MODEL ACCESS SOLUTIONS

PROJECT OUTLINE

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1. Conception

1.1. Scope

Ever since its establishment in 2014, PACT has been fostering a patient-led respectful dialogue on access to healthcare between public health associations, healthcare professional associations and industry. PACT has also been instrumental in advocating for improving access for patients through an active European Parliament Interest Group on Equitable Access to Healthcare, effective liaison with the European Commission, WHO, OECD and EU Presidencies, meaningful national and EU-level discussions at roundtables and conferences, and, through several policy initiatives, statements, and consensus documents.

Under its initiative "Model Access Solutions", the Patient Access Partnership will identify, explore, and promote selected evidence-based, workable solutions for better access to healthcare. This does not mean doing this ourselves but rather, acting as a catalyst to find mechanisms and partners to identify such solutions, assess them critically, and for PACT to provide an environment, through workshops, whereby they can be promoted, understood and the drivers for transformational change can be agreed, in a multi-stakeholder, multi-disciplinary way.

Set in a broader context, the European Commission has invested significant efforts to support health system reforms at the Member State level through ESIF. However, we believe an important complement to this analysis would be to consider the patients' view on which practices demonstrate clear and operational added value for patients.

With its unique multi-stakeholder perspective and a patient-focused mission, the Patient Access Partnership has the capacity to understand the contextual patient and provider preferences and needs and identify the missing drivers for an impactful implementation.

We perceive this exercise as an **iterative multi-disciplinary learning process for society to transform healthcare systems** towards better patient health, enhanced experience of care, and improved value from care.

Our distinctive contribution to this end will be in **addressing the knowledge-practice gap by engaging the patient** who is the recipient of care and has, moreover, invaluable experience and information regarding inequitable access.

The overall goal is to provide Member States and different stakeholders with web-based **repository of models of excellence in the field of access, supplemented by a dedicated workshop, to explore how they ca be replicated** by stakeholders and/or scaled on local, regional, or national level in the country of origin or another Member State.

Ideally, PACT will aim to conduct up to 2 cycles of selection of model access solutions per year.

1.2. Definition

By definition, 'model access solutions' are person-centred, correspond to the 5As, have   demonstrable impact, and have the potential to be replicated and scaled in Europe.

1.3.Motto

"See it to succeed."

1.4. Objectives and Expected Outcomes

Objective #1: To identify best practice initiatives which are person-centered, correspond to the 5As of access, and have demonstrable impact in improving access to healthcare for patients.

Objective #2: To showcase the selected best practice initiatives in a web-based repository so that they do not remain localized.

✓ **Result: Visibility of initiatives to improve access to healthcare**

The selected best-practice examples will be shared in a repository on a digital platform, created by PACT. The broader scope of the platform as an events, networking, and information space, will attract different stakeholders from and beyond the healthcare sphere. Thus, these initiatives will get the attention of patient representatives, healthcare providers, policymakers, public health experts, experts from academia, experts on health systems, digital experts, anthropologists, entrepreneurs, and academics.

Objective #3: To hold 1 dedicated meeting / webinar per cycle to discuss how these best practice initiatives can be replicated by stakeholders in other countries and/or scaled on local, regional, or national level in the country of origin or another Member State.

✓ **Result: Wider discussion on scalability**

PACT will organise workshops to understand why the selected initiatives constitute good practices, what are the critical success factors for their implementation, how they can be replicated and taken to scale, etc. There are no funding opportunities in the context of this initiative, however the incentive for people to apply will be the opportunity for a wider discussion on their initiative and potentially, a policy discussion in the MEP Interest Group on Equitable Access to demonstrate applicability and scalability.

Objective #4: Work closely with the MEP Interest Group on Equitable Access to convey powerful and clear messages about the role of the European Union in encouraging the systematic uptake of the existing best practice examples.

✓ **Result: Together for equitable access**

History has demonstrated that economic crises have very negative impact on health and health budgets; in fact, PACT was created as an instrument to address the consequences to access following the 2008-2009 economic turmoil. The COVID-19 crisis puts us through similar challenges and despite the recovery funds available, we need to ensure that the resources are spent wisely. It is thus very timely for PACT to draw on the evidence and work closely with the MEP Interest Group on Equitable Access to convey powerful and clear messages about the role of the European Union in encouraging the systematic uptake of the existing best practice examples.

