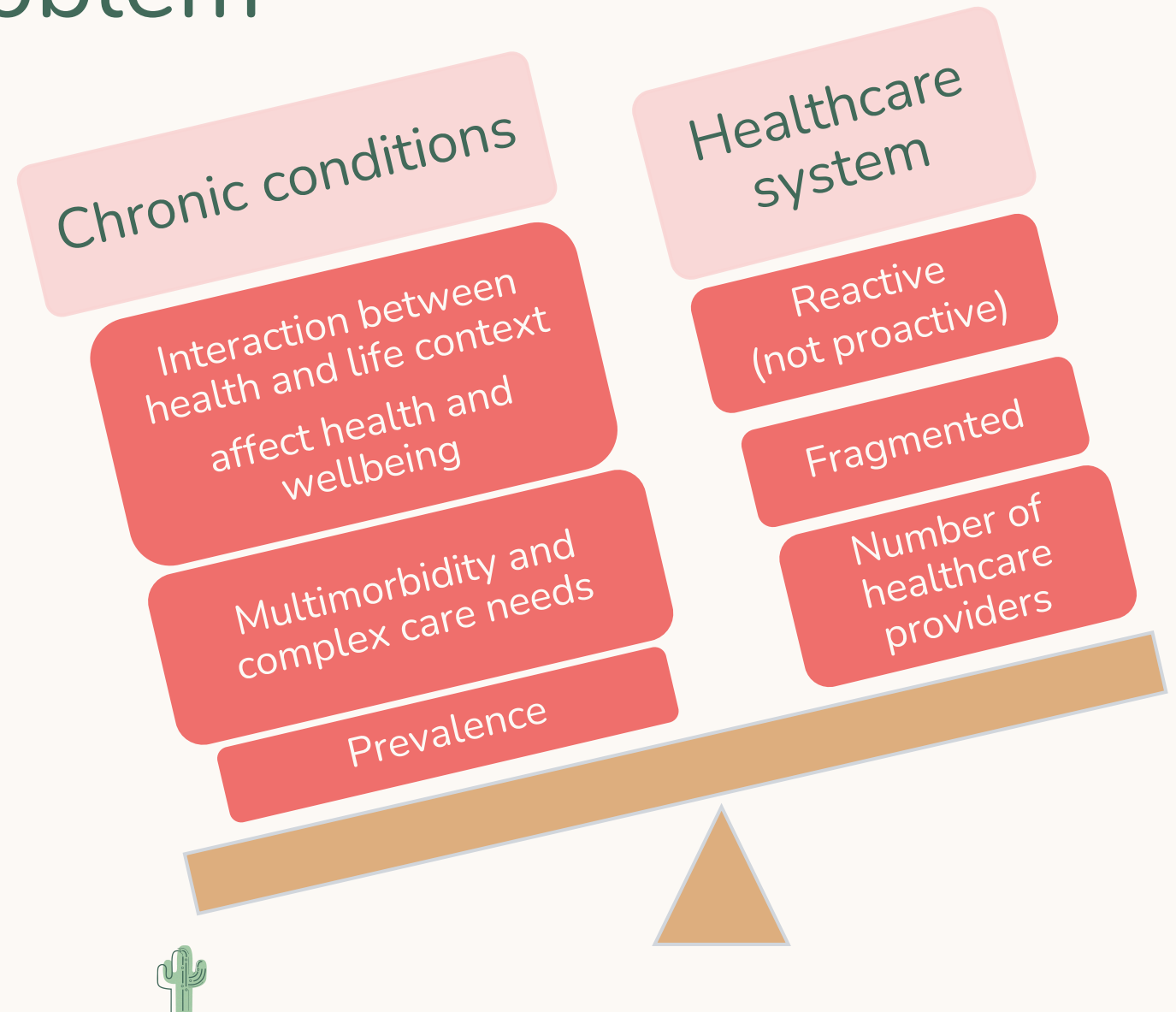


• Context – the problem

Imbalance of
population
healthcare needs

vs.

workforce capacity



• Context - the proposed solution

- Blended care models involving digital tools for:

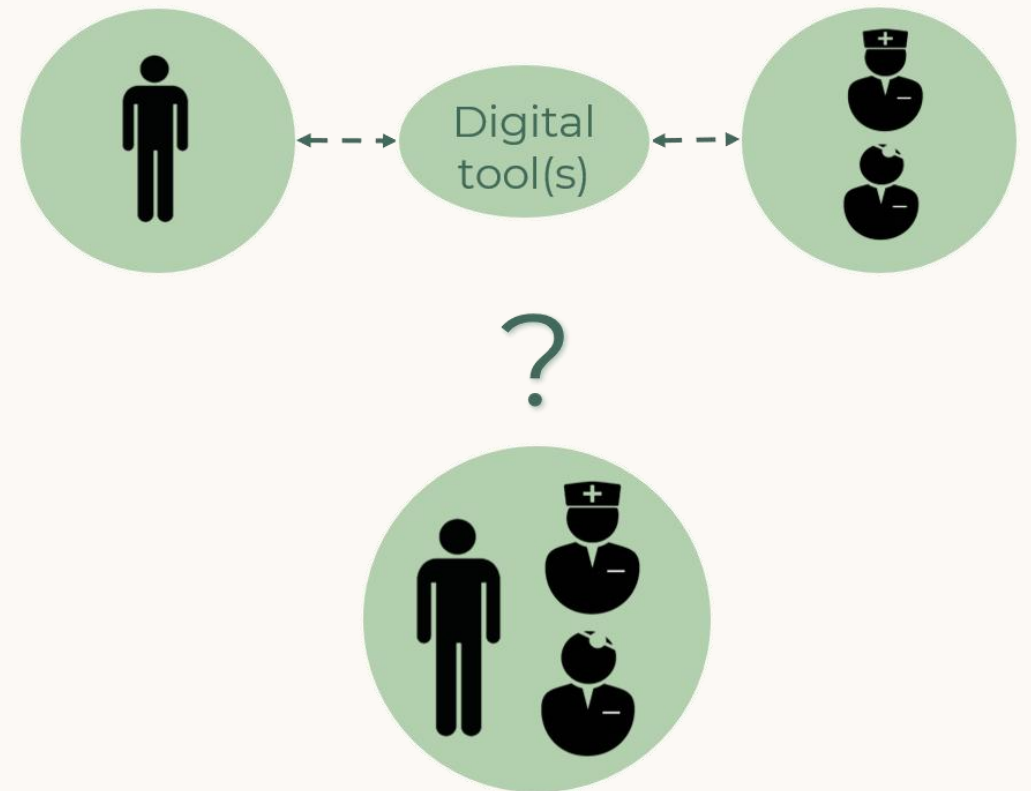
- active communication
- automated just-in-time interventions
- continuous remote patient monitoring tools

- Tools were sold as “magic bullet”:

- proactive
- cost effective
- Patient-centered and tailored care

- Evidence

- effectiveness
- **not** on how it affects care and relationships





• Digital Cactus Project

- **Aim**

- to provide health authorities with evidence on which technological solutions should be implemented and how, to optimize the delivery of patient-centered healthcare services for chronic health conditions.

- **WP1**

- how the use of digital tools impacts patient-clinician relationships.
 - Literature review
 - Interviews with patients with chronic health conditions and healthcare providers (clinicians and nurses)

- **WP2**

- develops and validates an innovative patient-reported measurement tool.

