TRANSFORMING HEALTH AND CARE SYSTEMS

THCS Annual Conference 2025

11.11.2025 - Helsinki

TAKE HOME MESSAGES

OPENING REMARKS

The 2025 THCS Annual Conference was opened by a storytelling presentation from **Ms. Giusi Condorelli,** THCS Coordinator and Director of the Office for the Internationalization and Promotion of Research Infrastructures at the Italian Ministry of Health.

She introduced the story of Maria, an older adult living alone with multiple chronic conditions. Maria navigates a fragmented system where hospitals, primary care, social services and digital providers too often operate in silos. "Maria's story is not unique," Ms. Condorelli noted. It reflects the everyday reality for millions of older people across Europe, and a clear reminder that transformation must start from real needs and lived experience.

Ms. Condorelli underlined the need for new care models that are holistic, preventive, person-centred and community-based. She stressed that this is exactly what THCS is striving to support. She briefly recalled that THCS is a 7-year partnership launched in January 2023, bringing together 66 partners across 22 EU Member States and Horizon Europe associated countries, plus 9 regions, with a planned budget of over €300 million.

Ms. Condorelli then highlighted THCS's achievements so far: since its launch in 2023, THCS has funded more than 60 international research projects and developed several supporting actions, including a Knowledge Hub to share and translate evidence, capacity-building initiatives to strengthen leadership and workforce resilience, and frameworks to support the transfer of good practices into policy. "Maria's story is our story," she concluded, reminding participants that behind every project stands a real person striving to live better.

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SESSION 1

METHODOLOGIES FOR EVALUATION & IMPACT ASSESSMENT

The first session set the scene on how to evaluate transformation in health and care systems, by looking at the methods used to monitor and assess impact at EU programme level, partnership level, and project level. It brought together perspectives from the European Commission, the European Observatory on Health Systems and Policies, the AAL programme legacy, and THCS's own WP8 approach to impact assessment.

In the session's keynote, **Kathrin Kapfinger** (European Commission, DG RTD) outlined the monitoring and evaluation architecture for European Partnerships under Horizon Europe, including programme evaluations, Key Impact Pathways and indicator frameworks. She also highlighted how lessons emerging from monitoring exercises inform reflections on the future design of the instrument, with a focus on improving data availability, reducing fragmentation and strengthening performance-oriented approaches.

Matthias Wismar (European Observatory on Health Systems and Policies) placed impact assessment in a broader policy landscape, where health system outcomes are shaped by many EU policies, programmes and budgets beyond the health sector. In this context,

he argued, evaluation should keep health system performance as the end point, while acknowledging that actions—especially in health promotion, prevention and system improvement—often follow long causal chains, making attribution and timing particularly challenging.

Gerda Geyer (FFG) shared findings from the AAL legacy study, distilling practical recommendations from 16 years of innovation for aging well, starting from real needs, making evaluation priorities explicit, using tiered support tools, and enabling meaningful cross border collaboration and uptake.

Finally, Prof. **Francesco Schiavone** presented THCS's WP8 methodology, based on a mixed-methods approach and a dashboard of SMART and SPICED indicators, with a specific focus on "transformative KPIs" capturing projects' contribution to system change (e.g., from innovation to policy, and stakeholder engagement).

Take-Home Messages

- ✔ Impact assessment needs clear objectives and credible pathways to health system performance—especially in a crowded policy landscape with long causal chains.
- ✔ Impact is shaped by programme design: needs-driven calls, transparent evaluation priorities, tiered support, stronger coordination and incentives for cross-border uptake all matter.
- ✔ Capturing "transformation" requires mixed methods and indicators that go beyond outputs, tracking how change happens (e.g., stakeholder engagement, adoption/uptake, and routes from innovation to policy and practice).