2.Planning

2.1. Eligibility

Any stakeholder (directly or indirectly involved in the field of healthcare) whose initiative aims to improve equity of access to health and related care for patients can submit an initiative.

PACT welcomes types of initiatives, focused on improving access. These may be:

- Health care service delivery
- Information / Awareness-raising campaign
- Intervention (school based / workplace / other)
- Screening
- Research project
- Public policies
- Tool / Instrument / Guideline
- E- health & mHealth
- Training
- Other

2.2. Topic

In the first cycle of the Model Access Solution initiative, launched in 2021, applicants will be invited to submit initiatives which aim to improve access to healthcare for patients in one specific area:

- Initiatives to provide equity of access to care for patients with chronic conditions during the COVID-19 pandemic

2.3. Application Guidelines

All applicants are invited to submit their application online using the dedicated application portal (link to be provided). Applications sent by email will not be accepted. The abstract submission form ensures that the information is presented in comprehensive and structured manner.

Applicants should answer all questions in the submission portal. Applications must be completed in English and submitted before the deadline.
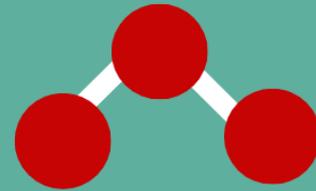
Applicants cannot make any changes to their application after the submission deadline.

For more information on the submission form questions and guidelines, please consult the Application Guidelines document in Appendix.

2.4.Why apply?

SEE IT TO SUCCEED!

Why submit a proposal?

Speak up!
Too many excellent initiatives remain localized, not fulfilling their potential application in other environments, disease areas and geographies. These are often developed outside government mechanisms of funding and are rarely promoted to national authorities for further scaling-up.

For patients with patients.
A patient's view on practices with clear operational value to transform healthcare systems for more equitable health care and services, enhanced experience of care, and improved value from care.

Stakeholder to stakeholder.
With a multi-stakeholder Advisory Board, and a bottom-up approach to selecting best practice examples, we aim to create an engaging and trusted environment to explore and promote practices that carry significant social value but remain localized.

2.5. Criteria

To select 'model' access solutions, certain criteria will be applied. Following a literature review and drawing on the scientific expertise of the European Commission, the WHO and others, PACT has approved a set of criteria to reflect a patient-centered and stakeholder-oriented approach in the assessment of initiative proposals.

The proposed set of criteria was discussed and developed at a first Workshop on 05 November 2020 (the meeting report is available here). It will be later refined by the selected Advisory Board members at a dedicated working session.

For detailed description of the criteria, please consult the Assessment Methodology and Selection Criteria document in Appendix.

A preliminary assessment of a proposed "access model" will apply **Exclusion** criteria, in other words, if not fulfilled, it will not be eligible for further assessment.

The **Core** criteria will be applied to assess the effectiveness and efficiency of the model, as well as how the model has addressed equity issues.

Finally, the **Qualifier** criteria will be used to assess whether the model contains elements that are relevant for its further application.[1]

A. **The Exclusion criteria will assess the following aspects:**
- Relevance
- Evidence and theory based
- Ethical aspects
- Equity

B. **The Core criteria will assess the following aspects:**
- be patient-centred
- incorporate the 5 elements of Patient Access defined by PACT *(availability, adequacy, accessibility, affordability, appropriateness)*[2]
- be able to showcase impact
- be able to showcase ongoing learning and quality improvement

C. **The Qualifier criteria of the model will assess the quality of the intervention in terms of its implementation and transferability. These qualifiers will assess the following aspects:**
- Scalability and Transferability
- Sustainability
- Participation
- Innovation
- Intersectoral collaboration

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[1] 2015, EC DG SANTE. Criteria to Select Best Practices in Health Promotion and Chronic Disease Prevention and Management in Europe: https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/sgpp_bestpracticescriteria_en.pdf

[2] https://eupatientaccess.eu/wp-content/uploads/2021/02/Public-Health-Genomics-Journal_A-Conceptual-Framework-of-Mapping.pdf

2.6. Advisory Board

Advisory Board Members of the "Model Access Solutions" project of PACT have been selected on the basis on their extensive expertise and professional experience. [3]

For detailed information on the rules, procedure and conduct of the Advisory Board members, please consult the Terms of Reference of Advisory Board document in Appendix.