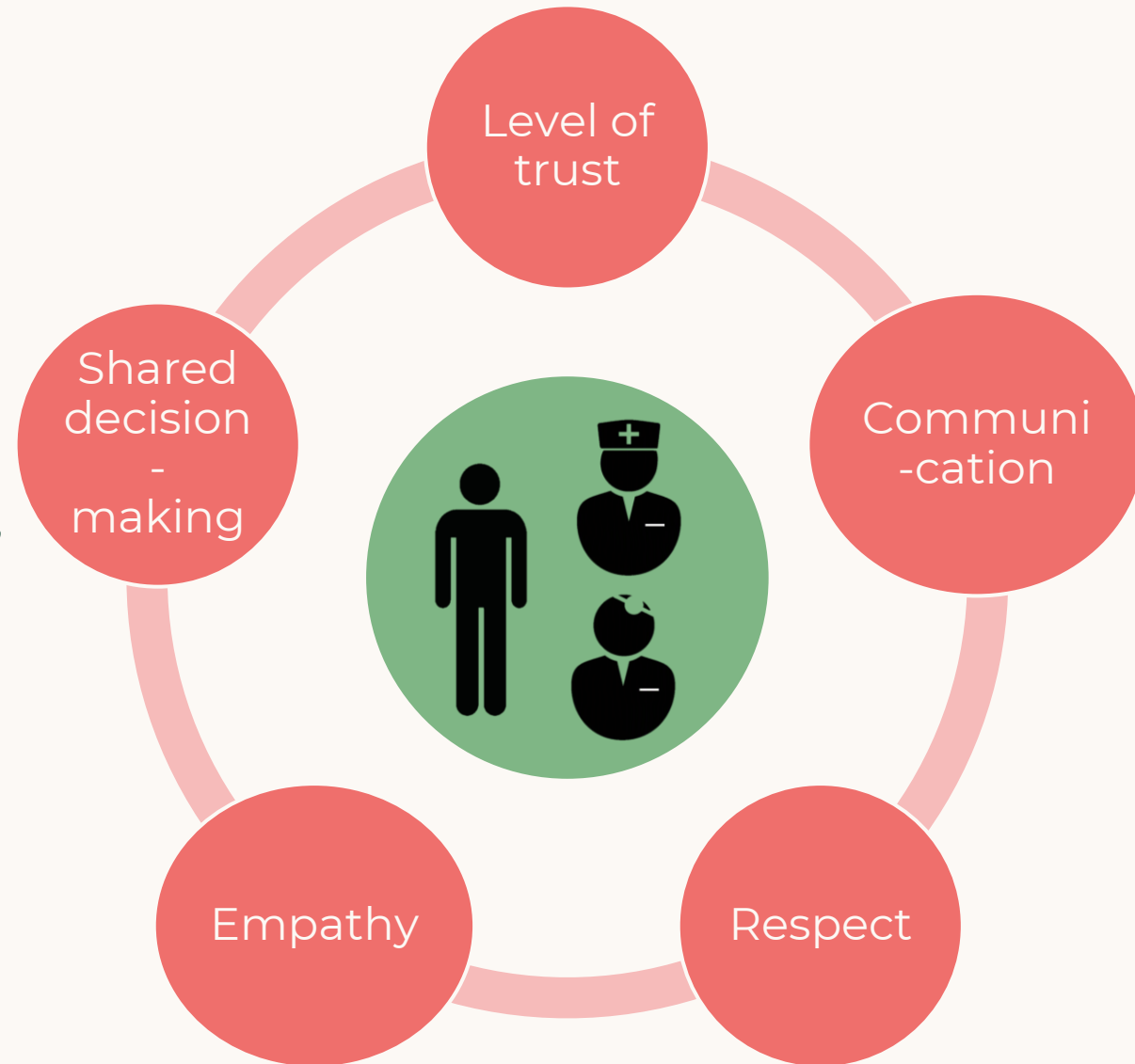
- **WP3**

- evaluates the potential impact of digital health solutions across healthcare systems.



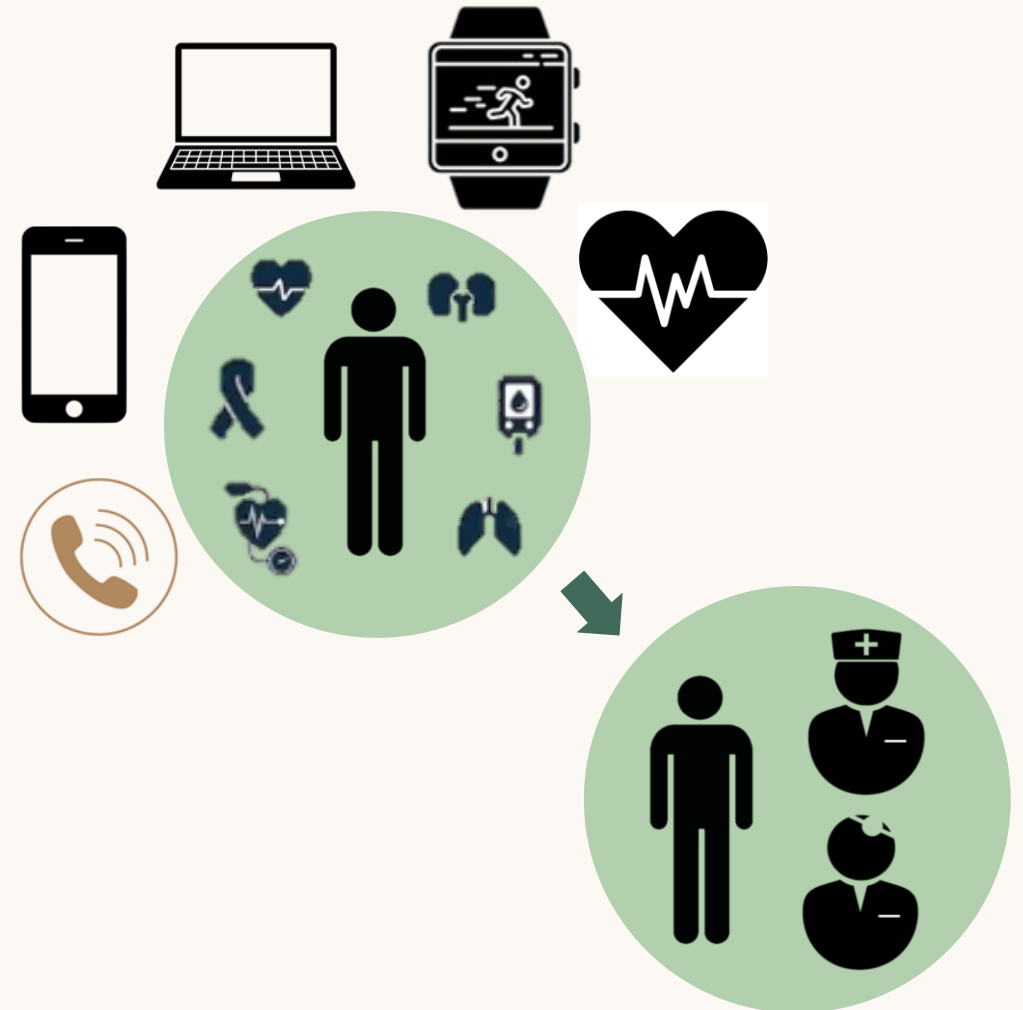
• Patient-provider relationships

- Many vague definitions
- Our definition:
 - dynamic, context-dependent human relations
 - roles and responsibilities adapted to support patient-centered care, autonomy, empowerment, and health outcomes
- Additional factors
 - can be affected by activities or events between encounters
 - long-term connection between individuals, if present



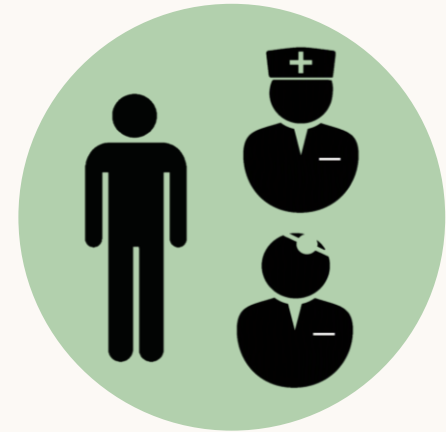
• Digital patient-facing tools

- Patients are the primary users,
 - Used to manage their chronic condition(s), and
 - Impact the patient-provider relationship
-
- Evolution of the definition of “digital tools”
 - Originally: phone calls not included
 - Now: participants/ authors tell us what they considered to be patient-facing tools