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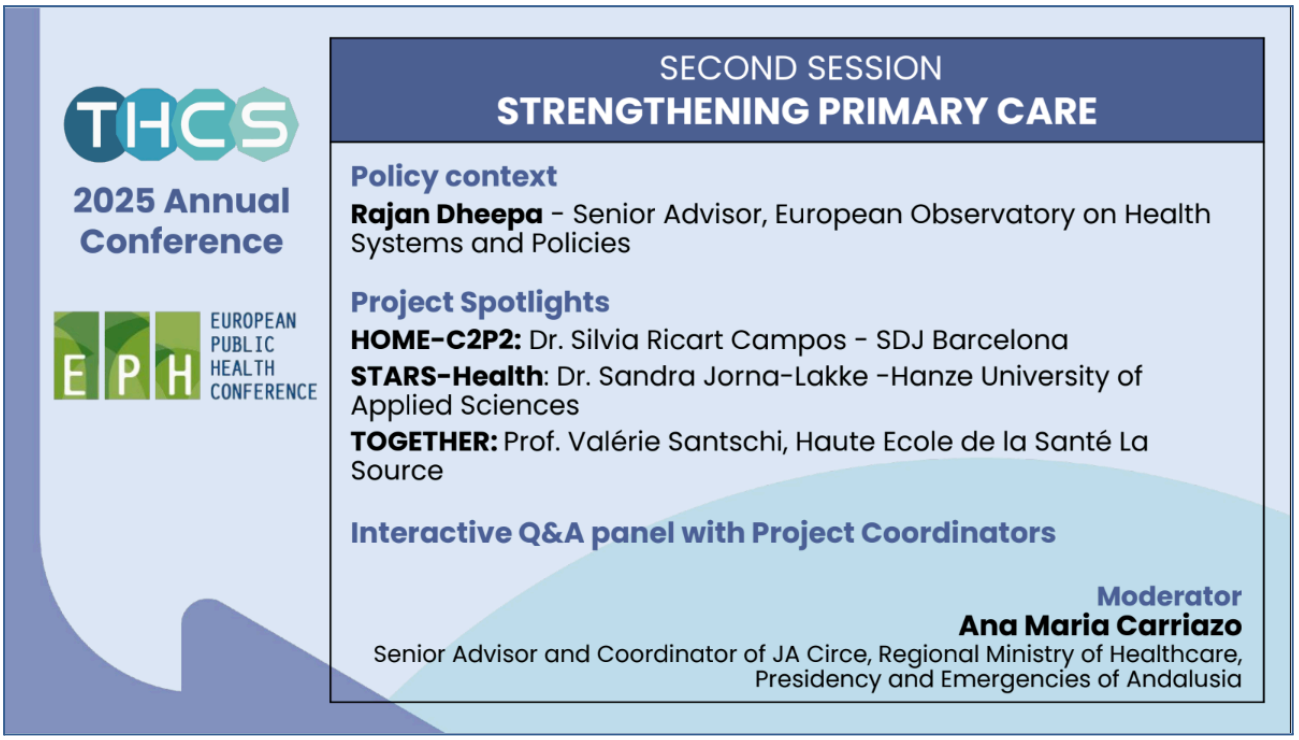
SESSION 2

STRENGTHENING PRIMARY CARE



The second session explored the changing role of primary care as a foundation for integrated, people-centred health and care systems. The discussion combined a policy overview with three THCS-funded project spotlights, showing how teamwork, digital solutions and community-based approaches can help shift systems from hospital-centred to person-centred care—across paediatrics, ageing and chronic disease management.

Dheepa Rajan (European Observatory on Health Systems and Policies) opened the session with global evidence on Primary Health Care (PHC). She outlined four priority areas that consistently support successful transformation: strengthening care integration; incorporating public health tasks into PHC with a focus on health determinants; reskilling the workforce for PHC; and redesigning financing mechanisms. She also noted that integration requires more than goodwill: it depends on shared visions and mandates, change management and leadership, interprofessional education and training, shared data systems and protocols, and joint funding arrangements.

Three THCS-funded projects then illustrated what these shifts can look like in practice.

HOME-C2P2 showcased how specialised paediatric expertise can be brought closer to families of children with complex chronic or palliative needs through home monitoring devices, a cloud-based platform generating clinical alerts, and structured coordination between hospitals, a clinical command centre and primary care teams—supported by co-creation with families and care providers to enable adaptation across settings.

STARS-Health focused on reducing inequalities by improving health and digital literacy among older adults, developing training for both formal and informal caregivers across primary, hospital and community-based care, so that digital services become genuinely usable and supportive for people with lower literacy levels.

Finally, **TOGETHER** presented a pragmatic, multi-country approach to hypertension management, testing collaborative models that integrate community pharmacies into primary care pathways—combining pharmacy-based screening, patient education (including risk communication through "vascular age"), and structured coordination between pharmacists and primary care professionals to improve blood pressure control and adherence.

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Across the discussion, speakers highlighted that transforming primary care also requires reducing administrative burden, improving digital readiness, enabling new professional roles and task-shifting, and—crucially—scaling successful innovations beyond pilots through sustained investment, governance alignment and policy engagement. Making primary care more attractive to new graduates was also flagged as a strategic priority for long-term resilience.