Below is a list of our distinguished Advisory Board members:

Ms. Anna Żakowicz	AIDS Healthcare Foundation
Prof. Ferry Breedveld	Federation of European Academies of Medicine
Prof. Dr. Frank Rademakers	University Hospitals Leuven
Dr. Hans Dubois	Eurofound
Dr. Petra Wilson	Health Connect Partners
Mr. Silviu Popa	European Federation of Pharmaceutical Industries and Associations
Ms. Souzi Makri	European Alliance for Patient Access

2.7. Assessment

1.6.1. Preparatory phase

PACT Secretariat launches an open call for Advisory Board members applications. The PACT Steering Committee confirms final list of expert reviewers in the Advisory Board and then an open call for stakeholders to submit proposals for evaluation is initiated[4].

1.6.2. Phase 1

Following an initial selection of proposals[5] (as per the Exclusion criteria), the eligible initiatives are submitted for further assessment to the Advisory Board.

1.6.3. Phase 2

The Advisory Board carries out an assessment of all selected proposals based on the Core and Qualifier criteria[6]. Advisory Board members assess each proposal, awarding individual score to each specific sub-criterion. The assessment results are discussed at the final consultation webinar to confirm the 'model' access solutions which will be promoted in a dedicated repository online. The PACT Secretariat informs the applicants of the selected / non-selected proposals.

1.6.4. Phase 3

PACT Secretariat publishes the selected proposals in a dedicated repository (online website). The published proposals are eventually presented at thematic workshops to discuss their applicability and replication. The discussions and reflections from the workshop supplement the models with more information on the additional work, collaborative activities, or modification strategies to advance the model.

Selected proposals may be taken into consideration in the context of the activities of the MEP Interest Group on Access to Healthcare.

For details, please consult the Assessment Methodology and Selection Criteria document in Appendix.

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[3] The expert reviewers to evaluate the proposals in their personal capacity and expertise and not as representatives of their organization.
[4] Duration: 45 calendar days[4] to submit proposals
[5] Duration: 14 calendar days to select proposals
[6] Duration: 30 calendar days to assess proposals

2.8.Workshop

A major step in achieving the goals of the Model Access Solutions initiative is the organization of a Workshop having a twofold objective of:

1. presenting and discussing the models collected through the cycle, and
2. discuss scalability, transferability, constraints, and opportunities.

Part 1: Presentation session

Present and discuss the model access solutions, submitted by the partners during the cycle of proposal collection. The models will be showcased and afterwards the different strategies for exploitation of the various submitted models will be discussed.

Part 2: Workshop

The second part of the meeting will be a workshop session, based on commonly used frameworks to identify factors that might influence the implementation of interventions and their effectiveness.

Part 3: Summary

At the end of the working session the participants, previously divided into groups will be asked to share and discuss their respective results and consolidate in a unified form the analysis of the project.

Consolidation of results

During the consolidation of results, all feedback and comments gathered through the workshop will be taken under consideration. In this phase, the outcomes will be revised and updated in the repository based on the discussions held during the workshop.

The workshop report produced at the end of the process will be shared with all PACT partners and interested stakeholders. In need of further discussions, webinars could be scheduled for further exploitation of the results.