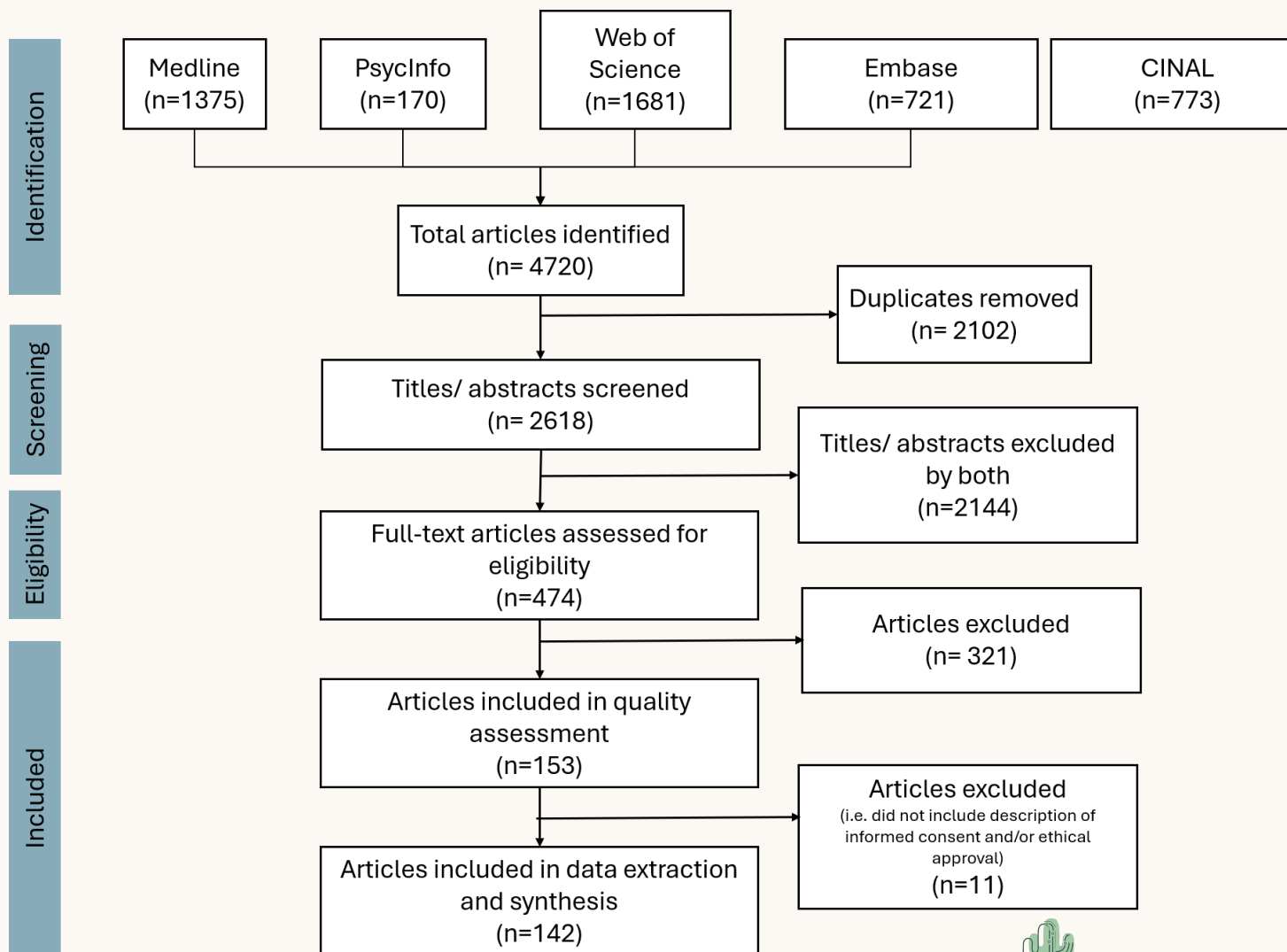


WP1 Literature review a meta-synthesis

- RQ: How does the use of digital patient-facing tools impact the patient-provider relationship during care for patients with chronic condition(s)?
- Literature describing
 - Interviews or focus groups
 - Population:
 - 1) Adult patients (1+ chronic conditions)
 - 2) Health providers (clinicians or nurses)
 - Databases:
 - CINAHL, Embase - Embase via OVID, MEDLINE and PsycInfo.



PRISMA diagram



NIHR | National Institute for Health and Care Research

PROSPERO
International prospective register of systematic reviews

Impact of digital patient-facing tools on patient-provider relationship during care for patients with chronic condition(s): a meta-synthesis of qualitative literature

Meghan Bradway, Elisa Salvi, Tiphaine Lenfant, Karianne Fredenfeldt Lind, Viet-Thi Tran, Undine Knarvik, Konstantinos Antypas, Gro Karine Rosvold Berntsen

→ Coding a random sample of articles (n=39) to generate codebook

Data extraction – article meta-data and study details

Article data • Title • Authors • Year of publication	Study description • Aim • Design • Location • Methodology • Data collection and analysis methods
Participant characteristics • Number • Age • Gender	Digital tool characteristics • Description • Intended use



Original Paper

The Acceptance, Usability, and Utility of a Web Portal for Back Pain as Recommended by Primary Care Physicians: Qualitative Interview Study With Patients

Christian Schlett¹, PhD; Nicole Röttele², PhD; Piet van der Keylen³, Prof Dr; Andrea Christina Schöpf-Lazzarino¹, PhD; Miriam Klimmek¹, BA; Mirjam Körner², Prof Dr; Kathrin Schnitzius³, MSc; Sebastian Voigt-Radloff⁴, PhD; Andy Maun⁵, Prof Dr; Mario Sofroniou⁵, DMed; Erik Farin-Glattacker¹, Prof Dr

¹Section of Health Care Research and Rehabilitation Research, Medical Center – University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany

²Institute of Medical Psychology and Medical Sociology, Faculty of Medicine, University of Freiburg, Freiburg, Germany

³Institute of General Practice, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nürnberg, Erlangen, Germany

⁴Institute for Evidence in Medicine, Faculty of Medicine and Medical Center, University of Freiburg, Freiburg, Germany

⁵Institute of General Practice / Family Medicine, Medical Center – University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany

Corresponding Author:

Christian Schlett, PhD
Section of Health Care Research and Rehabilitation Research
Medical Center – University of Freiburg, Faculty of Medicine
University of Freiburg
Hugstetter Str. 49
Freiburg, 79106
Germany
Phone: 49 27083732
Email: christian.schlett@uniklinik-freiburg.de

Abstract

Background: An ever-increasing number of patients seek health information via the internet. However, there is an overabundance of differing, often low-quality information available, while a lack of health literacy makes it difficult for patients to understand and assess the quality and trustworthiness of the information at hand. The web portal tala-med was thus conceived as an evidence-based, up-to-date, and trustworthy information resource for lower back pain (LBP), which could be used by primary care physicians (PCPs) and patients during and following consultations for LBP. The current evidence demonstrates that patients with LBP could benefit from web portals. However, the use of such portals by patients remains low, thus limiting their effectiveness. Therefore, it is important to explore the factors that promote or hinder the use of web portals and investigate how patients perceive their usability and utility.

Objective: In this study, we investigated the acceptance, usability, and utility of the web portal tala-med from the patient perspective.

Methods: This qualitative study was based on telephone interviews with patients who had access to the web portal tala-med from their PCP. We used a semistructured interview guide that consisted of questions about the consultation in which patients were introduced to tala-med, in addition to questions regarding patient perceptions, experiences, and utilization of tala-med. The interviews were recorded, transcribed, and analyzed through framework analysis.

Results: A total of 32 half-hour interviews were conducted with 16 female and 16 male patients with LBP. We identified 5 themes of interest: the use of tala-med by PCPs during the consultation, the use of tala-med by patients, its usability, added values derived from its use, and the resultant effects of using tala-med. PCPs used tala-med as an additional information resource for their patients and recommended the exercises. The patients appreciated these exercises and were willing to use tala-med at home. We also identified factors that promoted or hindered the use of tala-med by patients. Most patients rated tala-med positively and considered it a clear, comprehensible, trustworthy, and practical resource. In particular, the trustworthiness of tala-med was seen