Take-Home Messages

- ✔ Primary care is essential to integrated, people-centred systems, but many countries remain overly hospital-centric; strengthening PHC requires structural, educational and financing reforms.
- ✔ Integration works when the "enablers" are in place: shared vision and mandates, change management and leadership, interprofessional training, shared data/protocols, and aligned funding flows.
- ✔ Workforce pressures call for team-based care, new roles and task-shifting—paired with measures that make primary care a more attractive career path for young professionals.
- ✔ Digital tools can reduce inequities, but only if designed with end-users and supported by stronger health and digital literacy for patients and caregivers.
- ✔ Collaborative models involving pharmacists, nurses and community actors can strengthen chronic disease management and continuity of care—provided coordination mechanisms are formalised.
- ✔ Scaling remains the key challenge: moving beyond pilots requires sustained investment, reduced administrative burden, and early policy engagement to embed innovations in routine practice.

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SESSION 3

MENTAL HEALTH IN COMMUNITY CARE

The third session focused on strengthening community-based mental health support, as psychosocial distress rises and gaps in access and continuity persist across Europe. It combined an overview of EU policy priorities with three THCS-funded projects, highlighting prevention, early detection, digital tools and improved psychosocial support as key levers for more person-centred and accessible care.

Marianne Takki presented the EU's Comprehensive Approach to Mental Health, which places mental health at the core of EU policy, with a strong focus on prevention. She highlighted growing concerns linked to social media and screen time, demographic change, inequalities and global crises, alongside worrying trends such as psychosocial distress and suicide among young people and the significant economic burden of mental health problems in children and adolescents. The EU response includes flagship initiatives, cooperation with WHO and UNICEF, the Healthier Together framework and joint actions such as MENTOR and PRISM, underpinned by continued co-creation with Member States and civil society.

Project examples illustrated innovation on the ground.

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DemiCare+ develops a digital tool to support informal dementia caregivers, using a resilience model to tailor interventions across Austria, the Netherlands and Romania.

ePreventPsych tests digital tools that use electronic health data to identify early signs of psychosis, while navigating regulatory barriers linked to medical device classification and involving clinicians, patients and families in the design. **IPC4MH** explores how Virtual Reality can expand access to mental health support for adolescents with autism and older adults at risk of depression, testing shared virtual environments in pilot sites in Switzerland, France and Poland, while also exploring viable business models.

In the panel discussion, speakers highlighted recurring challenges: the difficulty of testing digital innovations before regulatory approval; the need for "safe spaces" to bridge research and industry; the importance of co-creation from the outset; the variability of national care systems; and ethical questions in digital mental health—particularly risk communication, protection of vulnerable groups and avoiding over-medicalisation.

Take-Home Messages

- ✔ Mental health must be treated as a public health priority, with prevention and early detection embedded across the system and backed by sustained multi-level action.
- ✔ Digital and immersive tools can improve access and timeliness of support, but require stronger pathways for real-world testing, clearer regulatory solutions, and robust ethical safeguards.
- ✔ Tailored psychosocial support for informal caregivers and vulnerable groups—co-designed with end-users and adaptable to national contexts—is essential for effective, scalable community-based care.