2.9.Policy Action

PACT will draw on the evidence and work closely with the MEP Interest Group on Equitable Access to convey powerful and clear messages about the role of the European Union in encouraging the systematic uptake of the existing best practice examples.
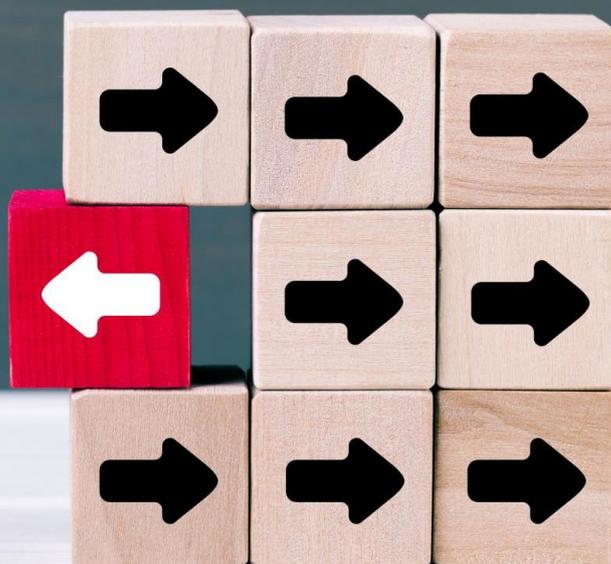
2.10.   Work breakdown structure
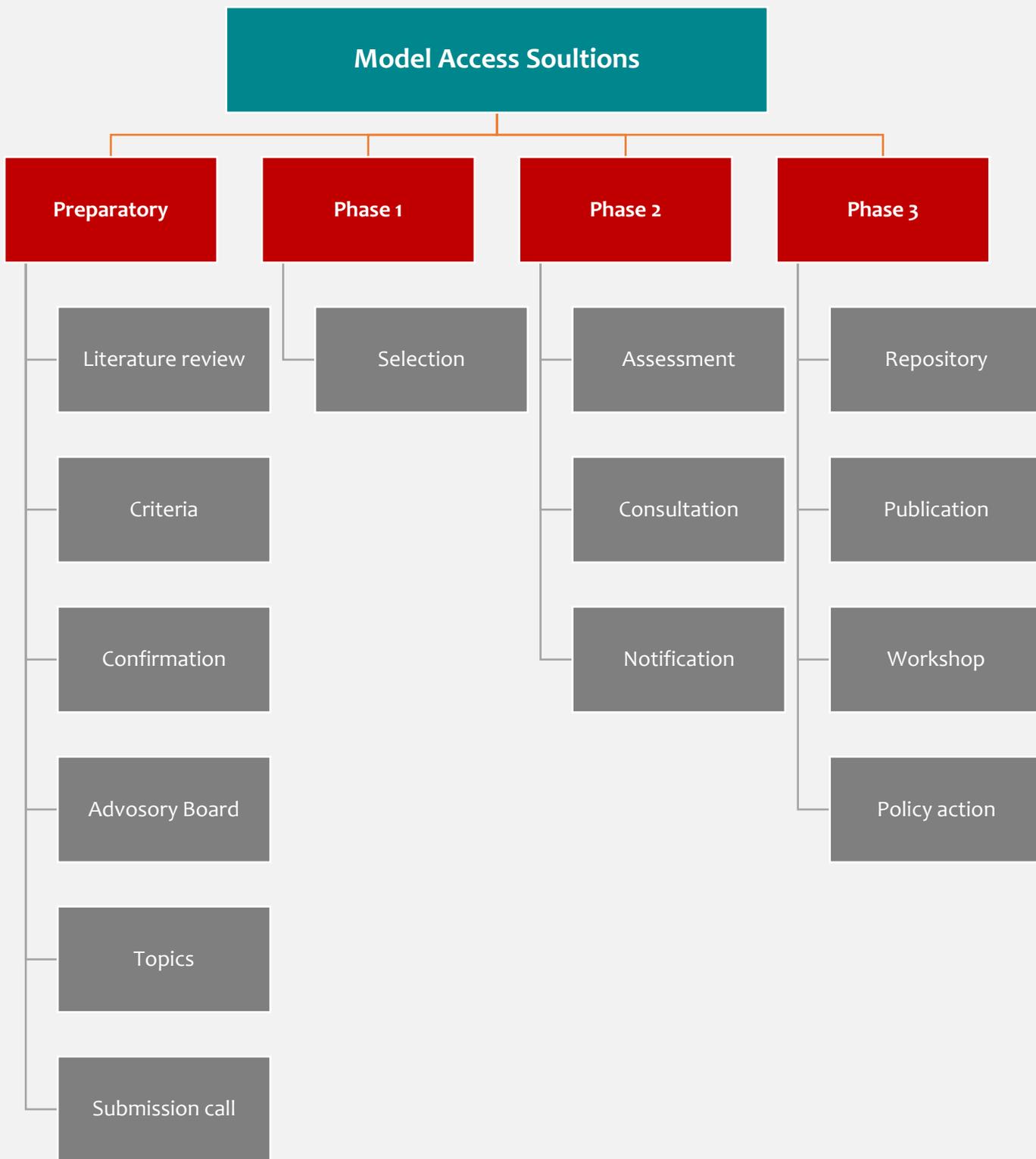
3. Execution

3.1.Milestones & Deliverables

Below is a list of the project milestones and the corresponding deliverables.