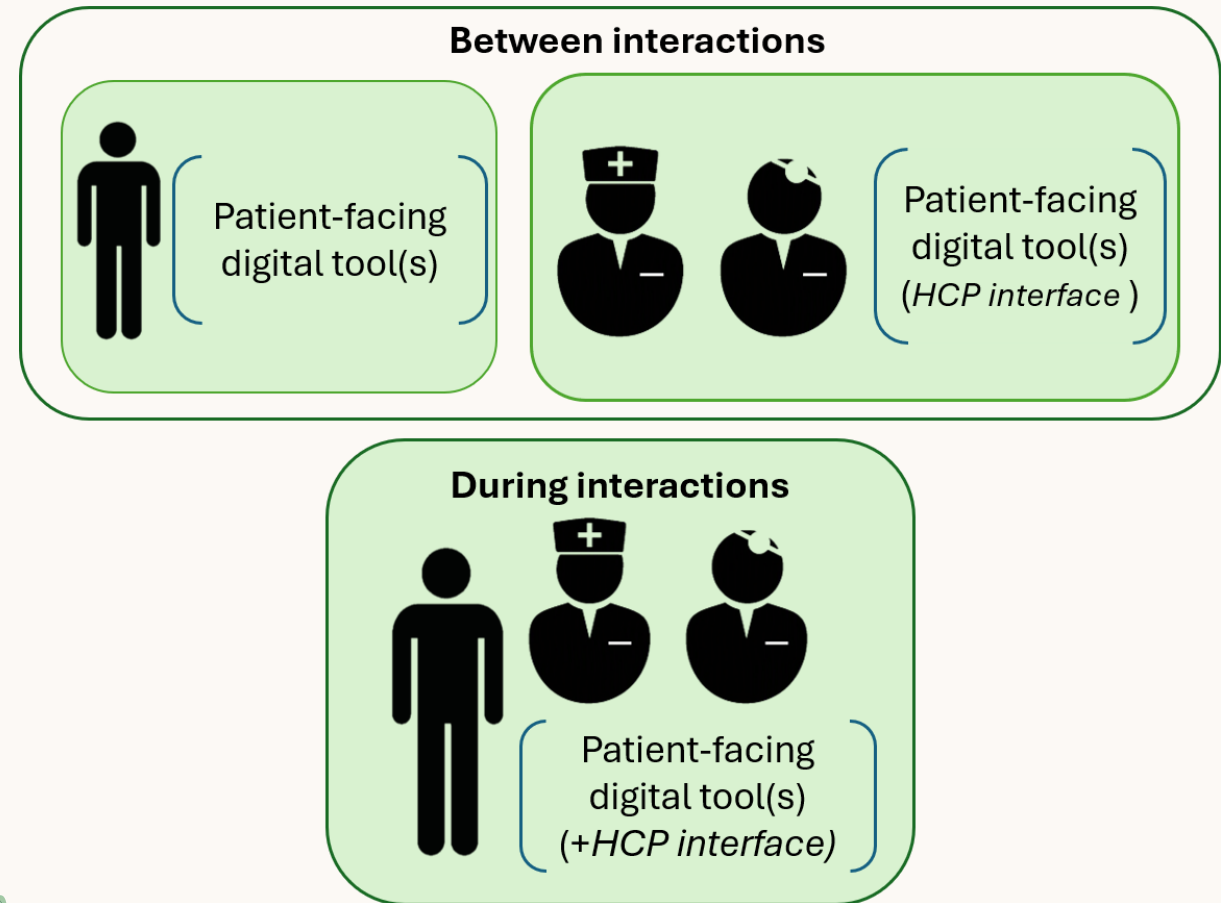
• Data extraction - impacts

From Results and Discussion sections

- ✓ Article text that explicitly state that there was an impact on the “relationship” resulting from use
 - ✓ Specific to the chronic condition
 - ✓ Experience (*not expectation or perception*)
 - ✓ Resulting from use NOT solely contributing to use