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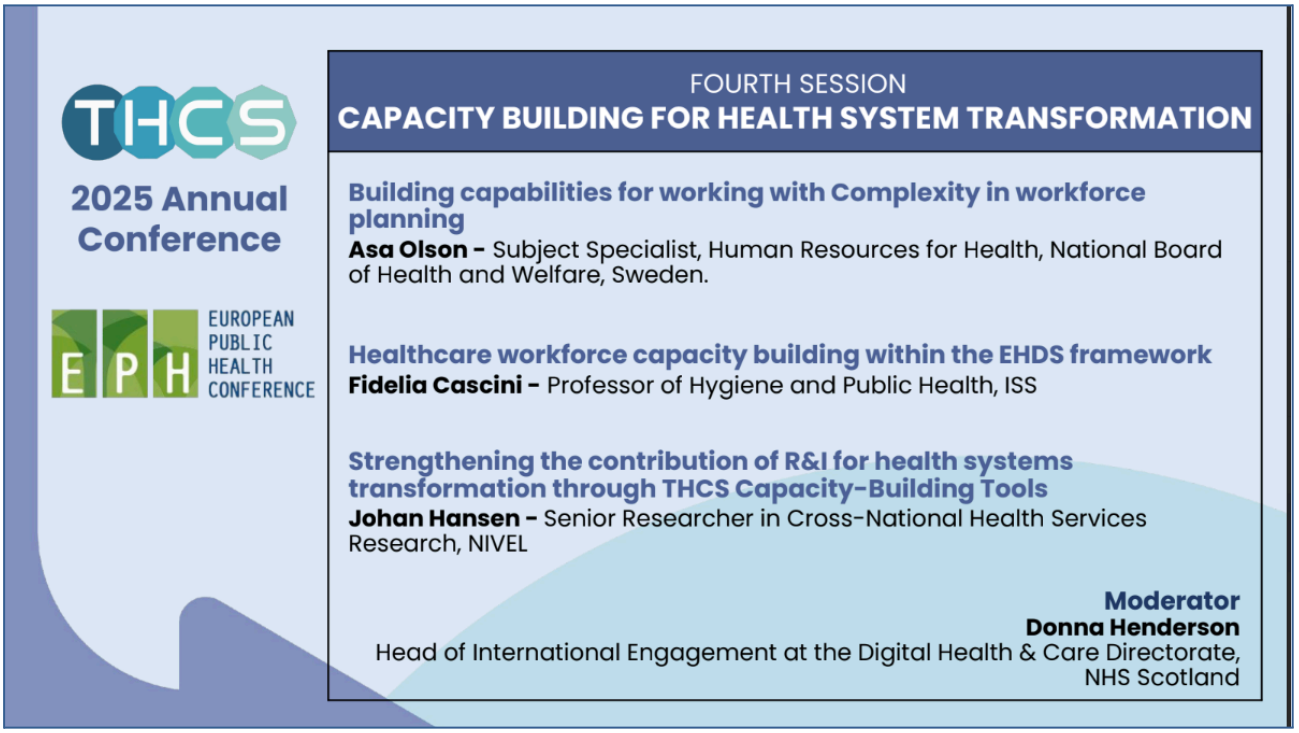
SESSION 4

CAPACITY BUILDING FOR HEALTH SYSTEM TRANSFORMATION



The final session focused on one of the most strategic—and most difficult—enablers of health system transformation: capacity building. Speakers stressed that moving towards resilient, people-centred and digitally enabled systems requires capabilities at multiple levels (individual, organisational and system), and for multiple groups: professionals, researchers, innovators, educators and decision-makers.

Åsa Olsson presented Sweden's experience with workforce planning in a highly decentralised governance setting. She argued that traditional planning tools struggle to cope with complexity, and that stronger workforce capability depends on creating the conditions for relational practice and professional judgement. Drawing on a Human Learning Systems approach, she described how learning cycles, sense-making and co-creation with frontline staff and communities can support a "national learning system" for workforce development, with pilots designed to generate shared insight and scalable learning across regions.

Johan Hansen looked at capacity building from a research and innovation perspective, highlighting that R&I capacity varies significantly across countries (and regions) and that

capacity-building strategies must account for these differences. He outlined how THCS can contribute both by connecting and amplifying existing initiatives, and by delivering its own training and networking activities/supporting skills such as stakeholder involvement, participatory methods, implementation science, impact assessment, governance and financing, and ethics/data protection in digital health R&I. The speaker also invited participants to contribute to an online consultation to help map priorities and available instruments.

Fidelia Cascini provided a policy view focused on the European Health Data Space (EHDS), which will become fully operational in 2027. She explained that capacity building within the EHDS has specific legal requirements related to both primary and secondary use of health data. This includes developing digital skills for professionals handling priority datasets, ensuring readiness of health data access bodies, creating a shared understanding of roles and workflows and addressing large differences in digital maturity across Europe. She stressed the need for targeted national strategies involving universities, scientific societies and health authorities. While EU initiatives help, national investment remains crucial.

Across the discussion, speakers converged on a shared message: capacity building is not "just training". It is a long-term organisational and cultural shift that requires aligned governance, sustained investment, and learning infrastructures that help people and institutions adapt to demographic, technological and policy change.

Take-Home Messages

- ✔ Capacity building is a system enabler: it must address skills, organisations and governance—not only individual training.
- ✔ Complex systems require learning-oriented approaches, built on co-creation, sense-making and iterative improvement.
- ✔ R&I capacity is uneven across Europe; closing geographical gaps is part of the transformation agenda.
- ✔ THCS can add value as both a connector (linking initiatives and tools) and a provider (training, knowledge sharing, and practical support for transferability and scale-up).

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