Milestones	Deliverables
M1 Selection criteria confirmed.	**D1.1.** A workshop with stakeholders.
	D1.2. An assessment criteria document.
	D1.3. An assessment methodology document.
M2 Advisory Board formed.	**D2.1.** An Advisory Board Terms of Reference document.
	D2.2. A list with Advisory Board members.
M3 Submission topics confirmed.	**D3.1.** A list with eligibility criteria regarding types of initiatives.
	D3.2. A list with topics for first selection round.
M4 Call for proposals initiated.	**D4.1.** An online application form / portal.
M5 Eligible proposals selected.	**D5.1.** List with selected proposals.
M6 Model access solutions selected.	**D6.1.** Declarations of Interest signed.
	D6.2. A spreadsheet with assessment scoring and rationale.
	D6.3. A webinar to discuss the assessment.
M7 Model access solutions published in repository.	**D7.1.** An online repository webpage.
	D7.2. Selected model access solutions published.
M8 Model access solutions discussed at a workshop.	**D8.1.** Two thematic workshops to present the model access solutions.
	D8.2. A meeting between PACT and MEP Interest MEP Interest Group on Access to Healthcare to present the project and discuss policy action.

3.2. Timeline

A detailed project timeline is available in Appendix: it represents chronologically the activities, in line with the project objectives and specific milestones.

4. Monitoring

4.1. Key indicators

Below is a list of indicators which will help to measure the effectiveness of the project.

Table 1: Quantitative indicators

	Key indicators	Measure
Project	Relevance	Number of submitted applications.
	Appropriateness	Number of selected applications
	Country representation	Number of applications per EU-27 MS
	Stakeholder representation	Number of representatives per stakeholder category
	Patient engagement	Number of initiatives with direct patient involvement
	Registrations	Number of participants per stakeholder category in a webinar
	Satisfaction	Percentage of survey respondents satisfied with the process (survey)
	Learning	number of specific learning outcomes reported by participants
	Contribution	Number of companies/ organisations investing in the project, both directly and in-kind
	Uptake	Number of plans for replication /update
Communications	Average time spent reading per user	Number of minutes spent in the repository section of the website/ digital platform
	Subscriber retention	Number of subscribers / unsubscribers
	Unique visitors	Number of unique visitors per day/week/month
	Website	Total page impressions per day/week/month Click to open rate (number of unique clicks) Number of downloads Number of pages visited per visit
	Podcast	Average time spent listening per user (day/week/month/year)
	Twitter	Number of followers Number of tweets Number of re-tweets
	YouTube	Total number of unique viewers per cycle

Table 2: Qualitative indicators

	Key indicators	Measure
Project	Relevance	Rationale behind submission of proposals
	Appropriateness	Degree of visibility to relevant access initiatives
	Satisfaction	Open questions via the survey
	Learning	Extent and nature of specific learning outcomes
	Uptake	Degree to which the project inspired replication of best practice in other settings
	Evidence base	Degree to which the project provides evidence in the European Parliament for best use of resources
Communications	Unique visitors	Understanding the motivation of the target group(s) to visit the website
	Website	Degree of success in promoting the initiative through variety of channels (feedback - MEP IG, policy initiatives, partners, etc.)

4.2.Risk Management

Below is a tailored-made plan for possible disruptive scenarios that may affect the project.

#	Description	Impact	Mitigation action
1	Advisory Board member resignation	Medium	Search for back-up / if not, proceed with one member less
2	Project delay due to funding constraints	High	Use existing available resources
3	Low applicant interest	Medium	Extend application period / boost media presence / use available repositories to proactively search for initiatives
4	Digital PACT not launched	High	Repository on PACT website initially
5	Workshop speaker unavailable	Medium	Consider back-up speaker
6	No media coverage	Low	Produce materials in-house and share

5.Communication strategy

5.1.Communication objectives

All objectives, specified under this communication strategy, are following the SMART model – specific, measurable, achievable, realistic, and time-bound.

Through this communication strategy, we aim to achieve:

- **Awareness** regarding the Model Access Solution initiative and its outcomes

- **Comprehension** of the purpose, significance, and benefits of the initiative

- **Conviction** among stakeholders of the value in putting forward a proposal

- **Impact** in line with the project objectives

5.2. Key messages

1. Too many excellent initiatives remain localized, not fulfilling their potential application in other environments, disease areas and geographies. Share with us what deserves to be promoted and scaled-up!

2. Patients know best which initiatives which have the potential to transform healthcare systems for more equitable access to quality care. We want to hear what they think.

3. What is a Model Access Solution? This is an iterative learning process for all stakeholders involved. Join an engaging and trusted environment of stakeholders who will identify and promote practices that carry significant social value but remain in silo.