• Impacts

- Actions
- Events
- Decisions
- Perceptions
- Feelings



• Coding Interview themes and subthemes

THRESHOLD

Frequency

Information/
Content

Accessibility

CONTINUITY

When
you need it

Where
you need it

Never
overlooked

POWER SHARING

Collaboration

Empowerment
/autonomy

Roles and
responsibilities

MUTUAL UNDERSTANDING

Honesty/
transparency

Formality

Understanding
of patient health

SENSE OF SECURITY

Trust

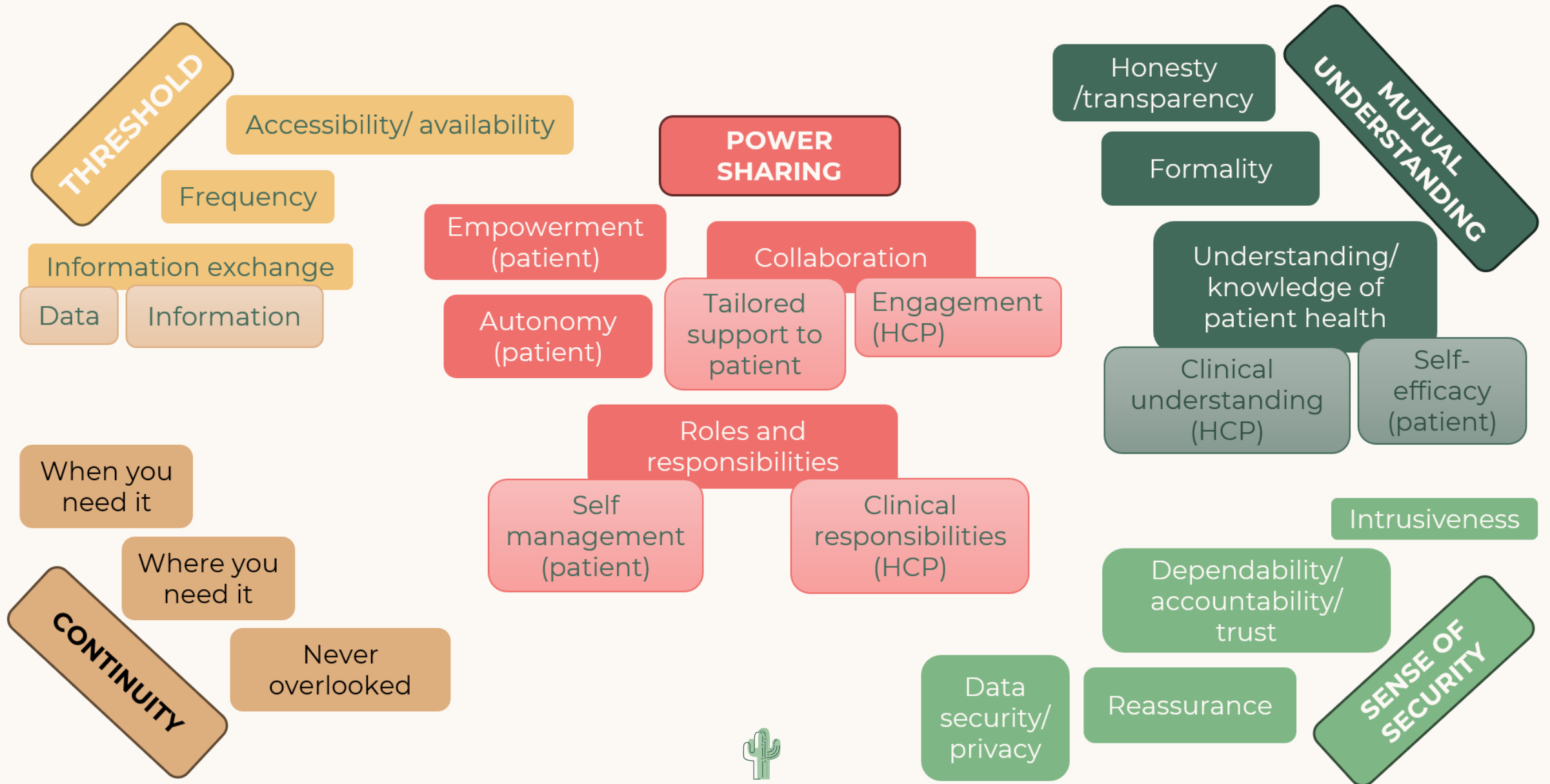
Reassurance

Data security/
privacy

Intrusiveness



Coding Literature Review themes and subthemes



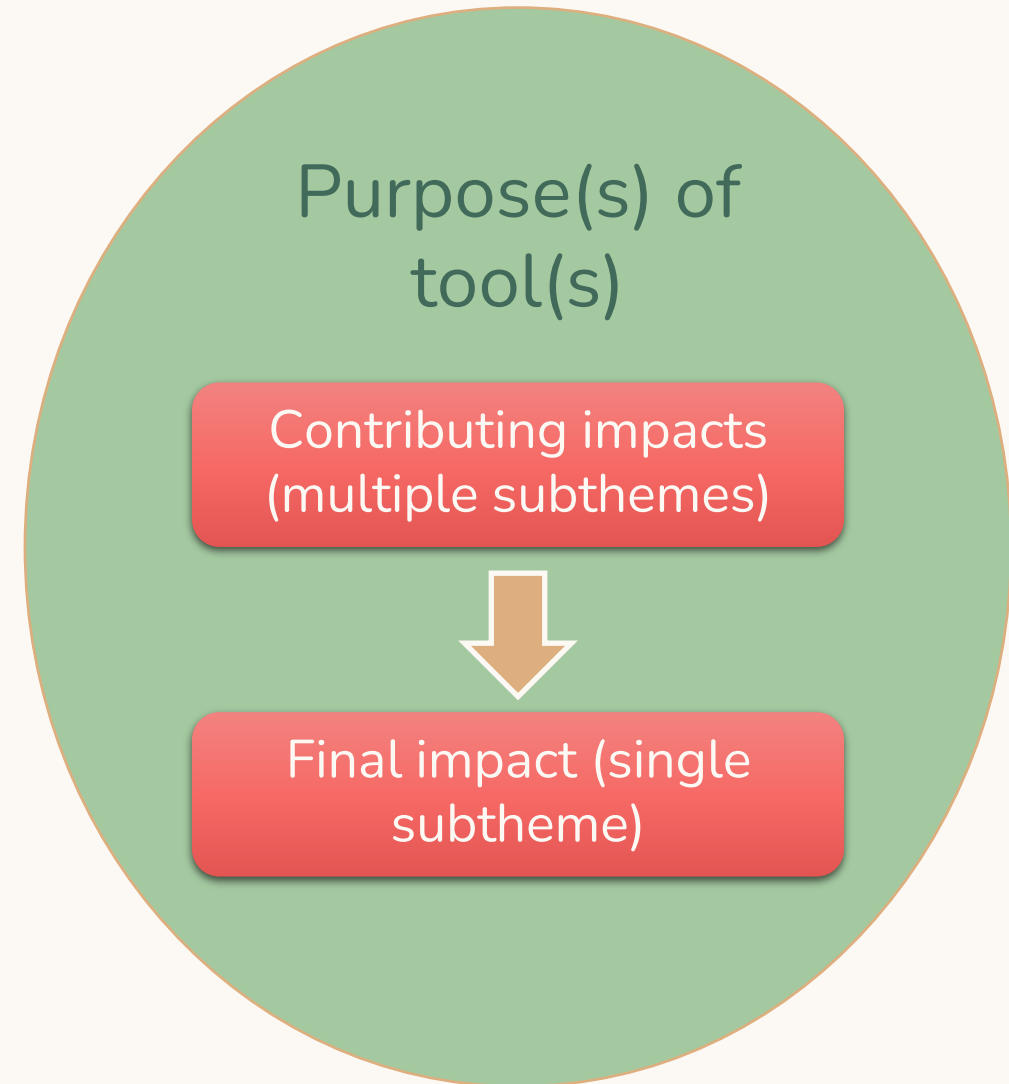
• Two main principles of analysis

1. $A+B \rightarrow C$ coding approach

- A+B: combination of subthemes that result in a final impact
- C: subthemes describing final impact

2. Categorization of tools

- Features and platforms did not yield any patterns when compared to themes and subthemes
- Intended use or purpose(s) formed a context
- Can be multiple purposes for a single intervention



Example of coding text – impacts on the relationship

“Increased informedness and **shared information** with their PCP were seen as advantageous for **upcoming consultations**.

Patients felt that they could **enter consultations**

- (1) with better prior knowledge,
- (2) ask targeted **questions more easily**, and
- (3) speak to their PCP about **specific topics** and exercises.”

[37]

Subthemes

Increased self-efficacy

Increased information

Increased collaboration

Increased empowerment

Overall impact

Increased collaboration



37. Schlett, Christian, et al. "The acceptance, usability, and utility of a web portal for back pain as recommended by primary care physicians: qualitative interview study with patients." *JMIR formative research* 6.12 (2022): e38748.

• Categorization of tools by intended use

- Three main concepts

1. Patient vs. HCP responsibilities when using tool(s)
 - What they do on their own
2. Balance of decision making (together)
 - What they do together
3. Intended use of data registered in tool(s)
 - How does the data play a role in the previous 2 concepts



Consultation/ treatment participation
(can include preparation)

Self-management

Between consultation communication

Monitoring (patient reported data)

Access

Passive monitoring (medical device)



*largely based on power sharing, patient involvement and engagement

Example of categorizing based on tools

Tala-med (web portal)

*no explicit description of physical platform

For use during
and after
consultations

(unique username and
passwords)



Aims: to improve

Multimedia content:
High-quality
information source

Patient
informedness

Patient-
doctor
interaction

General
information:

Glossary,
guidelines,
available
therapies,
additional
links

Info graphics
and short
texts:

i) how to
prepare for a
PCP visit

ii) about
patient
centeredness

Tool purpose(s)

- Self-management
- Consultation/treatment participation



37. Schlett, Christian, et al. "The acceptance, usability, and utility of a web portal for back pain as recommended by primary care physicians: qualitative interview study with patients." *JMIR formative research* 6.12 (2022): e38748.

* Tools can have multiple impacts; numbers represent all instances of subthemes, **not** number of articles.

* Tools can have multiple impacts; numbers represent all instances of subthemes, **not** number of articles.

[illegible]

Evidence synthesis – incorporating contributing themes

Tool:
Tala-med
(web portal)

Purposes: 1) Self-management, 2) Consultation/ treatment participation

Use: during and after follow-up consultations by both patients and providers

Provided: 1) additional information to consultation, 2) as a backup to review information and feedback

1. “Practical solution **for home**, I **could do something without needing a health professional**”

Increased where you need it

Increased self-management

Increased autonomy

2. “Patients appreciated the **time-flexible** and **independent use** of the *portal* [**“engage with the content”**], which also **supported** their **active role** in **taking care of their own LBP**”

Increased self-efficacy

Increased information

Increased when you need it

Increased self-management

3. “**Increased informedness** and **shared information** with their PCP were seen as advantageous for **upcoming consultations...**”

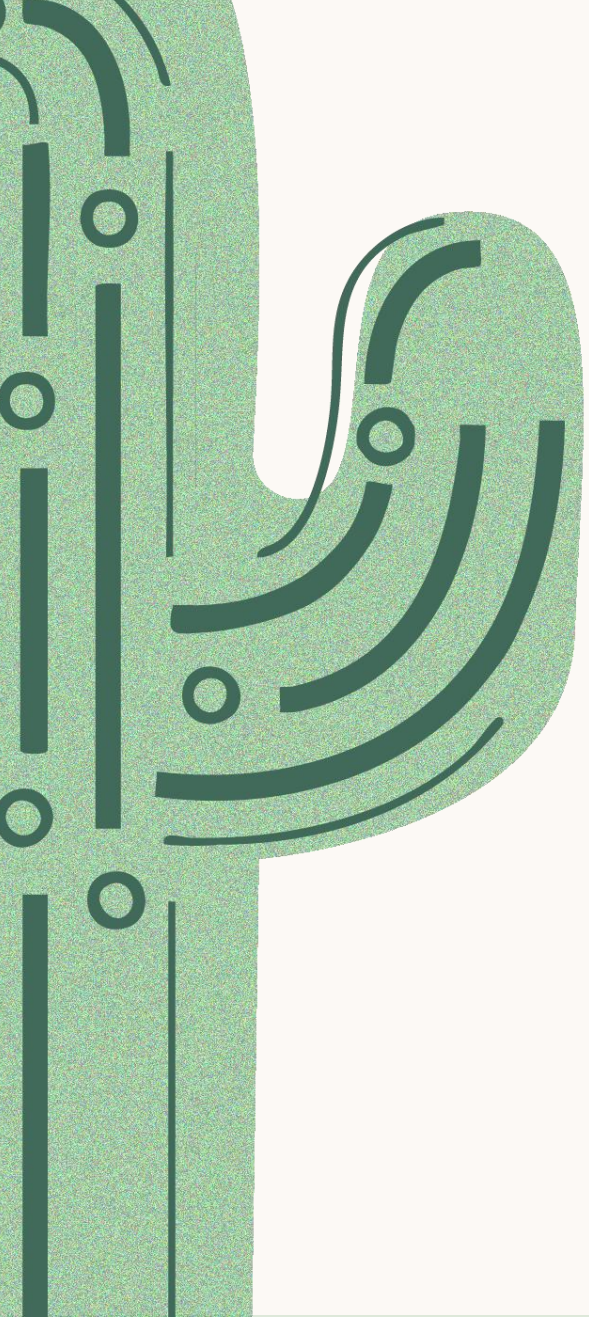
Increased self-efficacy

Increased information

Increased empowerment

Increased collaboration





Thank you for your attention

Questions?