4. The European Union should meet the expectations of its citizens to facilitate the systematic uptake of the existing best practice examples across the EU Member States.

5.3.Stakeholder analysis

Stakeholder engagement is an essential aspect for this initiative.

At the EU level, PACT will rely on its Partners (incl. patient organisations, medical professionals, public health NGOs, umbrella trade associations, industry representatives and academia) and their network to disseminate our calls and materials as per the project objectives.

Other important stakeholders include:

- EU-based Member State authorities / Member States' authorities
- EU institutions representatives
- Other health-related NGOs
- Digital health companies

At the national level, especially in the context of the regional workshops, PACT will involve its Partners' affiliates and other relevant stakeholders that may have direct/indirect contribution to the models discussed.

5.4. Visibility: Digital PACT

To ensure optimal visibility, PACT will seek to establish a digital platform, provisionally entitled Digital PACT, to serve as the portal to the Model Access Solutions repository. The platform will provide additional value to the Model Access Solutions repository by also being the space for digital and hybrid events of PACT, the MEP Interest Group, and the PACT partners'; access-focused policy discussions and initiatives; networking opportunities for all users and robust and valuable information on access-related issues.

Such a platform will foster inclusiveness beyond the Brussels policy space. It will be a shared space for the PACT Partners and their members from across the EU Member States to raise topics for discussion and share key documents and developments in the sphere of equal access. It will be an engagement and outreach instrument but also a place where our MEP events will be streamed online, giving broader access for those who cannot be in Brussels physically. In this respect, this solution will enhance the accessibility and added value and impact of PACT's initiatives at national and regional level and will ensure that the model access solutions are promoted to a pan-EU audience of health-related stakeholders.

In practical terms, by creating a digital platform with a repository for Model Access Solutions, PACT will share best practices in the field of equitable access as well as tools and policies needed to facilitate replication and scaling. With robust patient-focused assessment criteria and a multi-stakeholder Advisory Board to select best practices, we will provide a stakeholder-endorsed platform for rigorous and open reflection and dialogue.

5.5. Target audiences

Below is a table which presents the implementation of the communication strategy to internal and external audience:
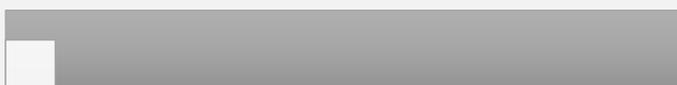
Internal	**External**
PACT Steering Committee	Other organisations
Advisory Board	Institutions
PACT Partners [6]	General public
Sponsors	

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[7] More information about PACT Partners is available here.
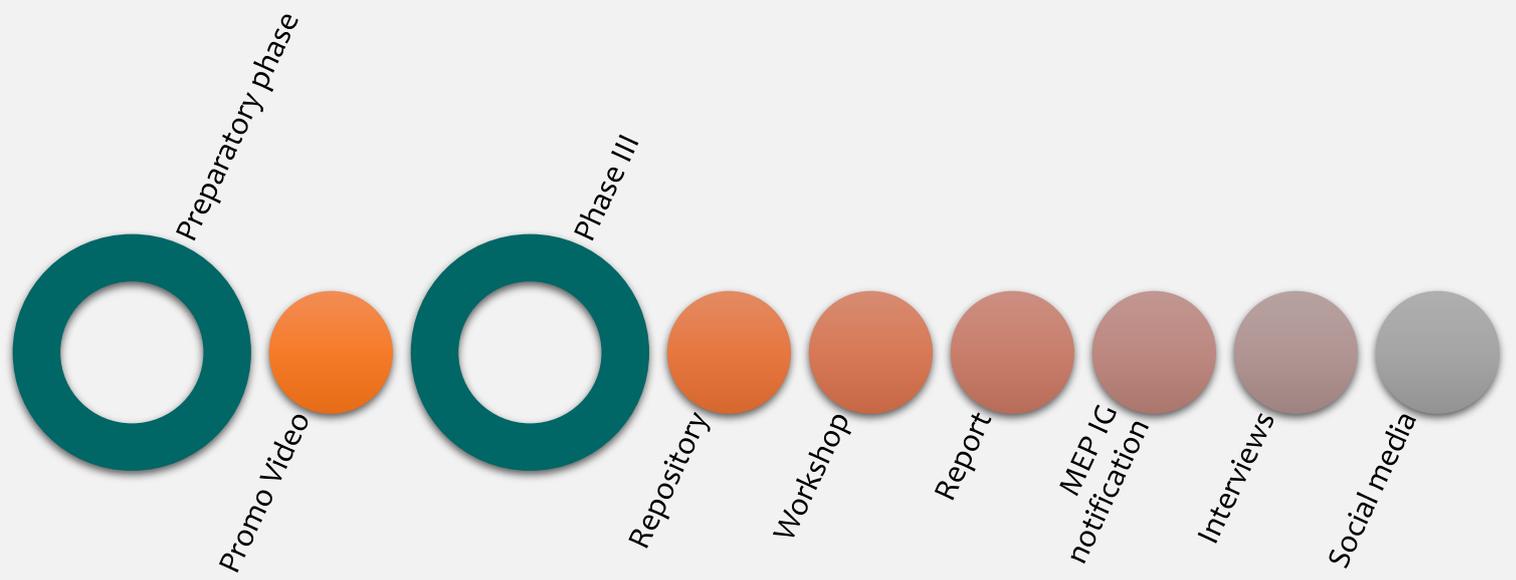
5.6.Implementation