Meghan Bradway

Meghan.Bradway@ehealthresearch.no

Norwegian Center for E-health Research





ICAREWOUNDS

Intelligence and integration of care for smarter chronic wounds management

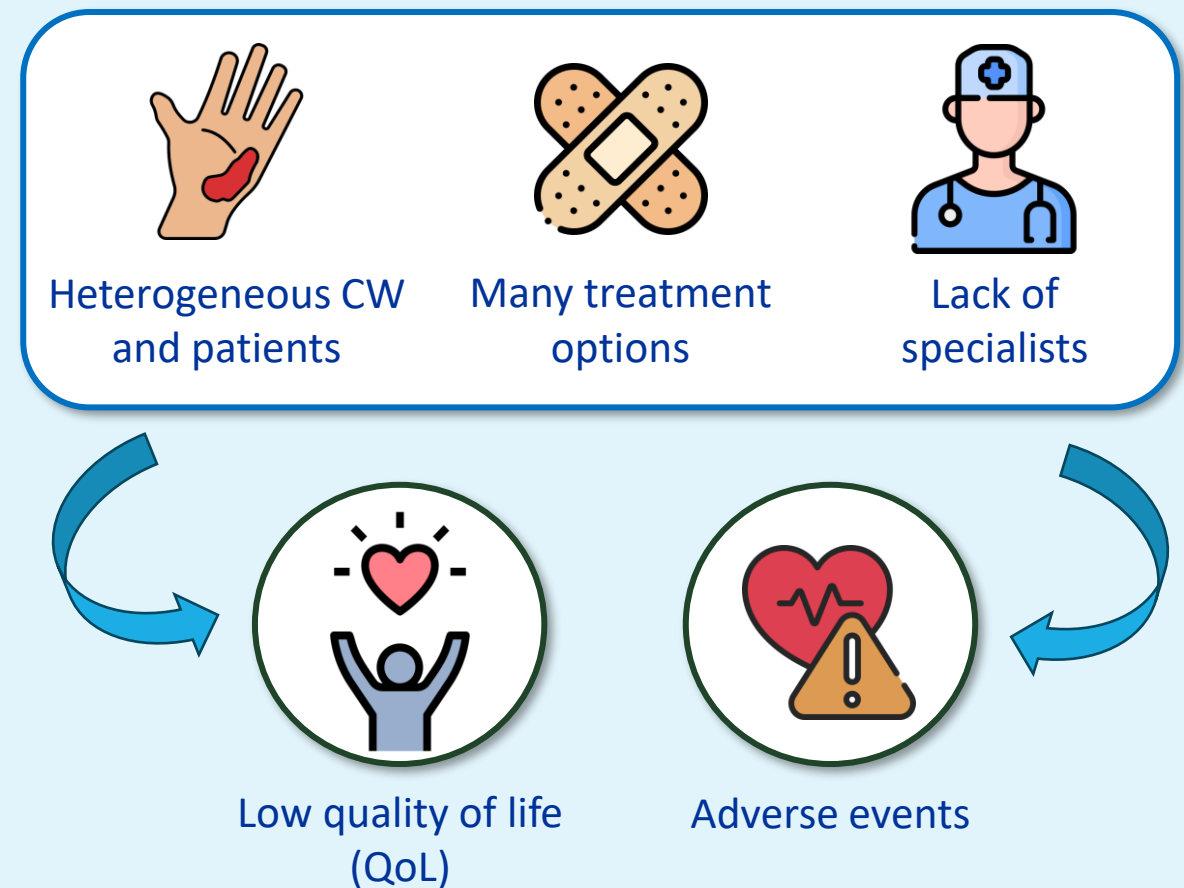
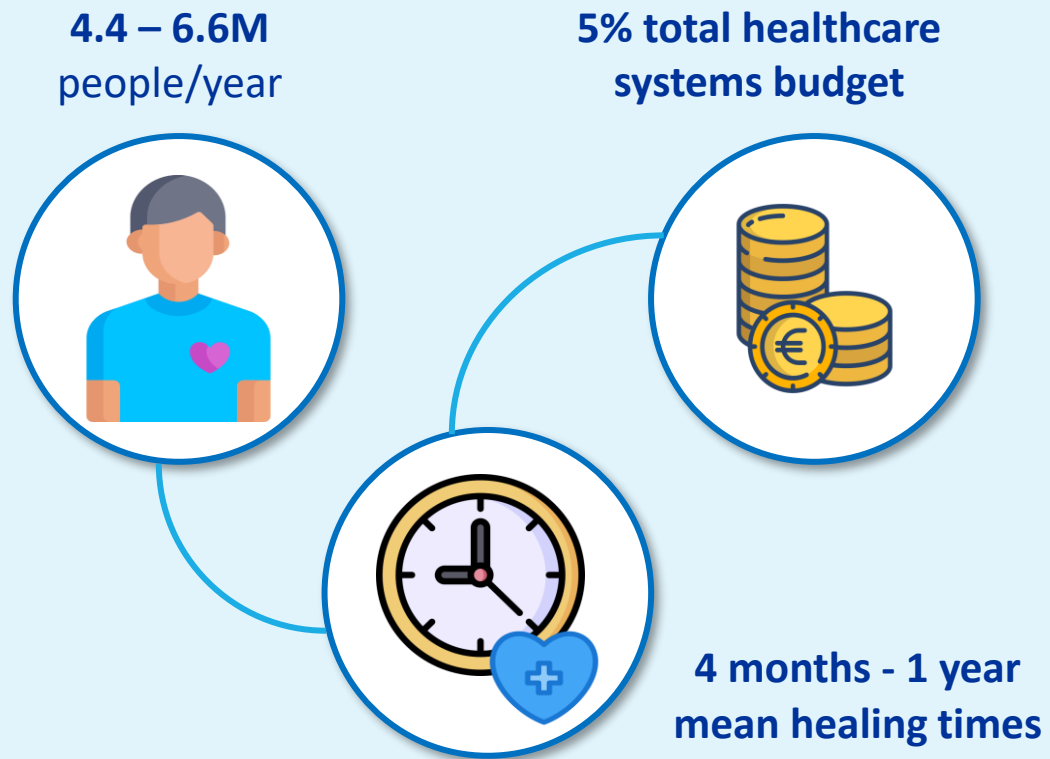
Sandamini Wanigasooriya
University College Dublin, Ireland

(On behalf of ICAREWOUNDS Consortium)



Co-funded by the
European Union

EU chronic wounds burden and challenges



ICAREWOUNDS: Trustworthy AI for Integrated Wound Care

Aim:

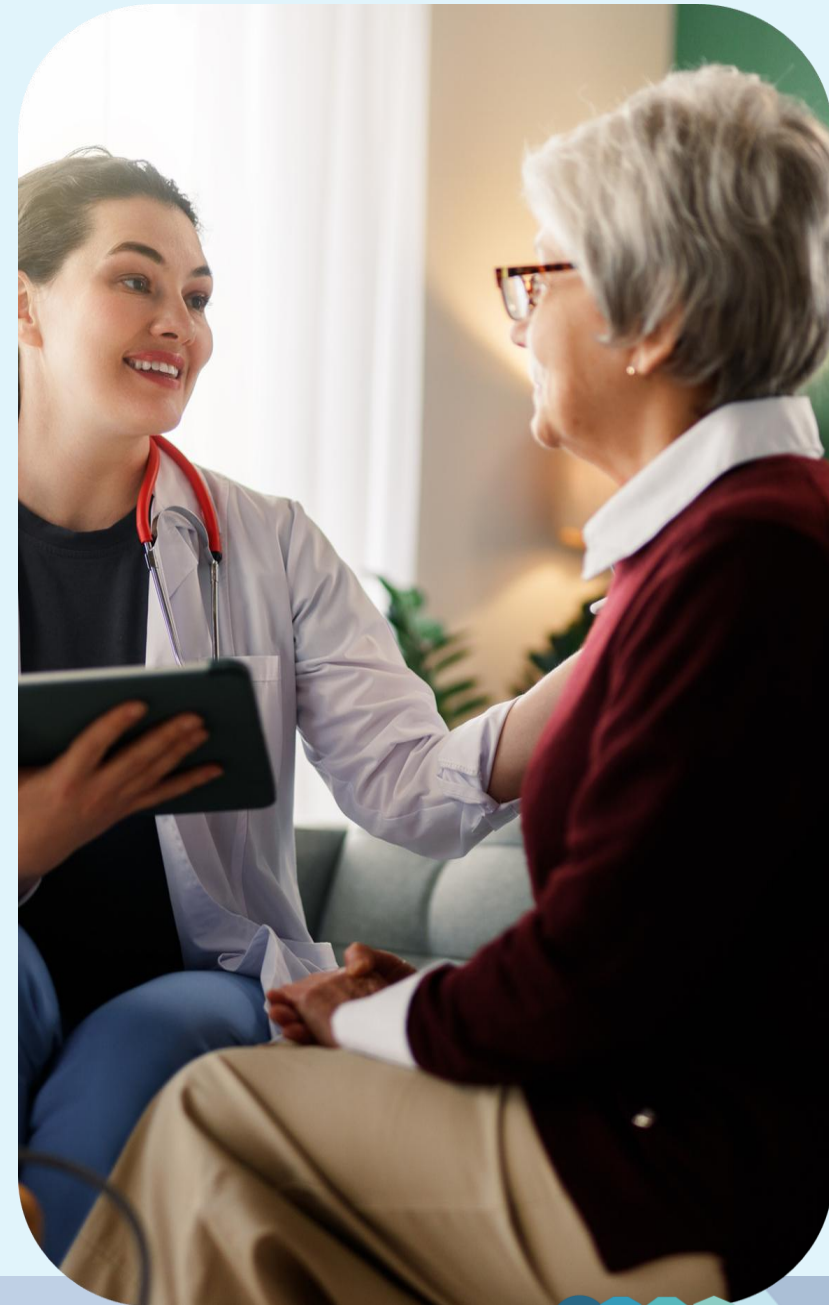
Develop and validate a patient-centric digital platform using trustworthy AI to support integrated chronic wound care (AI-CDSS)

This will enable clinicians to:

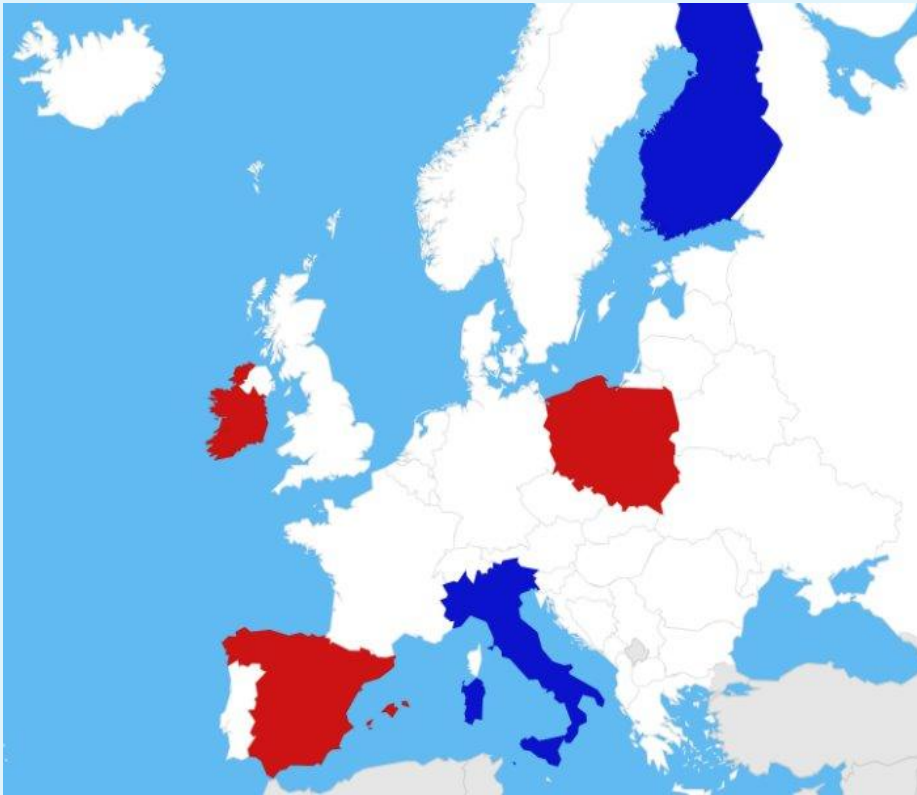
-  Capture wound images
-  Extract wound features
-  Support decision making for tailored patient care
-  Ensure data interoperability

The proprietary AI platform will help clinicians make informed decisions, but will not replace the clinician.

A section of the platform will also be available for patients and caregivers, giving tailored **recommendations** on lifestyle and nutrition.



ICAREWOUNDS Consortium



#	Name	Type	Country	Expertise	Main role & tasks
1	Gradiant (C)	RTO	ES	Technology	AI models
2	IISGS	CLIN	ES	Clinical	Clinical site
3	CyberEthics Lab	SME	IT	Ethics & legal	Ethics and legal supervision
4	Med. Uni. of Lodz	UNI	PL	Clinical	Clinical site
5	University College Dublin	UNI	IE	Clinical	Clinical site
6	LUT University	UNI	FI	SSH	Socioeconomic assessment
7	Sigoria	SME	PL	Technology	Platform and interfaces

Abbreviations: RTO – Research and Technology Organisation; CLIN – Clinical Partner; SME – Small and Medium-sized Enterprise; UNI – University; ES – Spain; IT – Italy; PL – Poland; IE – Ireland; FI – Finland; SSH – Social Sciences and Humanities.



Co-funded by the
European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



ICAREWOUNDS platform: Integrated information management

ICAREWOUNDS

Dashboard
Patient Registration
Patient List

Patient Information | Lifestyle | **Wound 1** | Lifestyle Recommendation | Summary

Patient Information

Hospital: Select hospital...
Postal Code:
Birthdate: Select birthdate
Gender: Select gender...
FSPC: Select FSPC...
Comorbidities: Comorbidities...
Current Treatments: Current treatments...
Number of Wounds: 1

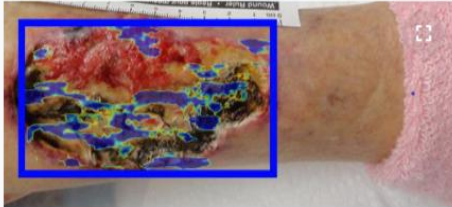
Next

Herida 1 – Recomendaciones

[-- Volver a subir imagen](#)

Análisis de herida

1 Detección > 2 **Propiedades de la herida** > 3 Recomendación



Se encontraron los siguientes tejidos en la herida:

Necrótico Confidence	90%	
Esfacelar Confidence	82%	
Granulado Confidence	85%	

Wound analysis

1 > 2 **Wound properties** > 3 Recommendation

Wound properties

Localization

Other | Sacrum | Heel | Bone Prom.

Exudate level

State of the perilesional skin

Fragile skin

☒ Macerated tissue

Eczema

Erythema or inflammation

Other properties

Stalled wound

Tunnelling

Infection

ICAREWOUNDS CDSS & patients' /caregivers' recommendations

<

Wound analysis

?

≡

1 > 2 > 3 Recommendation

Protections (-)

Dressings (0/38)

86%
Medihoney HCS border

86%
Medihoney HCS non-border

86%
ActivHeal Silicone Lite Non-Bordered

86%
Intrasite Gel

71%
ActivHeal Foam Adhesive

Compare

> Finalize

Wound 1 – Recommendations

General Wound Care

· Wash hands before and after wound care

· Clean wound

· Change wound dressing

· Avoid injuries

· If signs of infection appear, contact your healthcare center

Accepted

Specific Wound Care

· Change positions every 2–3 hours

· Use pressure-relieving devices: alternating air mattresses, pressure cushions, body positioners

· Use of hyperoxygenated fatty acids (HOFA) in areas at risk or pressure-loaded bony prominences

· Avoid direct pressure on the wound

Rejected

Treatment

Intrasite Gel

Mepilex Border Sacrum

Corpitol

Add your own clinician recommendation

Accepted

Clinician recommendation

Enter your own clinical recommendation here...

Lifestyle Recommendations

Risk management recommendations

Consult with your healthcare provider about available resources to help you quit smoking

Accepted

Nutritional recommendations

Drink at least 5 glasses of water daily.

Consume hydrating foods.

Limit caffeinated, sugary drinks and alcohol.

Rejected

Sleep Hygiene Recommendations

Avoid sugary drinks, caffeine, energy drinks in the afternoon.

Relaxing pre-bedtime routine.

Avoid screen exposure 2 hours before bedtime.

Maintain a consistent sleep schedule (11pm – 7am).

Accepted

Add your own clinician recommendation

Accepted

Clinician recommendation

Enter your own clinical recommendation here...

Previous

Next

ICAREWOUNDS Approach to Integrated Wound Care

Is ICAREWOUNDS engaging the whole system needed to make integrated wound care sustainable?

Healthcare Providers

- Nurses (TVN/primary care)
- Consultants
- Clinical supervisors (Trauma/Dermatology)

Patients and patient support organisations

Research Institutions (such as universities)

Government bodies

- Ireland – Health Service Executive, Dept. of Health
- Spain - Regional health authority
- Poland - Ministry of Health, National Health Fund

Activities

- **Stakeholder mapping** workshops
- **Co-design workshops** with relevant stakeholders
- Involvement of Tissue Vitality Nurses and clinical professionals in **development of the Integrated Care Model and digital platform**
- **Pilot testing** of the actual platform with nurses, patients and their caregivers
- Development of **recommendations** through the guidance of the clinicians through the platform for wider implementation

CO-DESIGN METHOD

The expertise of knowledge partners was combined with the needs of patients to develop the ICAREWOUNDS patient-centric integrated care model and care pathway which will guide the digital platform.