Below is a table which presents the specific tactics for implementation of the communication strategy:

- **Internal:** Follows all internal rules and regulations of PACT and the Terms of Refence for Advisory Board conduct and engagement
- **External:** A dissemination toolkit which includes all listed tactics, including a dissemination pack (see Appendix).

Tactic	Example[8]	Timing	Target audience
Internal			
Teleconference with PACT SC	▪ Presentation ▪ Project overview	1. Monthly meetings annually	▪ PACT SC
Teleconference with sponsors	▪ Presentation ▪ Project overview	1. 2 meetings per cycle	▪ Sponsors
Teleconference with Advisory Board	▪ Terms of Reference ▪ Assessment criteria ▪ Project overview	1. 2 meetings per cycle	▪ Advisory Board
Partners' Assembly	▪ Presentation ▪ Project overview	1. 1 meeting per year	▪ PACT SC ▪ PACT Partners
Updates	▪ Email ▪ Information letter ▪ Presentation	1. Throughout the duration of the cycle 2. Regular updates	▪ PACT Partners
MEP Interest Group on Access	▪ Statement ▪ Call to Action ▪ Meeting	1. 1 document at end of cycle 2. 1 meeting at end of cycle	▪ PACT Partners ▪ Other organizations ▪ Institutions ▪ General public
External			
Podcast / Video	▪ Promo video ▪ Interview ▪ Statement	1. Throughout the duration of the cycle 2. Before every event (workshop, webinar, etc.)	▪ PACT Partners ▪ Other organizations ▪ Institutions ▪ General public
PACT website (or Digital PACT)	▪ Repository ▪ Press-release ▪ Report ▪ Poster ▪ News feed ▪ Video ▪ Podcast	1. Throughout the duration of the cycle 2. Regular updates and news 3. Managed monthly	▪ PACT Partners ▪ Other organizations ▪ Institutions ▪ General public
Partner's website	▪ News feed ▪ Statements	1. Throughout the duration of the cycle 2. Upon agreement	▪ PACT Partners
Social media	▪ Press-release ▪ Report ▪ Tweets ▪ Infographics ▪ Posters	1. Throughout the duration of the cycle 2. Bi-weekly posts 3. Managed monthly	▪ PACT Partners ▪ Other organizations ▪ Institutions ▪ General public
Events	▪ Workshop ▪ Webinar	1. Throughout the duration of the cycle 2. 1 Workshop per cycle 3. 2 Webinars per cycle (TBC)	▪ PACT Partners ▪ Other organizations ▪ Institutions
Collateral materials	▪ Factsheets ▪ Poster ▪ Infographics	1. Throughout the duration of the cycle 3. Before every event	▪ PACT Partners ▪ Other organizations ▪ Institutions ▪ General public

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[8] The following tactics will be undertaken depending on the specific circumstances. PACT is not committed to using all tools, but the most appropriate ones.

5.7. Publicity

Preparatory phase

Promo Video

Phase III

Repository

Workshop

Report

MEP IG notification

Interviews

Social media

6. Appendix

For more information, please refer to the following documents below:

1. Application Guidelines
2. Terms of Reference of Advisory Board
3. Assessment Methodology and Selection Criteria
4. Project timeline
5. Dissemination pack