**STAKEHOLDER
MAPPING
WORKSHOP**

**CO-DESIGN
WORKSHOP**

**SCIROCCO
QUESTIONNAIRE
(Integrated Care
Maturity)**



A 11-month pilot study

Model testing through a multi-centre pilot study

Phase 1:

Heuristic Evaluation

Identify usability issues
and user needs
+
Iterative platform
refinement



COMPLETED

Phase 2:

Validation of concept

Validate platform and
AI-CDSS use in simulated
clinical scenarios



ONGOING

Phase 3:

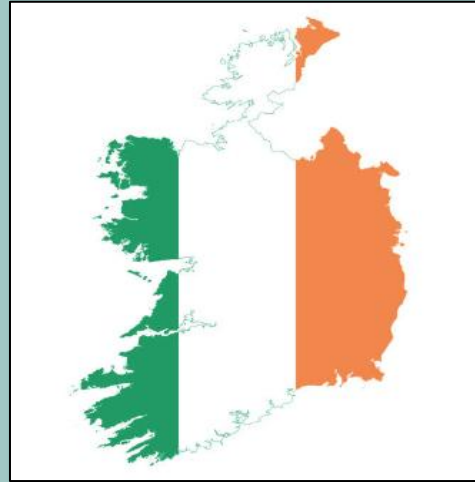
Usability Evaluation

Evaluate clinician user
experience and system
usability



UPCOMING

Readiness to Change



IRELAND

**Proactive approach but
needs stronger
stakeholder engagement**



SPAIN

**Recognizes the need for
change but struggles with
execution**



POLAND

**Lack of strategic planning
and public engagement**

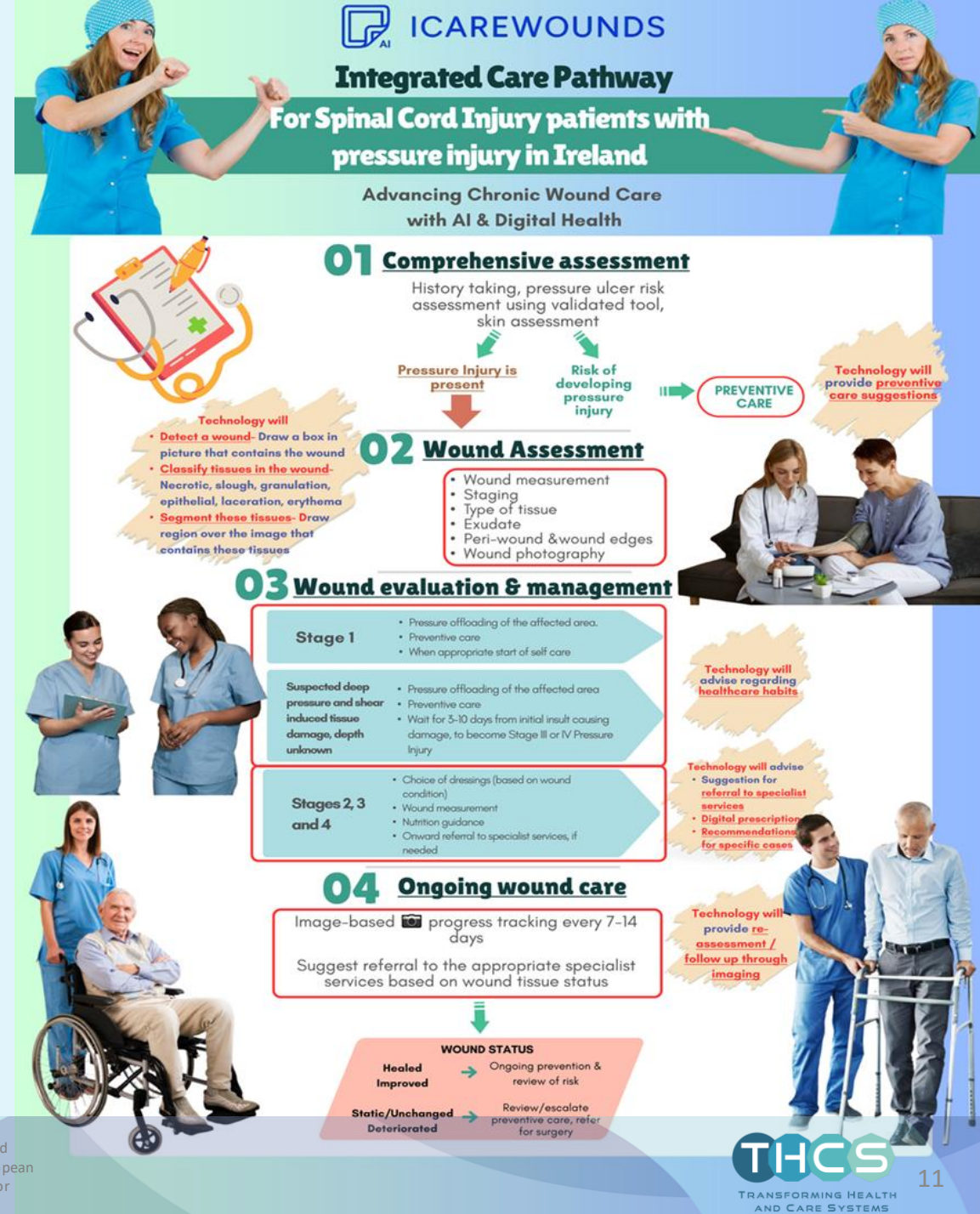


Co-funded by the
European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

ICAREWOUNDS Integrated Care Pathway for Spinal Cord Injury patients with pressure injuries in Ireland

Similar pathways were developed by Spain and Poland considering the local care pathways



Phase 1: Preliminary Results

Participants **valued the AI-enabled clinical decision support**, particularly the suggested treatment options and matched interventions.

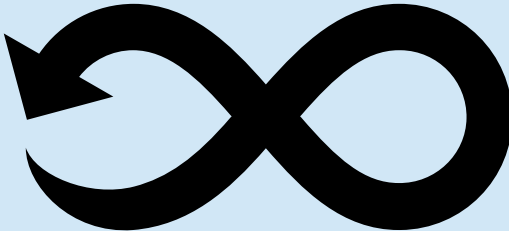
Recommendations to allow clinicians to edit or tailor advice generated by the AI platform.

A **'Help'** feature within each section was recommended to improve platform guidance and navigation.

Some terminology did not fully align with clinical practice, indicating the need for more **clear language** and workflow refinement.



The Reality of Implementation

WHAT WE EXPECTED		WHAT WE ENCOUNTERED
Technology adoption & integration would be the biggest challenge		Organisational approval and change emerged as the real challenge
3 pilot sites would follow similar implementation pathways		Local contexts were considerably diverse
Clinicians would engage through planned workshops		Workforce pressure and understaffing affected participation
Ethics and governance would be clear-cut processes		Ethics processes were shaped by joint data controllers across universities and hospitals

Four challenges we navigated

01

Ethics approval & data governance

Strict ethics/ GDPR restrictions blocked real patient-image capture.

Lesson: Plan governance requirements at project inception.



02

Clinician engagement & workforce capacity

Healthcare professionals had limited time to engage with project activities → reduced recruitment and participation.

Lesson: Design implementation around workforce realities.



03

Multi-country coordination

Hospital workflows, terminology & digital maturity varied by country.

Lesson: Build a standardised core with room for local flexibility.



04

Sustainability & funding

Funding bodies sit largely outside the consortium.

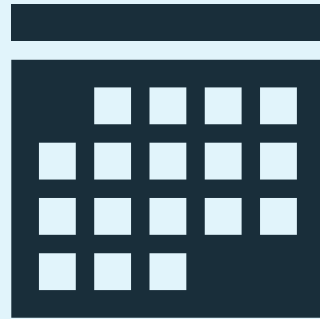
Lesson: Engage national/EU financing stakeholders early and often.



What worked well



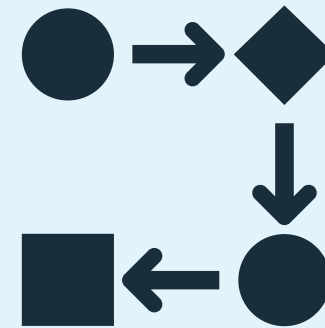
Iterative co-design



Flexible scheduling



Using public image datasets



Developed an integrated care model across 3 sites



Scale-up potential

Key Learnings

The biggest challenge was not introducing digital technology, but **in aligning people, processes and organisations.**



- Governance and data-sharing requirements need planning and preparation from day one
- Technology adoption is fundamentally an organisational challenge, not just a technical one
- Scalability requires a standardised core with built-in local flexibility
- Sustainability planning must begin before implementation



Thank You!



www.icarewounds.eu

Contact:
pabasara.wanigasooriya@ucd.ie
rini.bhatnagar1@ucd.ie



Co-funded by the
European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

